

Annex 4. Detailed report on the Focus Group Discussion findings

A4.1. Guiding questions for the Focus Group Discussion on the Inter Aide TB Project

A4.1.1. Background

The TB project has been addressing a number of gaps in the TB control programme in order to improve the overall services in the project woredas. It is in these key areas that we expect change to be observed:

- Lack of awareness among the population;
- Insufficient access to the health services because of lack of decentralisation;
- Inefficiency of the diagnostic chain;
- Poor management and coordination of the TB control programme;
- Lack of intermediate actors linking community and health providers.

The following groups will have independent discussions in every woreda:

- Individuals from the general population – including community and opinion leaders
- TB patients current and past
- Community volunteers and field facilitators
- Health workers (The project office has some concern that they may not find an adequate number of participants. In any case, the discussion is to be conducted with the available health workers)

A4.1.2. Overall guidance on facilitating the FGD

- Welcome the participants and introduce yourself.
- Explain the general purpose of the discussion and why the participants were chosen.
- Discuss the process of focus groups discussion
- Explain the presence and purpose of recording equipment and introduce observers.
- Outline general ground rules and discussion guidelines such as the importance of everyone speaking up, talking one at a time, and being prepared for the moderator to interrupt to assure that all the topics can be covered.
- Address the issue of confidentiality.
- Inform the group that information discussed is going to be analyzed as a whole and that participants' names will not be used in any analysis of the discussion.
- The overall time allocated is about 2 hours.

A4.1.3. Discussion Guide and Questions for the community leaders

Check if all the participants understand about TB and its symptoms. Explain if some fail to understand. Tell the participants to express their understanding even if they have never been to the health facilities.

- How do you recognize TB?
- What do people do when having a cough that lasts over three weeks and what makes them decide that way?
- How long can people wait before seeking help if they think they have TB?
- What are the alternatives if people are not going to health facilities?
- What do you think are the factors that affect a person's service seeking behaviour at the health facilities?
- What do you do if you think you might have TB?
- How long can you wait before seeking help if you think you might have TB?
- Where should you go if you think you might have TB?
- What is your opinion about the place and the people at the site where you should go if you think you might have TB?
- Has your perception about the matters raised in the previous questions changed in the last 3-5 years?
- If yes, how? And when did it happen? And why did it happen?
- Where do you usually get your information about what is happening in your community? About health related issues? About other available government services?
- If someone would want to inform all the people about a health issue in your village, what would be the best way to do so?
- Where do you go if you are sick? Is this also where you would go if you think you might have TB?
- How do you like that place/health facility? Are the staff friendly? Helpful? Competent?
- If you are sick and you go there, can they make a good diagnosis? Can they give you a good treatment? Are they able to cure you?
- Can you afford to go to the health facility?
- What are the things you don't like about that place/health facility?
- What do you think could be improved in that place/health facility?

A4.1.5. Discussion Guide and Questions for TB patients and ex-patients

Explain that the group is going to reflect on the beliefs and practices of people suspected of having TB, the quality of the services they are receiving or have received, the support they have received from the social promoters, the economic implications of their sickness and the costs related to the services. All discussion participants need to contribute so avoid dominance in the discussion by a few participants.

- Who advised you to go to the health facility where you have been or currently are taking treatment?
- After how long did you go to the health facility following the development of the TB symptoms?

- Are there local beliefs that prevent people not to go to health facilities?
- Who advised you to go to the health facility you are attending?
- Were you required to pay anything while going to and after arriving at the health facility? If yes how much?
- How do you judge the behaviour of health workers towards patients?
- What do you like most about health workers?
- What do you dislike most about health workers?
- What are the conditions that bother you when thinking of going to a health facility?
- If there is any problem at health facilities, what kind of problem is it exactly?
- Is cost a determining factor if other people have to go to health facilities?
- What is the impact of TB on your ability to work? On your ability to earn money?
- How soon after the moment you first experience symptoms suggestive of TB, will this impact be felt?
- How much money do you lose because of TB?
- How soon after starting TB treatment will you again be able to work? To earn money?
- How did you find out about TB? About the TB control programme? About where to go if you have TB?
- Where do you usually get your information about what is happening in your community? About health related issues? About available government services?
- What are your recommendations to improve the overall services at the health facilities?

A4.1.5. Discussion Guide and Questions for Health Workers

Explain that they might be familiar with this kind of focus group discussion where everybody's reflections and ideas are critical to the improvement of the TB services. Please do not hesitate to speak out your opinions as this study does not mention who has said what, as indicated at the introduction. The assessment is instrumental to improve the overall service quality and the group's transparent and exhaustive reflection is very useful.

- What are the major challenges at your health facility in providing TB services?
- Why do you think some people with symptoms of TB do not come to the health facility early?
- What conditions can attract people with TB symptoms to the health facilities?
- Is there a change in the behaviour of patients seeking health services for TB in the last 3-5 years? If yes, what changes did you observe?
- What are the local beliefs and conditions that prevent people not to report to health facilities early?
- What kind of support is provided by the project funded by Inter Aide?
- How do you see the overall performance of the project?

- How do you see the work of the Community Volunteers and Field Facilitators? Are they helpful in TB patients' early reporting?
- Are they helping in defaulters tracing?
- What do you think will happen if the project phases out?
- In your opinion, is the TB service provided at your health facility of good quality? Do many people like it? Why yes or why not?
- Are the health workers motivated to do their work? If not, what is lacking?
- What would you recommend as a way forward in further improving the services?

A4.1.6. Discussion Guide and Questions for Community workers (community volunteers and Inter Aide Field Facilitators)

Explain that the group needs to freely discuss about the behaviour of people with symptoms of TB, their practices after the initial symptoms and their health seeking behaviour. The following are guiding questions; the group should not limit itself to the questions but can express any concern and constructive ideas.

- Discuss the factors that limit people with TB symptoms to go to health facilities as early as possible.
- Are there local beliefs and traditions that prevent people from going to health facilities? If yes what are they? How did you try to overcome them?
- In general, when you face resistance from the people to go to the health facility, what are the main reasons they give?
- In your opinion, what are the important factors for people not to seek medical care for TB: distance, money, type of health service, loneliness, any other?
- What is the best thing about this community as related to TB?
- What is the worst thing about this community as related to TB?
- What are the major achievements of this project you are working for?
- What are the major shortcomings of this project you are working for?
- If asked to change some of the ways things are done, what do you do?
- What changes have you seen since this project started?
- What do you recommend to ensure that your role continues in case the project has to phase-out?
- Who are the major actors in the community that can support people to go to the health facility early when they are sick? How do you think they can be supported to increase their efforts?
- How long is the delay time from the start of cough or other symptoms to the time they go to health facility
- Do you think people do gain economically by receiving treatment of TB early? If yes, how?

Annex 4.2. Detailed answers provided by the focus groups

A4.2.1. Community Leaders

1	What do you know about TB? How do you recognize it/what are the symptoms? How did you find out about the disease and about the TB control programme in your locality?
Damot Woyde	<ul style="list-style-type: none"> We learnt a lot about TB since Inter-Aide started to work in our locality. But previously we had so many misconceptions about the disease which lead us to stigmatize patients and be so sceptical about curing from it. But now, we know that TB is can be cured, all of us are exposed to infection than thinking it affects only few families due to genetic reasons, etc.
Damot Sore	<ul style="list-style-type: none"> All discussants agreed on the description that TB is a communicable disease that transmits from the patient to others through sharing of drinking materials with a patient, from carelessly disposed sputum and by staying in unventilated room with a patient. With regard to the signs and symptoms, cough that lasts over three market days/weeks, sputum mixed with blood, loss of body weight, and night sweating were mentioned as most commonly known. Their primary sources of information and education about the nature of TB as well as the overall TB program in their locality are field facilitators deployed by Inter-Aide.
Boloso Sore	<ul style="list-style-type: none"> An elderly in his mid 50s said that "after participating at a health education program conducted by Inter-Aide's field animator, I returned home and decided to take my daughter, who had been coughing hard for long, to the nearby health center. She was diagnosed positive for TB and put on medication. Now she is cured and doing well." The group also identified the signs and symptoms of the disease as heavy and extended coughing, fever, weight loss.
Damot Pulasa	<ul style="list-style-type: none"> With regard to the signs and symptoms, the group described cough that lasts over three market days/weeks, sputum mixed with blood, loss of body weight, and night sweating were mentioned as most commonly known. They said TB is a communicable disease that transmits from the patient to others through sharing of drinking materials with a patient, from carelessly disposed sputum and by staying in unventilated room with a patient. An elderly said, "according to what we learnt from TB animators, if we see anyone who coughs for over two weeks, we suspect him/her for TB and hence make the person go to a HF."
Kachebira (non-project)	<ul style="list-style-type: none"> Participants said that TB is a dangerous disease if left untreated. It can transmit from patients to others if people share household utensils. It can even transmit from animals to human beings. About the signs and symptoms, cough that lasts over "three markets" [for they count weeks along with the cycle of the major weekly markets]; loss of body weight, sputum. The group attributed their source knowledge about TB programs to HEWs.

Hadero (non-project)	<ul style="list-style-type: none"> A participant, whose wife is an ex-TB patient, explained that "TB starts with cough then develops other symptoms, such as chest pain, weakness and night sweating. If not treated before it gets worse, it prevents the person from any kind of work engagement and social interaction. Yet, TB is curable disease if treated on time." Other discussants said that they know about the disease from health workers during their outreach. They witnessed that health workers and community workers frequently come to the places where people gather like in churches, meeting and market places and teach about TB and other diseases along with methods of prevention.
2	What do people in your locality do when having cough that lasts over three weeks? Why do they decide that way?
Damot Woyde	<ul style="list-style-type: none"> In old days many died due to TB, due to lack of knowledge about the disease as well as lack of access to proper treatment. But since the last 5-6 years we were give education on how to recognize the signs and symptoms of the disease, so that we send patients to HFs as soon as possible.
Damot Sore	<ul style="list-style-type: none"> Respondents clarified that, since the community awareness in identifying the signs and symptoms of TB has significantly been raised, either the patient or the neighbours or the field facilitator will encourage or even push the person to visit a HF. Thus, whenever there is a person who coughs for extended days people immediately suspect TB and hence recommend going to HF.
Boloso Sore	<ul style="list-style-type: none"> A kebele health committee member clarified that after mass education sessions about the ways of transmission, prevention mechanisms, the treatment and kind of care needed for a TB patient, the attitude of the community towards TB patients and in taking them to HFs has improved a lot. Even the traditional way of treating patients with gland TB [where the healer cuts the wound and sucks the fluid] is being replaced by modern medication.
Damot Pulasa	<ul style="list-style-type: none"> "Previously many people with symptoms of TB never go to HFs, even if they suffer from the pain for months. But now, because of the health education we've got, many do go" said a kebele administrator, which is also agreed by other discussants.
Kachebira (non-project)	<ul style="list-style-type: none"> In general they said, thanks to the efforts of HEWs and community health volunteers, their community is by and large aware about the signs and symptoms of TB and where to go when one develops these. One of the participants emphasized on the house to house visiting role of community volunteers, which is highly influencing the prevailing attitude of the community about TB.
Hadero (non-project)	<ul style="list-style-type: none"> A rural kebele representative reflected that "we regularly visit households in our locality every three day, together with volunteers allocated in the villages (a volunteer serves 40 households). We ask them about who, in the locality, has cough for over a week? By doing so we refer the person to go to the health facilities for further check up." Another participant from another kebele said that in his locality the outreach program is not satisfactory. Though TB is highly communicable and kills people, the attention given to the disease is very small as compared to HIV/AIDS. For us TB more dangerous than even AIDS, as our living condition and the weather condition makes us more vulnerable to TB." <p><u>Comment</u></p> <p>Though people with TB symptoms are relatively coming to the HFs better than the previous times, the trend is very unsatisfactory and there is a visible variation both in knowledge and practice across kebeles in the woreda.</p>

3/4	<ul style="list-style-type: none"> - Where do you usually get your information about what is happening in your community? about health related issues? about available government services? - If someone would want to inform all the people about a health issue in your village, what would be the best way/channel to do so?
Damot Woyde	<ul style="list-style-type: none"> • Through community volunteers, HEWs, kebele leaders, religious leaders and Iddirs
Damot Sore	<ul style="list-style-type: none"> • The important sources of information mentioned are kebele administrators, church leaders, and opinion leaders and in relation to TB particularly field animators deployed by Inter-Aide. • In fact, they said, it all depends on the kind of information needed to be transmitted. But, the most commonly used channel is the government structure that goes down from Woreda to kebele to "got" leaders. In addition, HEWs, community volunteers and field facilitators serve as best channels for health related issues.
Boloso Sore	<ul style="list-style-type: none"> • The Inter-Aide field animator is number one mentioned in providing info about TB for the community. Other sources of information mentioned are kebele administrators, church leaders, and opinion leaders • The animators are the one who go around individual houses and encourage patients and their families to go to HFs. • HEWs, kebele leaders, community volunteers and field facilitators, religious leaders, and schools serve as workable channels to transmit information.
Damot Pulasa	<ul style="list-style-type: none"> • field animators deployed by Inter-Aide for they go from house to house to educate, HEWs, RH educators, kebele administrators, church leaders, and opinion leaders • Public gatherings, religious meetings, and market places
Kachebira (non-project)	<ul style="list-style-type: none"> • The most important source of information, is the kebele administrative structure, where HEWs and community volunteers are key in health related information. Information goes from bottom to the woreda and comes from the woreda to community, mainly using the existing structure. • In addition to the government structure, iddirs, churches, market places and public gatherings, including funerals, are the means to disseminate info.
Hadero (non-project)	<ul style="list-style-type: none"> • The important sources of information, according to them, are kebele administrators, church leaders, and opinion leaders. • The most used channel is governmental structures that go down from Woreda to kebele-got-volunteers then to the general public. • The other channels include places where people gather for different purposes like funerals, churches, conferences, market places and idir.
5/8	<ul style="list-style-type: none"> - In your view, are there any local beliefs and conditions that prevent people from going to health facilities for TB treatment? - What do you think are the barriers that affect people's service seeking behavior from health facilities?
Damot Woyde	<ul style="list-style-type: none"> • An elderly in his 50s confirmed, currently except for financial constraints, there are no traditional beliefs as such that can hamper people from seeking medication for TB. Illiteracy and lack of complete understanding about the disease might also be factors, said one of the kebele leaders.

Damot Sore	<ul style="list-style-type: none"> Previously, people in the community used to believe that TB is a hereditary disease. It is non-curable, a killer disease. Even used to quote a local proverb "TB ("ajaje") and debt will not leave a person". The only treatment it had was traditional medication among which extensive utilization of sour/matured butter with different kinds of food as a remedy. But currently, there are other local conditions mentioned that may prevent people from taking the right steps, such as economic reasons, distance of HFs and lack of relatives that can accompany the patient to HFs and stay with during the intensive treatment period.
Boloso Sore	<ul style="list-style-type: none"> Traditional beliefs are no longer factors to hinder people from visiting HFs. But distance, transportation problems and financial constraints and low level of awareness in the part of some are mentioned as conditions that may hamper.
Damot Pulasa	<ul style="list-style-type: none"> Previously, people in the community used to believe that TB is a hereditary disease; non-curable, killer disease. Thus, many tended to hide their illness to avoid stigma. Others also used to think that the treatment is too costly to be afforded, for they didn't know that it was for free. Distance of the HFs is also one of the factors hampering visit to HFs
Kachebira (non-project)	<ul style="list-style-type: none"> There used to be, but these days they are no longer strong. Rather economic reasons are apparently influencing peoples health seeking behaviour, especially when it is hard to diagnose the disease at once and when it is necessary to go to other places for further examinations like x-ray. Barriers include economic, distance and availability of transportation facilities.
Hadero (non-project)	<ul style="list-style-type: none"> People in the community used to believe that TB is a hereditary disease non-curable, killer disease no clear preventive measures practiced among family or community as they share similar eating and drinking utensils with patients and sleep together Barriers include economic, distance and availability of transportation facilities.
6	How long can people wait before seeking help if they think they have TB?
Damot Woyde	<ul style="list-style-type: none"> The overall tendency of trying to treat illness at home with herbal medicines and food can also affect people's alertness to go to HFs for TB. An ex-Tb patient elderly disclosed that when I first had the symptoms, I thought I can deal with the coughing with good and traditional treatment. After six months, I realized that my illness needed a different treatment.
Damot Sore	<ul style="list-style-type: none"> About a month.
Boloso Sore	<ul style="list-style-type: none"> Most of the patients go to the HFs faster, in relative terms. But few hesitate to take the steps until their condition gets worse.
Damot Pulasa	<ul style="list-style-type: none"> "In general, customarily people don't go to HFs immediately, which is much observable in non-educated families. With regard to TB, though there is an improvement as compared to old days, some still take time to go to HFs claiming that their illness is common cold or influenza" said one of the participants and others agreed with him.
Kachebira (non-project)	<ul style="list-style-type: none"> It depends on the understanding of the family and neighbors. Otherwise, it is likely that people would take some time before they seek treatment.
Hadero (non-project)	<ul style="list-style-type: none"> It depends on the understanding of the family and neighbors, yet currently, many tend to go to HFs the moment they realize that they might have TB.

7	What are the alternatives if people having TB are not going to health facilities?	
Damot Woyde	<ul style="list-style-type: none"> Unanimously said "death!" 	
Damot Sore	<ul style="list-style-type: none"> Unanimously said "The patients will finally die!" 	
Boloso Sore	<ul style="list-style-type: none"> Unanimously said "death!" 	
Damot Pulasa	<ul style="list-style-type: none"> "The patients will die, sooner or later" they said. 	
Kachebira (non-project)	<ul style="list-style-type: none"> Unanimously said "The patient will finally die!" 	
Hadero (non-project)	<ul style="list-style-type: none"> Unanimously said "The patients will finally die!" 	
9	Do you think that people's perception about preventing and treating TB has changed? If yes, since when and what are the evidences?	
Damot Woyde	<ul style="list-style-type: none"> Citing to ex-Tb patients who got cured with proper medication, many said that perception of the community towards TB has changed a lot in the last few years (many said since 2003/04). 	
Damot Sore	<ul style="list-style-type: none"> Since the year 1997 EC (about 2004 GC), when patient with TB started to go to an adjacent woreda Health Facility (i.e to Kindo Koyscha) and got cured of TB, the community started to believe that TB is curable with medication. In addition, the health education by field facilitators/animators, HEWs and community volunteers has played a key role in changing community perception. 	
Boloso Sore	<ul style="list-style-type: none"> An elder said, "in the last 5-6 years we have improved our understanding of how TB transmits [in stead of the previous thinking of hereditary disease]. Now we know that TB is curable, but can kill if not treated properly. We also no longer stigmatize and discriminate people suspected of TB, for we know that it can cure." 	
Damot Pulasa	<ul style="list-style-type: none"> As opposed to old days, now the community knows that many unfortunate ones died of TB for they didn't go to HFs while others who got cured from the disease have changed their life and that of their family. Thus, there is a change, they said. 	
Kachebira (non-project)	<ul style="list-style-type: none"> "yes it is changing, particularly in our locality since year 2000 government started to assign community health volunteers, who made it clear that TB is curable. We also saw an ex-patient who used to suffer but relieved from all the pains after treatment" one of them said. All agree that communal beliefs are changing. 	
Hadero (non-project)	<ul style="list-style-type: none"> With time, local beliefs related to TB are becoming less important. Yet, in some parts of the woreda, people with symptoms of TB still do not want to identify themselves. These people, therefore, instead of going to health facilities, prefer to be treated by traditional healers in their homes. <p><u>Comment:</u></p> <ul style="list-style-type: none"> there was a consensus that people's beliefs are changing over the curability of TB. This is witnessed by the increasing number of people with symptoms of TB seeking treatment. 	
10	What is your understanding about the relationship between TB and HIV? How do you see the proposal of having an HIV test for people diagnosed positive for TB (and vice versa)?	
Damot Woyde	<ul style="list-style-type: none"> They described about similarities of symptoms of the two diseases while pointing out also the different transmission ways of the two. They didn't comment on the need for having HIV test for people with TB and vice versa. 	
Damot Sore	<ul style="list-style-type: none"> All of the discussants agree that it is good to have HIV test for people with TB and vice versa. However, they have asserted that the ways of transmission for the two diseases are separate. 	

Boloso Sore	<ul style="list-style-type: none"> All of the discussants agree that it is good to have HIV test for people with TB and vice versa. After describing the similarities and differences of the two diseases, a religious leader said that people are no longer stigmatizing TB patients.
Damot Pulasa	<ul style="list-style-type: none"> The discussants described about the different modes of transmission of the two diseases and the level of treatment available for each. They said both can be checked/confirmed with laboratory test only.
Kachebira (non-project)	<ul style="list-style-type: none"> The close relationship between TB and HIV is well described by the discussants. All of them also agreed that it is good to have HIV test for people with TB and vice versa.
Hadero (non-project)	<ul style="list-style-type: none"> They acknowledged that people in their community often suspect TB patients for HIV because of the similarities of symptoms of the two diseases. However they said, it is only diagnosis that can reveal whether it is TB or HIV or a combination of the two. All of the discussants agree that it is good to have HIV test for people with TB and vice versa.
11	Where do you go if you are sick? Is this also where you would go if you think you might have TB?
Damot Woyde	<ul style="list-style-type: none"> Already addressed above.
Damot Sore	<ul style="list-style-type: none"> The near by health post is their first choice and then will visit health centers if one can't be helped there.
Boloso Sore	<ul style="list-style-type: none"> People prefer to go to HFs than ever.
Damot Pulasa	<ul style="list-style-type: none"> The near by health post is their first choice and then will visit health centers.
Kachebira (non-project)	<ul style="list-style-type: none"> HFs are found to be the most preferred places, yet they also use traditional medicine and food to treat themselves.
Hadero (non-project)	<ul style="list-style-type: none"> HFs are found to be the most preferred places, yet they also use traditional medicine and food to treat themselves.
12/13/14	<ul style="list-style-type: none"> How do you judge the behaviour of health workers towards patients? Are they friendly? helpful? competent? What do you like most about health workers in your closest health center? (mention top two qualities) What should they improve most? (mention two critical points that needed to be improved)
Damot Woyde	<ul style="list-style-type: none"> Previously, there were problems when we go to health facilities. Providers used to neglect patients. But now can we get health workers on duty even when we go there in the evenings. They give priority to laboring mothers, children and seriously ill patients. What they appreciate most in the health service provision is the great effort of TB animators to identify and help patients, when they get information that there is a suspect. They travel long distances on foot and make sure that the suspect reached a HF. Participants also commented on the wearing styles of some of the HEWs, to be improved, which they found as not contextualized to the rural culture.
Damot Sore	<ul style="list-style-type: none"> Discussants unanimously reflected that the health workers in their vicinity have a good approach to all clients, including TB patients. They appreciated the friendliness of health staff and their commitment to serve their community.

Boloso Sore	<ul style="list-style-type: none"> Discussants unanimously reflected that the health workers in their vicinity have a good approach to all clients, including TB patients. They appreciated the friendliness of health staff and their commitment to serve their community.
Damot Pulasa	<ul style="list-style-type: none"> Discussants unanimously reflected that the health workers in their vicinity have a good approach to all clients, including TB patients. They appreciated the friendliness of health staff and their commitment to serve their community. Appreciated the dedication of TB animators, as they are serving the community covering many kebeles on foot. "we appreciate a lot their respect for us, serving us without undermining patients who apparently are not clean in their appearance.
Kachebira (non-project)	<ul style="list-style-type: none"> In the last three years, the conduct of health providers has improved a lot. They are now more caring and willing to serve. In fact, they should include personal hygiene and environmental sanitation education in their health education service.
Hadero (non-project)	<ul style="list-style-type: none"> Discussants unanimously reflected that the health workers in their vicinity have a good approach to all clients, including TB patients. They witnessed that as most of the health workers are form their own locality, they do help them as much as they can beside their professional responsibility.
15	How do you assess the capacity of the health facility to provide you with basic TB treatment? (lab service/diagnosis, drug supply, in assigning knowledgeable health provider, counselling, ...)
Damot Woyde	<ul style="list-style-type: none"> Overall it is good, but it is necessary to fulfil laboratory equipment and other materials available in all of the health centers Lack of staff well trained in TB management TB drugs not accessible at health post level
Damot Sore	<ul style="list-style-type: none"> No problems as far as TB drug supply is concerned. the providers in general are good.
Boloso Sore	<ul style="list-style-type: none"> So far so good.
Damot Pulasa	<ul style="list-style-type: none"> No problems as far as TB drug supply is concerned. the providers in general are good. But we want TB drugs to be supplied at health post levels.
Kachebira (non-project)	<ul style="list-style-type: none"> No problems as far as TB drug supply is concerned. Rather, we suffer from shortage of drug for other diseases, for which we are forced to buy them from private vendors. Lab service is also good.
Hadero (non-project)	<ul style="list-style-type: none"> No problems as far as TB drug supply is concerned. As lab service completely depends on solar power, there are many instances where TB suspects are not diagnosed immediately or given appointments for another time or to go to other places for lack of power in the laboratory. Especially during rainy and cloudy seasons, the problem escalates. the providers in general are good.
16	Knowing that TB treatment is free, do people in your community afford to pay for transportation, for card, food, accommodation, ... ?
Damot Woyde	<ul style="list-style-type: none"> For some, covering the cost of transportation and purchase of food while away from home is a challenging factor, despite the fact that TB treatment is free.
Damot Sore	<ul style="list-style-type: none"> Though the majority can pay for card and for transportation, some are too destitute to afford.

Boloso Sore	<ul style="list-style-type: none"> Not a major reason not to go to HF's and the major cost of treatment and diagnosis is for free.
Damot Pulasa	<ul style="list-style-type: none"> Though the majority can pay for card and for transportation, some are too destitute to afford.
Kachebira (non-project)	<ul style="list-style-type: none"> The majority said it is affordable, but some had reservation.
Hadero (non-project)	<ul style="list-style-type: none"> Though the majority can pay for card and for transportation, some are too destitute to afford. In this case, in fact they do get "free" access to all health services, which by no means includes food and accommodation. <p><u>Comment:</u></p> <ul style="list-style-type: none"> As many believe that the TB drug doesn't work without good food [which many don't afford], some tend not to adhere to treatment. Since all patients need to stay close to the Health Center during the initial eight weeks of TB treatment, getting accommodation is found to be one of the challenges for those coming from distant places. One needs to have either a relative to stay with, or pay for accommodation, as they can't walk on daily basis.
17	What are the major challenges and your recommendations to improve the over all services at the health facilities and the TB program in particular?
Damot Woyde	<ul style="list-style-type: none"> See #15 above.
Damot Sore	<ul style="list-style-type: none"> They prefer if TB treatment is provided in their nearby health posts.
Boloso Sore	<ul style="list-style-type: none"> If TB treatment is provided in their nearby health posts.
Damot Pulasa	<ul style="list-style-type: none"> They prefer if TB treatment is provided in their nearby health posts, as the travel to other places causes unnecessary costs.
Kachebira (non-project)	<ul style="list-style-type: none"> Ambulance service Food support Economic strengthening for the chronically sick TB patients.
Hadero (non-project)	<ul style="list-style-type: none"> Due to lack of electric power supply in Tunto health center, laboratory activities are performed only on sunny days. The discussants recommended support to the HF to run the already existing generator. Transportation facilities, more importantly, ambulatory service for the needy patients. Due to variation in the awareness level of the community leaders and members, there is a strong need for a regular Health education on TB, as is the case with HIV/AIDS. As they claim that their area is prone to TB, the leaders recommended intervention of non-governmental institutions [they mentioned what they have heard in Wolaita Zone] on TB. food support for destitute families is strongly recommended, as a way of encouraging up-take and adherence to treatment. <p><u>Comment:</u></p> <ul style="list-style-type: none"> As is the case with AIDS patients, TB patients can be linked to the existing food support programs, which are being implemented in the country.

A4.2.2 Patients and ex-patients

1	What do you know about TB? How do you recognize it/what are the symptoms? How did you find out about the disease and about the TB control programme in your locality?
Damot Woyde	<ul style="list-style-type: none"> The group described about the signs and symptoms of the disease as including long coughing, sputum with blood, night sweating and physical weakness, loss of appetite. They have also mentioned that it is a communicable disease. An elderly in his 60s witnessed that "in the old days we didn't have knowledge about this disease, I lost my wife due to TB. I and three of my children also suffered from the disease".
Damot Sore	<ul style="list-style-type: none"> The group described about the signs and symptoms of the disease as long coughing, sputum with blood, night sweating and physical weakness. They have also mentioned that it is a communicable disease that can transmit from untreated patient to healthy ones. An ex-TB patient, in his mid 40s, said that I used to think that TB/"ajaje" is a non curable and hereditary disease. However, when he was diagnosed positive and got cured after completing his treatment, he said he realized that all his previous perceptions were wrong.
Boloso Sore	<ul style="list-style-type: none"> The group described about the signs and symptoms of the disease as including long coughing, sputum with blood, night sweating and physical weakness. They have also mentioned that it is a communicable disease caused by bacteria and it can transmit from untreated patient to healthy ones. A 60 year elderly said that "we used to think that TB affects only lung. But now we know that there are different kinds of TB, including that of gland TB, intestinal and bone TB.
Damot Pulasa	<ul style="list-style-type: none"> An ex-TB patient farmer in his 50s, said that TB is a dangerous disease that can infect many people at a time. Its symptoms include coughing, sputum with blood, night sweating and physical weakness, loss of appetite, ... A young man of age 26 said when he was away from home for education, he started to have symptoms of TB which forced him to leave school. Others agreed with them.
Kachebira (non-project)	<ul style="list-style-type: none"> Nearly all of them said TB is an air born disease transmitted when a patient coughs. They also mentioned the possibility of transmission by sharing utensils, crowded living/bed rooms, even during travelling in non-ventilated public buses. An ex-TB patient man in his mid-50 disclosed that "due to lack of knowledge about the ways of transmission, my wife and daughter caught TB from me, for which they got treated, of course." Among the major sign and symptoms of TB, they mentioned cough that lasts over three weeks, sputum mixed with blood, chest pain, physical weakness. Almost all said that they had no prior knowledge about the existing TB program.
Hadero Non-project)	<ul style="list-style-type: none"> Group members unanimously agreed that TB is a communicable disease that cab be cured with proper treatment. They described that the signs and symptoms which they experienced include cough that lasted for more than a month, blood mixed sputum, chest pain, loss of appetite and physical weakening.
2	Where do you usually get your information about what is happening in your community? about health related issues? about available government services?
Damot Woyde	<ul style="list-style-type: none"> About the general health matters from community volunteers, health providers and HEWs. But about TB in particular, it is primarily from the Inter-Aide Field facilitators who have been teaching the community about the disease and visits people at household level.

Damot Sore	<ul style="list-style-type: none"> Field facilitators, Health extension workers and volunteer community workers were mentioned as the major sources of information about TB and other health issues. Kebele leaders and other community influentials like the religious leaders are also among the sources of information.
Boloso Sore	<ul style="list-style-type: none"> About general health matters, we hear from community volunteers, health providers and HEWs. But about TB in particular, it is primarily from the Inter-Aide Field facilitator named Bezabih, who has been teaching the community about the disease and visits people at household level.
Damot Pulasa	<ul style="list-style-type: none"> Health extension workers and volunteer community workers were mentioned as the major sources of information about TB and other health issues. Field facilitators are particularly mentioned as main source of info about TB.
Kachebira (non-project)	<ul style="list-style-type: none"> From Health extension workers, volunteer community workers and community opinion leaders. One of the participants said "when I want to know what is going on I usually ask the kebele administrators and civil servants, who also give me information about diseases like TB. Moreover, I also learnt about TB from my radio."
Hadero Non-project)	<ul style="list-style-type: none"> Health extension workers and volunteer community workers were mentioned as the major sources of information about TB followed by church and kebele leaders, where the later is not a frequent one.
3/4	<ul style="list-style-type: none"> - In your view, are there any local beliefs and conditions that prevent people from going to health facilities for TB treatment? - Do you think that people's perception about preventing and treating TB has changed in the last 3-5 years? If yes, what are the evidences?
Damot Woyde	<ul style="list-style-type: none"> They said we used to think that TB can be treated by eating certain types of food. As a hereditary disease. The testimony of ex-patients and education of Tb animators has contributed a lot in the improvement of mis-conceptions. But now, they all agreed that things are improving since the last 5-6 years.
Damot Sore	<ul style="list-style-type: none"> The group asserted that, previously community members used to stigmatize TB patients and their families to the extent of avoiding marital relationship with these families. But now, as they have realized that it is not hereditary and can be cured with proper medication, the old perceptions are going away. As a result, people with TB are also not confining themselves into their homes. Looking back to the days he has been suffering, not only from the disease pain but also from the social stigma, an ex-patient said that "to avoid the social stigma and discrimination due to my illness 'ajaje'/TB, I slaughtered three goats and drunk their blood to cure from the disease. Yet, it didn't go away. Later on the Inter-Aide facilitators visited me and recommended me to visit the health centre. I was diagnosed and put on medication for eight months. Finally I got cured and mixed with the community."
Boloso Sore	<ul style="list-style-type: none"> They said, their community used to think that TB/"ajaje" was a hereditary disease. Even many associate TB with HIV/AIDS, so that patients were stigmatized. One of the patients said, "even now when discussing with you here, I was looking around if there is anyone from my locality, for I'm afraid of being identified as a TB patient. Had it not been that all the discussants are current or ex-TB patients, it would have been difficult for me to be here." Previously, community members were not interested in marital relationship with a family that had TB history. But now, things are improving, they all agreed.

Damot Pulasa	<ul style="list-style-type: none"> • The group asserted that, previously community members used to stigmatize TB patients. May were thinking that it was a "curse" that affects certain families genetically. • The young ex-patient said "when students realized that I had symptoms of TB, many of my friends stopped to associate with me and I was highly stigmatized. However, after I was put on treatment and when my situation started to show progress, my friends came back to me again. Even one of them, when started to develop symptoms, came to me for advice and I helped him to go to a HF." • Now things are improved a lot and people have more correct perception about the disease.
Kachebira (non-project)	<ul style="list-style-type: none"> • Almost all agreed that there is a visible improvement in the persistence and influence of traditional beliefs in preventing and controlling of TB. • Reflecting back to those days, the man whose wife and daughter caught TB from him, said "my neighbours and other people used to pin point at me and say "TB will not leave that family as they are getting it hereditarily". But now, looking at all of us cured, they are no longer intimidating us." • Another participant said "in the previous days a person suspected of TB is stigmatized even by his family members, as they put him in an isolated waiting room [prepared to for this purpose] until the person dies away." But now this is no longer practiced. • The major current challenges mentioned were economic reasons and lack of complete knowledge. One of the participants commented that these days many people, who have the opportunity to see cured TB patients, believe that TB is curable and preventable. But this can't be said about the community, as there is lack of complete knowledge in the public at large.
Hadero Non-project)	<ul style="list-style-type: none"> • about 10 years ago, community members used to think that TB is non-curable and hence used to stigmatize and discriminate TB patients and even suspects. But currently it is some how normal for a coughing person to visit a HF to seek treatment. On the other hand, economic factors and distance are some of the reasons for not going to HFs. In addition, a TB patient may not easily get a person who can accompany him/her to a HF, for fear of transmission.
5/6	<ul style="list-style-type: none"> - How did you first know about your TB status? - Who advised you to go to health facility to seek TB treatment?
Damot Woyde	<ul style="list-style-type: none"> • Many said that they started treatment because of their family members and community workers: volunteers, TB animators, neighbours, etc.
Damot Sore	<ul style="list-style-type: none"> • Almost all of the discussants mentioned the name of Inter-Aide's field facilitator when asked about who advised them to go to a health facility for checking about TB. The majority learnt about the disease and were advised to go to the nearest health center by the TB animators. • A current patient, in his 60s, said that when I started to develop the signs and symptoms of the disease, I wasn't aware that it could be TB. Thus, I kept on struggling to treat myself in the traditional way. However, when the Inter-Aide field facilitators started to give us health education about TB, I realized that I should visit the near by health centre. Then found out that I had TB. But now my health is okay."

Boloso Sore	<ul style="list-style-type: none"> A lady in her 20s witnessed that "in the year 2004, when I started to show the symptoms of the disease, my parents thought it was pneumonia and hence took me to a private clinic and I got seven days injection treatment. Yet I couldn't get well. Then, when the field facilitator named Bezabih started to educate the community about the signs and symptoms of the disease and advised all to take such symptomatic patients to a health facility, my father took me the health centre. I was found to be positive for TB and hence put on the long treatment." Another lady in her mid 40s said that "when the field facilitator heard that I was suffering from illness, he came to visit me and after asking me about the symptoms he strongly recommended me go to health centre as soon as possible. By doing so, he saved my life!"
Damot Pulasa	<ul style="list-style-type: none"> The group clarified that though the HEWs and community volunteers educate the community by going from house to house and at public gatherings; the most important role about TB is played by Inter-Aide's field facilitators. They are the ones who refer many of the patients to HF's and follow-up their progress.
Kachebira (non-project)	<ul style="list-style-type: none"> An ex-TB patient narrated her experience as "when I first started to develop the signs and symptoms of the disease, I immediately visited a near by private clinic, where I was given drug. Yet, the intensity of pain increased in stead of improvement. After I suffered a lot and lost a lot of body weight, I came to Shinshicho Health Centre, where I was recommended for sputum test but still found out negative for TB. Later on I was referred to another health facility for x-ray and then finally they found out that it was TB." Others also expressed a similar trend. The majority said, no one else,, but the health extension workers in their kebele, including information about cost free TB treatment.
Hadero Non-project)	<ul style="list-style-type: none"> When they had a bad coughing and physical weakness, they visited the nearest health centre and most were diagnosed TB positive with sputum test. Few needed additional x-ray check-up [from another HF] before they were put on treatment. The pain created by the disease pressurized many to visit HF's.
7	After how long did you go to the facility after the development of symptoms?
Damot Woyde	<ul style="list-style-type: none"> The one who had bone TB said she suffered for over three years; the other one has been trying to treat herself with traditional medicines for one year and another one took step with in a month.
Damot Sore	<ul style="list-style-type: none"> It took some up to three months and others up to five months.
Boloso Sore	<ul style="list-style-type: none"> Some said it took them over a year to recognize the disease, while others got medical help relatively within a short period of time.
Damot Pulasa	<ul style="list-style-type: none"> An old lady said, "in our culture, we don't quickly visit HF's when we fall sick. Thus, when I first started to feel the symptoms of TB I though it was common cold and hence tried to treat myself at home. Later on I went to health centre after a month." Another farmer added "I took two rounds of 7 days injection treatment from a clinic thinking that my illness is pneumonia. However, after spending more than a month at home, I heard message about TB at a public gathering. Then I immediately went to HF.

Kachebira (non-project)	<ul style="list-style-type: none"> Almost all of the discussants said that they stayed 15-30 days at home after development of symptoms visibly, by trying traditional medication and home based treatment. But one of the current patients narrated her story as "when I initially developed the signs and symptoms of TB, I paid little attention, considering it rather as a common cold or influenza. In about a year, I already lost a lot of weight, my appetite and became very weak. One day, when I was on my way to a market place, I fell unconscious and found out that I had blood-dominated sputum. Then I was taken to a health facility and immediately put on treatment." Another participant said that it took him four years to go to health facilities.
Hadero Non-project)	<ul style="list-style-type: none"> It ranged from one to four months. A patient who caught TB for the second time said "I visited the HF after spending four months in my house".
8	In what ways are you encouraged to adhere to treatment?
Damot Woyde	<ul style="list-style-type: none"> Many counted on the strong counselling by TB focal persons in the HF. The follow-up of TB animators as an important support for their adherence and continuous check-up
Damot Sore	<ul style="list-style-type: none"> They mentioned about the requirement of bringing a contact person/"a collateral" to the HF, to ensure completing his/her treatment. They also said that the field facilitators regularly visit patients Many counted on the strong counselling by TB focal persons in the HF. They said they were given clarifications on what would happen if they quit treatment, with emphasis on the dangers of drug resistant strain, both for the patient as well as to the family and community members. In addition
Boloso Sore	<ul style="list-style-type: none"> Many counted on the strong counselling by TB focal persons in the HF. They said they were given clarifications on what would happen if they quit treatment, with emphasis on the dangers of drug resistant strain, both for the patient as well as to the family and community members. They mentioned about the requirement of bringing a contact person/"a collateral person" to the HF, to ensure completing his/her treatment. The patients underlined on the benefits of this kind of arrangement in ensuring treatment adherence. They also said that the field facilitators regularly visit patients
Damot Pulas	<ul style="list-style-type: none"> The TB animators follow us up in our houses whether we are properly taking our medicines or not. We also were counselled about treatment and the potential dangers of not adhering. They mentioned about the requirement of bringing a contact person/"a collateral" to the HF, to ensure completing his/her treatment.
Kachebira (non-project)	<ul style="list-style-type: none"> Similar to other places, all the patients magnified the role of TB focal persons/nurses in counseling and personal attention given to each in ensuring they are taking their medication strictly. The other way is the responsibility given to the contact person, who is in charge if the patient is not taking his/her medication properly.
Hadero Non-project)	<ul style="list-style-type: none"> Many counted on the strong counseling by TB focal persons in the HF. They said they were given clarifications on what would happen if they quit treatment, with emphasis on the dangers of drug resistant strain, both for the patient as well as to the family and community members. In addition, they mentioned about the requirement of bringing a contact person to the HF, if in case the patient disappears or defaults to take his/her treatment.

9	Were you required to pay anything for TB treatment? If yes how much?
Damot Woyde	<ul style="list-style-type: none"> All said "no!" except for card.
Damot Sore	<ul style="list-style-type: none"> All said "no!", except for card.
Boloso Sore	<ul style="list-style-type: none"> All said "no!" except for card.
Damot Pulasa	<ul style="list-style-type: none"> All said "no!"
Kachebira (non-project)	<ul style="list-style-type: none"> All of them said "no!".
Hadero Non-project)	<ul style="list-style-type: none"> Unanimously they said "no!", except for card.
10/11/12	<ul style="list-style-type: none"> - How do you judge the behaviour of health workers towards TB patients? Are they friendly? helpful? competent? - What do you like most about health workers? (mention top two qualities) - What should they improve most? (mention two critical points that needed to be improved)
Damot Woyde	<ul style="list-style-type: none"> Very much hospitable, caring and cooperative. They also express their concern to patients by paying personal interest in each. They serve them promptly Always willing to help. But if they had vehicle, they could have come and visited us at our home.
Damot Sore	<ul style="list-style-type: none"> Hospitable, caring and cooperative. They also encourage us to adhere to treatment and pay attention to our personal situations.
Boloso Sore	<ul style="list-style-type: none"> Hospitable, caring and cooperative. They also greet us in the traditional way of hugging, which makes us feel that we are not stigmatized. They also express their concern to patients by paying personal interest in each and during the intensive care period they even providing them with water to make sure that they have taken their medicine before health providers.
Damot Pulasa	<ul style="list-style-type: none"> An elderly lady said that currently we get better services than before. Yet, some providers lack interest in their work and hence don't treat us properly. Another young patient argued that as compared to the pressure patients create up on providers [due to the pains they feel] the treatment they get from providers is much better and even appreciated their patience to serve impatient clients. Others also witnessed that "the health workers treat us quickly when we go there to collect our medicine. Even give us comfort and make us feel valued, which we at times lack even from our family members" one of them commented.
Kachebira (non-project)	<ul style="list-style-type: none"> In general the group thanked providers for their care and paying personal interest in each of the patients. They appreciated that the focal persons are willing to listen even to their personal problems. They witnessed that TB patients are among the priority groups in the HF. But one of the patients disclosed his disappointment upon a lab technician who turned his face from the patient and kept him in distance while collecting his sputum.
Hadero Non-project)	<ul style="list-style-type: none"> Very friendly and caring. One of the patients said "they show us unconditional love with all their advice, checking whether we are consistently taking our medication, as well as greeting us the traditional way [hugging] which most community members don't dare to do [due to fear of transmission]."

13	How do you assess the capacity of the health facility to provide you with basic TB treatment? (lab service/diagnosis, drug supply, in assigning knowledgeable health provider, counselling, ...)	
Damot Woyde	<ul style="list-style-type: none"> Doing fine. but we prefer if there were mobile TB laboratories and drug dispensaries to help us reduce travel time and energy. 	
Damot Sore	<ul style="list-style-type: none"> The laboratory is one of the limiting factors in the service of the health centre, for there is a problem for testing sputum. Consequently, they complained that patients are forced to travel to Gununo (a distant place) to have sputum check up at different stages of taking the treatment. 	
Boloso Sore	<ul style="list-style-type: none"> Doing fine. 	
Damot Pulasa	<ul style="list-style-type: none"> We never experience any problem with TB drug supply. The services are good, but the distance is too much for us. Thus, we want the service close to our villages. 	
Kachebira	<ul style="list-style-type: none"> Shinshicho health centre is appreciated for its good drug supply, lab service and patient care. 	
Hadero	<ul style="list-style-type: none"> Except for the limitation of power supply to facilitate laboratory services, there is a good drug supply and patient care. Yet, as these services are not available at the health post levels, it puts a big burden of travel to the nearest health centre. 	
14	Can you mention other diseases that are closely related to TB [i.e. diseases that can easily affect a person who is positive for TB]? What is your opinion about having an HIV test for people diagnosed positive for TB (and vice versa)?	
Damot Woyde	<ul style="list-style-type: none"> Discussants mentioned diseases like common cold, pneumonia and malaria. In fact they agreed that it is good to have HIV test, especially when one has TB. 	
Damot Sore	<ul style="list-style-type: none"> Discussants mentioned diseases like malaria, yet none of them associated TB with HIV/AIDS. In fact they agreed that it is good to have HIV test, especially when one has TB. 	
Boloso Sore	<ul style="list-style-type: none"> Discussants mentioned diseases like common cold, pneumonia and malaria. , yet none of them associated TB with HIV/AIDS. In fact they agreed that it is good to have HIV test, especially when one has TB. 	
Damot Pulasa	<ul style="list-style-type: none"> Discussants mentioned diseases like malaria, common cold, ... but one of the patients mentioned about the high likelihood of having HIV among TB patients. He also narrated what the community members gossiped about him when they saw him very weak and coughing. Thus, they recommended HIV test for TB patients and vice versa. 	
Kachebira (non-project)	<ul style="list-style-type: none"> The group emphasized on the close relationship between TB and HIV diseases. Some even expressed them as "brother diseases" to show that one is highly likely to exist if a person is diagnosed positive for the other. Therefore, they reached to a consensus that it is very important for a TB patient to test for HIV and vice versa. 	
Hadero Non-project)	<ul style="list-style-type: none"> They mentioned asthma, malaria, diarrhoea, typhoid as diseases that can affect a TB patient. Moreover, almost all of them said that it is very important to have HIV test for a person with TB and vice versa. 	
15	Were you offered by the health facility to test for HIV, when you found out that you had TB? If yes, did you accept the offer? (please clarify first that you are not interested in the result their HIV test)	
Damot Woyde	<ul style="list-style-type: none"> Not at all. Only one of the patient said that when he went to a hospital, the doctor advised him to test for HIV. Otherwise in their health centre no one offered them. 	

Damot Sore	<ul style="list-style-type: none"> Most of the respondents said that they were not offered HIV test, by the time they visited the HF for TB treatment. Only one of them confirmed that he was counselled for HIV in the health centre and accepted the test.
Boloso Sore	-
Damot Pulasa	<ul style="list-style-type: none"> Most of the respondents said that they were offered HIV test, and many of them accepted the offer.
Kachebira (non-project)	<ul style="list-style-type: none"> Responding to the question whether they were offered for HIV test, they all witnessed that they were counselled in the facility and tested for HIV. Even one of the discussants disclosed her sero-positive status, which she found out during her TB treatment. Currently she is taking her anti-retroviral treatment (ART).
Hadero Non-project)	<ul style="list-style-type: none"> At the health centre in which they were diagnosed for TB and taking medication, they said, they were offered an HIV test and most of them accepted.
16	Are there conditions that bother you when you are thinking of going to a health facility? If yes, what are they?
Damot Woyde	<ul style="list-style-type: none"> Distance to HFs, accommodation and food cost.
Damot Sore	<ul style="list-style-type: none"> Distance to HFs, accommodation and food cost.
Boloso Sore	<ul style="list-style-type: none"> Distance to HFs, accommodation and food cost.
Damot Pulasa	<ul style="list-style-type: none"> Though many apparently said "nothing", two of them boldly said that the cost of transportation, accommodation and food, when they go to the facilities are real challenges.
Kachebira (non-project)	<ul style="list-style-type: none"> Distance to HFs, accommodation and food cost, particularly, during our stay in town/close to the HF for the first eight weeks.
Hadero Non-project)	<ul style="list-style-type: none"> Distance to HFs, accommodation and food cost, particularly, during our stay in town/close to the HF for the first eight weeks.
17	What is the impact of TB on your ability to work/productivity/earn money, on your family's time spent on care, costs incurred for medication and transportation, etc?
Damot Woyde	<ul style="list-style-type: none"> Discussants affirmed that the impact of TB on their working and earning capacity is a paramount one. A mother and head of a family said that it became very hard for her to feed her children after she caught TB. A man also said that since I spent a lot of time, energy and money in seeking treatment in traditional ways, I lost my capacity to work as usual, even after completing medication.
Damot Sore	<ul style="list-style-type: none"> Discussants affirmed that the impact of TB on the earning capacity is not limited to the patient only but also stretches to those who are close to the patient. One of them said that "his relatives wasted their precious harvest time while they were accompanying them to different place". The other one said "I'm no longer able to collect the amount of harvest which I used to get from my land after I fell sick with TB."
Boloso Sore	<ul style="list-style-type: none"> Discussants affirmed that the impact of TB on their earning capacity is very strong. A lady in her 30s said, unlike my pre-TB infection time, I can not carry heavy loads any more. Because of this, I can no longer take goods to the market place to sale. Even to do household chores quickly is hard.
Damot Pulasa	<ul style="list-style-type: none"> Discussants affirmed that the impact of TB on their working capacity. One of the farmers disclosed "I used to be one of the tough farmers who fed their families well. But after infection by TB, my capacity gone down. These days I merely watch my healthy neighbours going to the farming field early in the morning, while I'm struggling to get out of my bed." A wife also complained that she can no longer help her family in the farming work and can't walk to distant market places to make profit.

Kachebira (non-project)	<ul style="list-style-type: none"> All said that TB devastated their working capacity. One of the ex-patients expressed his situation as "I do have two hectares of land, which I used to plough by my self and complete the whole course of farming only with the help of my household members. However, after the attack by TB, I'm no longer able to manage it by myself. Thus, I'm forced to give my plot of land away for shared farming, which reduced my household income by half."
Hadero Non-project)	<ul style="list-style-type: none"> All said that TB devastated their working capacity. A lady, in her mid-20s said that "I used to sell banana in local market by carrying baskets of banana from my village to the market places. That was how I used to make my earnings and cover my school fees. However, after catching TB, I could no longer carry those baskets and hence I had to quit my school for I couldn't make money any more". Many, even after cure, are no longer working to the level they used to work before they got sick.
18	How soon did you start to feel the impacts of the disease after you experienced symptoms suggestive of TB?
Damot Woyde	<ul style="list-style-type: none"> It varied from patient to patient, and the impact comes gradually as a process.
Damot Sore	<ul style="list-style-type: none"> It varied from patient to patient, but many said in few months time, one definitely feels the negative impacts of the disease on the earning capacity of the family.
Boloso Sore	<ul style="list-style-type: none"> It varied from patient to patient, and the impact comes gradually as a process.
Damot Pulasa	<ul style="list-style-type: none"> It varied from patient to patient, but many said that after a month they started to feel weak to work.
Kachebira (non-project)	<ul style="list-style-type: none"> The majority said immediately after the first strong symptoms.
Hadero Non-project)	<ul style="list-style-type: none"> After about a year, the impacts of the disease became very visible, which we apparently tried to manage for sometime.
19	How soon after starting TB treatment did you regain your ability to work and earn money?
Damot Woyde	<ul style="list-style-type: none"> Consensus point: all agreed that they regained weight and relieved of pain in the first few months after starting treatment. But regaining their previous working capacity was not commonly mentioned and they say it is difficult even after finishing treatment.
Damot Sore	<ul style="list-style-type: none"> Consensus point: Finishing the first two month intensive treatment is a good turning point to gradually regain working capacity.
Boloso Sore	<ul style="list-style-type: none"> Consensus point: though all patients regained strength after starting and finishing treatment, they all affirmed that it was difficult to go back to their pre-TB physical strength.
Damot Pulasa	<ul style="list-style-type: none"> After finishing the first two month intensive treatment is a good turning point to gradually regain their working capacity and help themselves.
Kachebira (non-project)	<ul style="list-style-type: none"> Many said after a months treatment, they started to feel better and make little things by themselves. But to regain their economic strength, it took them longer time.
Hadero Non-project)	<ul style="list-style-type: none"> Many of the participants said that they found it very hard to regain their earning capacity, even after completing treatment. An ex-patient in her early 40s said "as I don't have the capacity to feed myself well [while taking the treatment], I couldn't re-gain my initial earning capacity yet."

20	What are your recommendations to improve the over all services at the health facilities?
Damot Woyde	<ul style="list-style-type: none"> • Laboratory service in the nearby, to reduce their burden of travel. • Waiting space for TB patients, during the intensive care period • Transportation facilities for health workers, so that they can serve the community better • Training for those working on TB programs
Damot Sore	<ul style="list-style-type: none"> • Better to have complete laboratory service in each of the DOT sites, which will reduce the burden of patients. • Increase the number of field facilitators working on TB • Introduce transportation facility for field animators so that they can do their job easily and cover wider area. • Prepare a waiting space for TB patients until they finish the first two months treatment.
Boloso Sore	<ul style="list-style-type: none"> • Training for those working on TB programs • Close monitoring of activities at different levels
Damot Pulasa	<ul style="list-style-type: none"> • Provide TB service at health post levels (particularly sputum test and drug supply). • Deploy additional TB animators, to effectively cover kebeles in the woreda. • Provide animators with means of transportation.
Kachebira (non-project)	<ul style="list-style-type: none"> • food support, especially at the intensive treatment period [in the first eight weeks of treatment] • prepare waiting place for TB patients, at least until they finish the first two months treatment. This is one of the major costs TB patients incur. • Wide public awareness program about TB and its prevention • Strengthen health posts to manage TB drugs, so that patients should not travel long.
Hadero Non-project)	<ul style="list-style-type: none"> • food support, especially in the first eight weeks of treatment [the time in which they are staying away from home]. • Financial supports/access to sources to help them regain their previous earning capacity.

A4.2.3. Health workers

1	Do you think that people with symptoms of TB in your locality do come to the health facilities on time or before things get worse? If no, what could be the possible reasons
Damot Woyde	<ul style="list-style-type: none"> Comparing the past with current situation, those health workers who stayed in the health center for long witnessed that they don't remember any TB case reported to their HFs some six seven years back. But now thanks to the awareness created by the intervention of Inter Aide, supported by the community volunteers, many patients with TB symptoms are now coming forward to their health center. In fact, they said, this can't be generalized for the whole community, emphasizing on the need for further education and behavioural change. These days, said a Health Officer, "we are diagnosing about eight TB suspects per day, which wasn't the case some years back. We attribute such a change to the tireless efforts of Inter-Aide staff".
Damot Sore	<ul style="list-style-type: none"> In old days people used to seek traditional ways of treatment, as they equate the symptoms of TB with common cold and flue. But these days some TB patients are coming the HFs. However, one of the providers stressed the key role played by TB animators [field workers employed by Inter-Aide] who play a crucial role in early reporting and referring patients to HFs. Otherwise, if the community members do come to the HFs by their own at all, it is after they reached to a critical point.
Boloso Sore	<ul style="list-style-type: none"> Thanks to the awareness created by the intervention of Inter Aide, which is also supported by the community volunteers, many people in the community do come to their health center for medication when they suspect TB. Now a day, anyone who coughs is highly pressurized by the community to check for TB.
Damot Pulasa	<ul style="list-style-type: none"> In fact TB suspects are coming to the HFs before things go worse. However, some argued that it is the regular visit of households by TB animators which facilitated the early reporting than the self initiative of community members. Thus, they recommended BCC activities to continue to be worked in the community, until there is a complete behavioural change.
Kachebira (non-project)	<ul style="list-style-type: none"> Respondents admitted a growing trend with more TB patient reporting than ever. They attributed the credits for such an improved reporting to the efforts of HEWs and community health volunteers. In addition, due to the awareness raised in the community, individuals are also taking a step to visit HFs by their own initiative. Yet, they have stressed that this can't be generalized for the whole community and hence recommended further awareness raising programs to be arranged.
Hadero (non-project)	<ul style="list-style-type: none"> Respondents in general agreed that in most cases people with symptoms of TB visit the health facilities (HFs) after their situation reaches a serious stage. Since they primarily think that their disease might be common cold or pneumonia, they tend to stay at home for more than a month, treating themselves with herbal medicines and eating traditionally recommended food [such as local cheese, garlic, butter, honey, ...].
2	Do you think that people's perception about preventing and treating/curing TB is changing? If yes, since when and what are the evidences? If no, why?
Damot Woyde	<ul style="list-style-type: none"> Addressed with #1 above.
Damot Sore	<ul style="list-style-type: none"> In one word they confirmed that perceptions are really changing. One of the discussants said that people are no longer using the common proverb which says: "Once exposed, it is impossible for a person to be detached from TB ('ajaje' in local terms) and debt". However, as people are looking at ex-patients who are cured from TB, their perceptions are changing. They appreciated the role of field facilitators, in the last 5-6 years. The TB focal person of the health center indicated at the increasing number of TB patients coming to their HF, which increased the detection to 115 in the last year, which was as low as 28 in the previous years.

Boloso Sore	<ul style="list-style-type: none"> A Pharmacy Technician commented that "unlike previous days, people are developing the trend to check for TB even when they see only one or two of the symptoms. They also adhere to treatment for they believe that the disease is curable." A clinical nurse also cited on defaulter rate [data of the health center which is currently zero] as an evidence to the increased awareness and belief in medical treatment of TB. This change of perception has gradually become evident in the last five years, they said.
Damot Pulasa	<ul style="list-style-type: none"> "Of course!" they said. In the last 10 years, there is a progress in the reduction of misconceptions about TB. People now know that TB is not hereditary and can be cured with medication. Thus, it is rare to hear these days about people died of TB.
Kachebira (non-project)	<ul style="list-style-type: none"> The facility's TB leprosy coordinator commented that "there is an encouraging improvement in the attitude of the community regarding the idea that 'TB is curable and preventable!'" The impacts of health education at community level is the major reason for the improvement. As an evidence to the improvement, a participant referred to data in TB detection rate of the woreda, which increased from 25 (3 years back) to 60-70 (currently). The increasing number of ex-TB patients is also strengthening the health education effort.
Hadero (non-project)	<ul style="list-style-type: none"> Respondents said that it is difficult to say that community members do have complete knowledge about the disease. Some people do default from treatment. Yet, it is getting better, particularly since the Ethiopian millennium campaign on health related issues, which included TB prevention and control. Many people are becoming aware of the signs and symptoms of TB and started to believe that TB is curable with strict medication, which is testified and witnessed by ex-patients. They also noted that most of the time health providers teach about TB when they are on outreach. The existence of health extension workers (HEWs) in each kebele is one of the most important tools in educating the community about prevention of TB.
3	In your view what are the local beliefs and conditions that prevent people from reporting TB and visit health facilities?
Damot Woyde	<ul style="list-style-type: none"> In the past, the community tended to consider TB as a hereditary and incurable disease. Patients used to seek treatment from traditional healers and there was a high level of stigma and discrimination against patients. The TB focal person of the health center disclosed her experience with one of her patients in this regard as: "I had a patient who was scared of being identified as TB patient, due to his perception of the stigma in the community. It took me long counselling and encouragement to the person to build his confidence." But now these things are becoming less important. Rather people mention about other barriers for treatment like financial constraints to cover costs related to travel for visiting health facilities and lack of a close relative to accompany them during the time and energy demanding intensive care period.
Damot Sore	<ul style="list-style-type: none"> Patients used to seek treatment from traditional healers, holy waters. The community tended to consider TB as a hereditary and incurable disease. Associating TB patients to HIV/AIDS and hence increased stigma Many stay at home until things get worse. Distance and economic reasons [for accommodation, food, ...] are also mentioned among constraining factors.

Boloso Sore	<ul style="list-style-type: none"> • Patients used to seek treatment from traditional healers • The community tended to consider TB as a hereditary and incurable disease. • There was a high level of stigma and discrimination against patients • Conditions like lack of money [for transportation, to pay for card, ...] are mentioned as local barriers hampering visit to HFs. In addition, when the patient doesn't have someone to accompany to HFs and care for, them, it becomes hard to go to HFs.
Damot Pulasa	<ul style="list-style-type: none"> • Though the long existed local beliefs towards TB are dying away, associating the disease with HIV infection [by the community] is putting some pressure on patients to hide their illness, for fear of stigma. In addition to these beliefs, economic conditions and distance are among factors to prevent patients from seeking medication in time.
Kachebira (non-project)	<ul style="list-style-type: none"> • Though the inherent traditional beliefs are no longer putting a lot of pressure on the attitude of people, there is a wide spread perception of associating TB with HIV/AIDS. As a result, many TB patients are afraid of stigma and discrimination from the community. To escape from this, some tend to hide their problems and try to treat themselves by traditional healers. In addition, economic reasons and distance are also mentioned as some of the factors that could hinder early reporting to HFs.
Hadero (non-project)	<ul style="list-style-type: none"> • The community tends to consider TB as a hereditary and incurable disease. • The tendency to seek treatment from traditional healers • There is also low level of awareness about the disease • As a result, many stay at home till things get worse.
4	What conditions can attract people with TB symptoms to health facilities?
Damot Woyde	<ul style="list-style-type: none"> • Availability of diagnostic services in the near by areas for patients • Presence of a TB focal person in the HF • Warm and welcoming approach of providers • Free cost of treatment • Continuous counselling • Undelayed service to patients • Availability of capable health workers in the facility
Damot Sore	<ul style="list-style-type: none"> • Love and care for patients • Free access to treatment • Undelayed service to patients • Testimony of those who got cure from TB
Boloso Sore	<ul style="list-style-type: none"> • Warm and welcoming approach of providers • Continuous counseling • Undelayed service to patients • Availability of TB focal person in the HF • Strengthening the house to house service for TB education and for follow-up of patients on treatment • Testimony of those who got cure from TB
Damot Pulasa	<ul style="list-style-type: none"> • Free access to treatment • Mass awareness programs • Testimony of those who got cured from TB

Kachebira (non-project)	<ul style="list-style-type: none"> Possible attracting factors to HF's included: <ul style="list-style-type: none"> The fact that TB is curable through treatment The availability of health extension program, where symptomatic patients are visited at their home and referred to HF's Access to free TB diagnosis and treatment The expansion of TB treatment centers to six sites in the woreda Availability of the treatment in the form of tablet than in injection form
Hadero (non-project)	<ul style="list-style-type: none"> Discipline and reception of the providers Providing health education, including use of posters and other materials related to signs and symptoms of TB Free treatment cost (lab + drugs)
5	What are the supports provided by the TB project funded by Inter-Aid?
Damot Woyde	<ul style="list-style-type: none"> The most important support provided is the placement of a dedicated TB focal persons engaged in intensive health/TB education at the community level. Secondly, as these people are providing from house to house service, their contribution in educating the community, in early reporting of cases and defaulter tracing is paramount. In addition to the key role played by the field facilitators/animators, the project is also supporting by providing lab equipments, \pharmaceuticals, availing the necessary working guidelines, and providing trainings.
Damot Sore	<ul style="list-style-type: none"> The most important support provided is the placement of a dedicated TB focal person working at the community level. With the help of these people, who conduct a regular house to house visit, there is a big increase the level of TB awareness, improvement in the number of reporting as well as adherence to treatment. The other kinds of support provided include on the job training to health facility staff; supply of pharmaceutical and laboratory equipments and reagents, applicator kits, ... which all are highly appreciated.
Boloso Sore	<ul style="list-style-type: none"> The most important support provided is placement of the dedicated TB focal persons working at the community level. As these people provide service from house to house, their contribution in educating the community, in early reporting of cases and defaulter tracing is paramount. Community members are now even aware that if patients are not properly taking their medication, they can transmit the disease to others, while they are on treatment or apparently after finishing their medication. The TB animators also serve as a contact/link between the patient and the HF. One of the HEWs witnessed that "since I had no deeper knowledge about TB, which I only took as part of the 16 packages of the health extension program, it was the Inter-Aide field facilitator who helped me a lot to understand about TB, on how to monitor patients, how to write referral paper to the health centers, etc." In addition to the key role played by the field facilitators/animators, the project also supports by providing lab equipments and reagents.
Damot Pulas	<ul style="list-style-type: none"> The number one support appreciated by the group is the provision [by Inter-Aide] of a modern microscope which is helping them a lot in screening TB patients. The other one is placement of a dedicated TB focal person working at the community level.
Kachebira (non-project)	-
Hadero (non-project)	-

6	How do you see the overall performance of the project?	
Damot Woyde	<ul style="list-style-type: none"> • Very appreciable effort in raising the awareness level of the community, • Well organized defaulter tracing mechanism and good supervision of field workers • Supporting the health facilities in technical matters <ul style="list-style-type: none"> – Very good in monitoring and evaluation of on going treatment programs 	
Damot Sore	<ul style="list-style-type: none"> • Awareness raising in the community as a key element and achievement • A very close and unique follow-up to those on treatment <ul style="list-style-type: none"> – Highly contributed to the increased TB case detection rate 	
Boloso Sore	<ul style="list-style-type: none"> • Praised the project as a model for integrated community work • Very good in monitoring and evaluation of treatment programs • Well organized defaulter tracing mechanism and good supervision of field workers • Building the local capacity 	
Damot Pulasa	<ul style="list-style-type: none"> • Highly contributed to the increased TB case detection rate • A very close and unique follow-up to those on treatment. 	
Kachebira (non-project)	-	
Hadero (non-project)	-	
7/13	<ul style="list-style-type: none"> - How do you see the value addition of community volunteers and field facilitators? In what areas/ways do they provide critical service (in patient reporting, tracing defaulters, follow-up of patient progress, etc)? - How do you see the work of the community volunteers? Are they helpful in early reporting TB patients? 	
Damot Woyde	<ul style="list-style-type: none"> • The role of community volunteers and field facilitators in the prevention and control of TB at community level is a paramount one. Yet, as the later are more focused and dedicated for TB than the former, the contribution of the field facilitators, deployed by Inter-Aide, is by far more than the community volunteers. They are credited for the increased number of patient reporting, reduced defaulter rate and regular follow-up of patient progress. 	
Damot Sore	<ul style="list-style-type: none"> • Community volunteers and field facilitators are playing a very crucial role in putting the <u>defaulter rate to zero</u> in their health center. • They are the ones mentioned as key for the increased reporting/case finding. • Since the two groups are working in a coordinated way, their contribution to the community is paramount. They also update TB focal persons of the HF about the progress of patients on treatment. 	
Boloso Sore	<ul style="list-style-type: none"> • The role of community volunteers and field facilitators in the prevention and control of TB at community level is a paramount one. Yet, as the later are more focused and dedicated for TB than the former, the contribution of the field facilitators is by far more than the community volunteers. • One of the HEWs witnessed that the TB animators do help the health system by recording patient history, in writing reports and tracing defaulters. 	
Damot Pulasa	<ul style="list-style-type: none"> • All agreed that the role of community volunteers and field facilitators is a paramount one. 	
Kachebira (non-project)	<ul style="list-style-type: none"> • Community volunteers do help a lot. They also help as a link between the patient and the health facility for follow-up of treatment adherence. 	
Hadero (non-project)	<ul style="list-style-type: none"> • Community volunteers do help a lot. They also help as a link between the patient and the health facility for follow-up of treatment adherence. 	

8	What are the mechanisms you use to ensure patient adherence to treatment? What are the pros and cons of these mechanisms?
Damot Woyde	<ul style="list-style-type: none"> • The most important mechanism we use is convincing the patient to adhere, through intensive counseling. • Make sign contact persons, who enter in to a commitment to ensure adherence to treatment by the patient • By making some extra efforts, such as taking the medicine to the patient's house, during the intensive medication period when we realize that the patient is too weak to reach the HF. • Frequent and regular supervision of patients, through different mechanisms
Damot Sore	<ul style="list-style-type: none"> • Use of community structures like Iddirs, churches, kebele admin to trace defaulters • Contact persons, who enter in to a commitment to ensure adherence to treatment by the patient.
Boloso Sore	<ul style="list-style-type: none"> • The most important mechanism we use is convincing the patient to adhere. • Frequent and regular supervision of patients • Make sign contact persons, who enter in to a commitment to ensure adherence to treatment by the patient
Damot Pulasa	<ul style="list-style-type: none"> • Contact persons, who enter in to a commitment to ensure adherence to treatment by the patient. • A very serious counselling program, which "forces" patients to stick to their treatment.
Kachebira (non-project)	<ul style="list-style-type: none"> • The most important mechanism to ensure adherence to treatment of the strong counselling given at the outset of the treatment, which clarifies all the potential dangers of quitting treatment. A TB coordinator of the health centre commented that the relatively strong challenge to ensure adherence to treatment comes after patients finish the first two months treatment. But, even after that when we find out that the patient is not showing up on his appointment date, we directly communicate the contact person and hence he/she puts the patient into track." • When asked about what happens if a patient can't bring a contact person from the town, the staff replied that the patient is still allowed to start treatment. However, apart from the strong counselling, the TB focal person in the health centre, the HEW and the community volunteer in his kebele will be given a special assignment for follow-up. A TB focal nurse at Shinshicho Health Centre cited to her experience with a TB infected street boy, who didn't have a contact person. She said "I used to motivate the young boy to adhere to his treatment by buying him some sweets and treating him as a family. I introduced him to all my staff, who also were encouraging him to finish his medication. I also promised him to surprise him with a gift when he finishes up his treatment successfully. Finally, the boy completed his full dosage and I bought him shoes." • Appreciating the value addition of putting a contact person for treatment adherence, the providers said that "these people serve as a bridge between us and the patient. In most cases they discharge their responsibilities. "

Hadero (non-project)	<ul style="list-style-type: none"> • Very serious counselling, particularly emphasizing the dangers of quitting treatment both for the patient as well as for other members of the community, due to drug resistance. Most of the patients take this counselling and warning very seriously, and hence try their level best to adhere. • Patients are required to bring a contact person [as a “collateral”], preferably from the staff of the HF or from dwellers of the town. Since this person is held responsible for the follow-up of the patient, it gives providers a link to the patient. If in case patients can’t bring a contact person [which is a rare case, so far], providers make extra effort to follow up these patients. doesn’t health centers if available then from the town • Volunteer community health agents are also helpful in ensuring adherence. <p>As a drawback:</p> <ul style="list-style-type: none"> • Since a single person can be a contact person for many TB patients, at times the contact persons do face problems in tracing defaulting patients.
9	What do you think will happen if the Inter-Aid supported TB program phases-out? What do you propose to overcome these challenges/to fill the gap?
Damot Woyde	<ul style="list-style-type: none"> • All agreed that the public awareness which is already created is an asset, yet questioned the sustainability with the phase out of the project. • They expressed their fear in the areas of defaulter tracing, patient progress follow-up and house to house visit in search of symptomatic patients, if the project phases out. One of the participants raised even the dangers of drug resistance, if the project pulls out, to be caused due to defaulters. • They proposed institutionalization of current efforts of the project in the existing system and providing good on the job training as ways of addressing the above issues.
Damot Sore	<ul style="list-style-type: none"> • The public awareness which is already created will remain in the community as an asset. Family members and neighbours will continue to help patients to visit HFs. However, early detection and reporting may not be as strong as it used to be with the intervention of field facilitators. There will also be a big difference in tracing defaulters. Yet, the program will continue. • They suggested Inter-Aide to document its achievements and the process it went through, as a lesson to expand the program to other places.
Bolosso Sore	<ul style="list-style-type: none"> • The public awareness which is already created will remain in the community as an asset. • However, activities like close and house to house follow up of patients, particularly those on treatment will be at stake, as other community workers might not have time to do what the animators have been doing. • They also suggested for increased number of community volunteers to fill the gap.
Damot Pulasa	<ul style="list-style-type: none"> • The TB-Leprosy coordinator of the Health Center commented that as the TB animators are playing key role, the on-going BCC will be hampered and hence the progress of TB detection rate will be affected a lot. • As a solution: <ul style="list-style-type: none"> – they proposed that it is good to enhance the capacity of community volunteers, so that they can takeover the role played by animators. – they also recommended to increase the commitment of volunteers, by creating an incentive mechanism for them, including transportation facilities. – Introduce a well organized monitoring and supportive supervision mechanisms for the community workers – Train all those involved in TB program, including health workers in the HFS

Kachebira (non-project)	-
Hadero (non-project)	-
10	How do you assess the capacity of your health center to provide TB service (What are the strengths and gaps in laboratory, drug supply, human resource, training, etc)?
Damot Woyde	<p>Strengths:</p> <ul style="list-style-type: none"> The health center provides the necessary services expected at its level with full laboratory and clinical staff. Availability of a separate room for TB patients and assignment of TB focal person in the facility. <p>Gaps:</p> <ul style="list-style-type: none"> Lack of training
Damot Sore	<ul style="list-style-type: none"> Though things are better than before, there are still limitations in the service provided to the community as the health centre doesn't have a dedicated TB focal person, works with limited number of health professionals, there is lack of on the job training, inadequate supply of drugs [not for TB], lack of lab reagents, etc.
Boloso Sore	<ul style="list-style-type: none"> Given that the health center is relatively new, its overall capacity is good. There were times even they didn't have lab reagents and some equipment, which is improved these days. The critical problem currently is lack of space [construction is underway], where they are forced to handle OPD and TB patients together. Apart from the lack of separate space for TB, lack of mask, applicator stick, and power supply are mentioned as challenges and even risk factors for the lab staff. Staff also felt that they lack appropriate and focused training on TB.
Damot Pulasa	<ul style="list-style-type: none"> Capacity of health centers in the woreda varies from place to place. The one in Ade shanto is relatively a well organized HC whereas others in the woreda even lack some important laboratory equipment.
Kachebira (non-project)	<ul style="list-style-type: none"> They said that the health center where they are working has a good capacity to provide the service to TB patients. To its capacity, they said they do have a well equipped laboratory with sufficient number of technicians, reliable drug supply, and all other departments having adequate human resource. Availability of six TB sites in their woreda is also mentioned as an advantage.
Hadero (non-project)	<p>Strengths:</p> <ul style="list-style-type: none"> Any thing related to TB drug supply is good enough There is a strong supervision mechanism in laboratory Staff are trying to serve their community, at times at their own time [during weekends, with no pay] <p>Gaps:</p> <ul style="list-style-type: none"> on the job trainings related to TB are lacking, which is necessary to all staff. Lab crew needs a refresher training to update their knowledge of newly emerging procedures. At times they face lack of lab reagents, which makes customer service difficult.
11	Do you consistently counsel your TB patients to take HIV test (and vice versa)? Do you strictly apply the principle of PIHCT?
Damot Woyde	<ul style="list-style-type: none"> Applying PIHCT is one of our routine activities. All clients are offered test for HIV, but they also disclosed their constraint in limited number of trained staff in PIHCT. But TB patients are given due attention in this regard, said head of the health center.

Damot Sore	<ul style="list-style-type: none"> The health centre strictly adheres to the principle of PIHCT.
Boloso Sore	<ul style="list-style-type: none"> Though they are trying to encourage TB patients to take HIV test on ad-hoc basis, they have admitted that the principle of PIHCT is not yet started to be applied strictly.
Damot Pulasa	<ul style="list-style-type: none"> All confirmed that they do offer HIV test for all patients, with special emphasis on TB positives.
Kachebira (non-project)	<ul style="list-style-type: none"> All the participants said that PIHCT (provider initiated HIV counseling and test) is one of the routine steps for all patients coming to their facility. Thus, all TB patients do have access to HIV test.
Hadero (non-project)	<ul style="list-style-type: none"> As the government is strongly promoting TB/HIV collaboration treatment [i.e. insisting on 100 % to test for HIV among TB patients], it is part of our regular procedure to do so. In fact, some of the patients refuse to accept the offer from the TB focal person, yet we continue to offer them the service.
12	Are health workers well motivated to work? If no, what are the missing elements or what should be done to motivate them?
Damot Woyde	<ul style="list-style-type: none"> They needed at least refresher trainings and opportunity for further education to motivate them. Due to lack of such opportunities, one of the health workers openly expressed his frustration that he doesn't have the motivation had in the first two years of his service.
Damot Sore	<ul style="list-style-type: none"> Factors like lack of transportation means to the field, no on the job training, lack of other working equipment are mentioned as de-motivating factors and recommended to be improved.
Boloso Sore	<ul style="list-style-type: none"> They needed at least refresher trainings to motivate them.
Damot Pulasa	<ul style="list-style-type: none"> They said "yes!"
Kachebira (non-project)	<ul style="list-style-type: none"> Lack of incentives for extra working hours served is mentioned as one of the de-motivating factors. Particularly for TB patients where lab technicians regularly diagnose sputum collected from the surrounding kebeles, on Saturdays. The refresher trainings, which used to be given on regular basis, are now stopped. This is also mentioned as one of the factors that reduces their keen interest to work.
Hadero (non-project)	<ul style="list-style-type: none"> Discussants said, when we see a patient who completes the treatment and gets cured, it gives us an energy to work and further serve the community. Lack of transport facilities to rural areas/outreach service is mentioned as a discouraging factor.
14	In your locality, what are the overall challenges of health delivery in general and TB program in particular and what are your proposed solutions/recommendations to overcome the challenges and improve the services?
Damot Woyde	<p>Challenges:</p> <ul style="list-style-type: none"> Lack of waiting place for TB patients during the intensive care period Lack of training for providers Incentives for community volunteers is a missing element Electric power supply shortage <p>Recommendations:</p> <ul style="list-style-type: none"> Address all the above challenges Strengthen monitoring and evaluation of the program implementation Introduce mobile sputum testing laboratories Increase the number of TB animators to cover kebeles with more follow-up
Damot Sore	<ul style="list-style-type: none"> There should be a separate TB room, including separate waiting space for TB patients.

	<ul style="list-style-type: none"> • Since people with symptoms of TB expend a lot me, until they find out that they have TB, it is important to prepare a place to stay, particularly for those who can't afford to pay for accommodation or don't have a relative close to the health centre. • All clinical staff, HEWs and volunteers need on the job trainings on TB and lab staff need it particularly. • Transportation facility to fields • Provide relevant lab equipments and supply of reagents.
Boloso Sore	<p>Challenges:</p> <ul style="list-style-type: none"> • Lack of a separate examination room for TB patients • Lack of lab reagents and sputum cups • availability of drug in open markets <p>Recommendations:</p> <ul style="list-style-type: none"> • Regular capacity building program for all those involved in TB program • Introduce incentive mechanisms for community volunteers, as they are working for free
Damot Pulasa	<ul style="list-style-type: none"> • Enhance the public health education program, including use of the Community conversation program for promoting TB related issues • Give special attention to case finding • Build the capacity of all health providers in TB • Use ex-patients as main tool to promote TB program • Support laboratories to easily diagnose cases • Provide the standard national/regional guidelines to all DOT sites • Support in transportation means for health workers and TB animators
Kachebira (non-project)	<ul style="list-style-type: none"> • TB treatment site should be expanded- at least with the ration of one to three kebeles • All available TB sites need to have laboratory materials • Refreshment trainings regarding TB should be given consistently • Incentives for lab technicians who regularly work on Saturdays • The practice of defaulter tracing should be strengthened • Admission room for TB patients • Assign community level TB focal persons, so that they will be responsible for early reporting and defaulter tracing
Hadero (non-project)	<ul style="list-style-type: none"> • There should be a separate TB room, including separate waiting space for TB patients. • TB clinic has to be able to admit chronic patients. • Almost all staff need on-job trainings on TB and lab staff need it particularly. Training on TB/HIV collaboration is necessary. • Availing transportation facilities could help a lot in improving service to the community • Consistent/regular evaluation of the program implementation • Since people with symptoms of TB expend a lot me, until they find out that they have TB, it is important to prepare a place to stay, particularly for those who can't afford to pay for accommodation or don't have a relative close to the health centre.

A4.2.4. Community workers (community volunteers and Inter Aide field facilitators)

These focus group discussions were not held in the non-project woredas Kachebira and Hadero.

1	Do you think that all people with symptoms of TB do come to the health facilities on time (before things get worse)? If no, discuss the factors that limit people with TB symptoms to go to health facilities as early as possible.
Damot Woyde	<ul style="list-style-type: none"> Compared to old days, when people were thinking that TB is hereditary and incurable, the current willingness of people go to HF's for treating TB very much improved.
Damot Sore	<ul style="list-style-type: none"> Consensus point: Though there still exists knowledge gap among the community members at large, participants agreed that thanks to the health education so far and testimony of those who cure from TB, people these days immediately visit HF's when they feel that they have the symptoms.
Boloso Sore	<ul style="list-style-type: none"> As we are well trained about the transmission of TB, how to prevent, what to do when infected and where to seek help, we educate the community what we understand about the disease. Therefore, people are making effort to come to the near by HF's. But another community volunteer, in his 40s, said that since the legacy of the traditional beliefs still prevails, it is not as such easy for TB patients to openly seek medication.
Damot Pulasa	<ul style="list-style-type: none"> Thanks to the intervention by Inter-Aide and the general health education at community level, relatively many go to HF's early as compared to previous days. But the need for further education of the community is critical.
2	In your view, what are the local beliefs and conditions that prevent people from reporting TB and visit health facilities?
Damot Woyde	<ul style="list-style-type: none"> Though they used to be serious factors, these days the influence of local beliefs in hampering going to HF's is very minimal. Rather it is financial constraints and not having someone to accompany patients during the intensive care period are more strong reasons for not going to HF's.
Damot Sore	<ul style="list-style-type: none"> These days the local beliefs are no longer barriers for the community to seek medication from HF's for TB. As an evidence to this a field facilitator mentioned the current practice in the community as "people are now getting married to ex-TB patients, which was not the case in the previous days. They are also sharing coffee ceremonies with individuals and families who had TB." However, financial constraints and distance to the health facilities is mentioned as conditions that may prevent people from going to HF's early.
Boloso Sore	<ul style="list-style-type: none"> Low level of awareness is one of the factors that create denial on the side of TB patients. Thus they pretend that their illness is influenza, pneumonia, etc. A field facilitator also commented that distance and fear of financial charge for TB treatment are possible reasons for not going to HF's.
Damot Pulasa	<ul style="list-style-type: none"> The beliefs like the transmission of TB as hereditary, incurable, no treatment, going to traditional healers, etc were prevalent in the community. Yet these days they are no longer important. However, financial constraints and distance to the health facilities is mentioned as conditions that may prevent people from going to HF's early.

3	Do you face resistance from TB suspects to go to health facilities? If yes, in your opinion what are the important factors for people not to seek medical care for TB: distance, money, type of health service, being loneliness, any other?
Damot Woyde	<ul style="list-style-type: none"> No longer.
Damot Sore	<ul style="list-style-type: none"> Fear of stigma used to be a factor that hampered TB suspects from going to HFs. But with counselling and expanded mass health education, it is changing.
Boloso Sore	<ul style="list-style-type: none"> One of the Field facilitators looked back and said that in the year 2003 when Inter-Aide started intervention in our woreda, there was much resistance from the patients and community members. By then, though they were told that treatment is cost free, they used to argue that "since the drug is too strong for my weak body, unless you provide me with food support I will not take the medicine". The other participant also mentioned about a woman who had gland TB, whose daughter resisted to bring her to health center for a reason that she can't pay for transportation. As a result her mother died. But these days the level of resistance has declined tremendously, they said.
Damot Pulasa	<ul style="list-style-type: none"> Fear of stigma used to be one of the factors that hampered TB suspects from going to HFs. But it is changing now.
4	How long is the delay time from the start of cough or other symptoms and the time they go to health facility
Damot Woyde	<ul style="list-style-type: none"> Some immediately seek treatment from HFs as they feel that they have TB. Others try to treat themselves at home with traditional medicines and food. But sooner or later, when they are advised to go to HFs they accept the proposal and go.
Damot Sore	<ul style="list-style-type: none"> Generally, they agreed that it depends on the awareness level of the individual and the family. Those who are well aware don't even take two weeks. Others might stay back at home for few months trying to treat themselves in different ways.
Boloso Sore	<ul style="list-style-type: none"> People are taking measures to visit HFs in case of extended cough, due to the health education given in different places like churches, market places, funerals, in schools, etc. previously, many died for lack of knowledge that TB/"ajaje can be cured and not a hereditary disease.
Damot Pulasa	<ul style="list-style-type: none"> Generally, they agreed that it all depends on the awareness level of the individual and the family. Many take a month to go to HFs, in the mean time trying traditional medicines and visiting private clinics.
5	Do you think people do gain economically by receiving treatment of TB early, if yes how?
Damot Woyde	<ul style="list-style-type: none"> They all said "yes!" and narrated the experience of ex-patients who resumed back in to their previous routines and some even with progress.
Damot Sore	<ul style="list-style-type: none"> "Of course!" they all said. One community volunteer presented the experience in his family as: "my brother caught TB when he was in preparatory school at Areka High School. He became so weak he couldn't attend his classes. We all encouraged him to finish up his treatment. By the next year he studied hard and passed the entrance exam. Now he is doing for his first degree at Hawassa University."
Boloso Sore	<ul style="list-style-type: none"> They all said "yes!". One of them narrated the story of an ex-TB patient who got cured and is has become a University lecturer now. The other participant mentioned about the case of a farmer who was critically sick and hence waiting for his death heard about TB treatment and visited a HF. Now that man is productive, catering for his family and himself. Therefore, the economic and social gain from TB treatment is non-questionable!

Damot Pulasa	<ul style="list-style-type: none"> • "Yes!" they all said. • But citing to the experience of one of her clients, one of the volunteers commented that if symptomatic people diagnose early for TB, they will regain their working capacity much quickly and even may not feel the difference. But those who start the treatment after long suffering are the ones who fail to go back to their previous strength.
6	What are the mechanisms you use to encourage your TB patients adherence to treatment?
Damot Woyde	<ul style="list-style-type: none"> • Strong counselling and require patients to bring a contact person.
Damot Sore	<ul style="list-style-type: none"> • In addition to the counselling patients get at the HFs, we visit our TB clients at their home, ask them whether they are regularly taking their medicine; even count the number of pills remained to check whether the patient has not missed one.
Boloso Sore	<ul style="list-style-type: none"> • Clear message and counselling about the characteristics of the disease, the cautionary measures to be taken, the length of treatment time, the risks of quitting treatment, etc are the main tools in promoting adherence to treatment. • Additionally they require patients to bring a contact person if in case the HF loses contact with the patient.
Damot Pulasa	<ul style="list-style-type: none"> • In addition to the counselling patients get at the HFs, we visit our TB clients at their home, ask them whether they are regularly taking their medicine; even count the number of pills remained to check whether the patient has not missed one.
7	Do you advise your TB patients to take HIV test (and vice versa)?
Damot Woyde	<ul style="list-style-type: none"> • "Yes we do!" is their answer.
Damot Sore	<ul style="list-style-type: none"> • All the participants said that they do advise their TB patients to test for HIV for they think both diseases are closely related. However, some of the volunteers said that they often face resistance from the TB patients for they are afraid of stigma from the community.
Boloso Sore	<ul style="list-style-type: none"> • The volunteers admitted that during their training, there was no session on the TB/HIV collaboration. However, from our general knowledge we have been advising our patients to take HIV test.
Damot Pulasa	<ul style="list-style-type: none"> • Some of them said yes, while others said no. Those who said no defended that since they think that patients are offered the opportunity to test at the HFs, they didn't see the need for. • Yet they all agreed that it is important for TB patients to take HIV test.
8	Do you think that people's perception about preventing and treating/curing TB is changing? If yes, since when and what are the evidences? If no, why?
Damot Woyde	<ul style="list-style-type: none"> • Yes! [As Addressed above] especially the testimony of ex-patients is a very good instrument in improving old perceptions.
Damot Sore	<ul style="list-style-type: none"> • In the last ten years people's perception about TB is changing because of the intervention of Inter-Aide in the adjacent woreda, Kindo Koisha. People have now realized that TB is preventable and can be cured. The testimony of ex-patients in the community is a live witness. The community volunteer, whose brother was cured of TB, said unlike in previous days, people are now alert to suspect TB if one coughs for some days, thus recommend the person to visit a HF.
Boloso Sore	<ul style="list-style-type: none"> • Addressed above, see #3.
Damot Pulasa	<ul style="list-style-type: none"> • In the last three years (since 1999 E.C.) people's perception about TB is changing. Since the number of people who got cured from TB is increasing in each of the kebeles, perception towards curability of TB, specifically by taking medication from HFs [not from traditional healers] is changing. • It is the intervention by Inter-Aide which is primarily credited for the progress.

9	What is the best thing about this community (as related to TB)?	
Damot Woyde	<ul style="list-style-type: none"> • Use of existing community mechanisms to exchange information • Active and eager at community health education programs • Take initiative to identify TB suspects and inform community workers 	
Damot Sore	<ul style="list-style-type: none"> • The culture of sharing information on common matters; willingness to learn about health matters 	
Boloso Sore	<ul style="list-style-type: none"> • Mothers take their children for BCG vaccination • The community members are concerned about a symptomatic patient and hence create a pressure up on him/family to visit a HF. • Many people living close to health centers are willing to be a contact person for patients, though it brings additional responsibility up on them. • Most of the patients take the treatment adherence counselling seriously and hence abide with that than defaulting. 	
Damot Pulasa	<ul style="list-style-type: none"> • Willingness to accept health education • The culture of sharing information on common matters; 	
10	What is the worst thing about this community (as related to TB)?	
Damot Woyde	<ul style="list-style-type: none"> • Hesitated to answer. 	
Damot Sore	<ul style="list-style-type: none"> • Shrugged to answer. 	
Boloso Sore	<ul style="list-style-type: none"> • Incomplete knowledge about the disease, in some parts of the community, and getting tired of the long medication period. 	
Damot Pulasa	<ul style="list-style-type: none"> • One of the animators commented "the tendency to seek aid." 	
11	What are the major achievements of the TB prevention and control program in your locality?	
Damot Woyde	<ul style="list-style-type: none"> • Due to the project, there is a visible attitudinal and behavioural change in the community about TB • An increasing number of people [having cough] are visiting HFs for diagnosis. 	
Damot Sore	<ul style="list-style-type: none"> • The change in the perception and understanding of TB. Yet, they underlined that the level of awareness is not enough to rely on. The difference in the number of treatment defaulter in pre and post intervention program is mentioned as one of the strong evidences for the success of the program. 	
Boloso Sore	<ul style="list-style-type: none"> • Due to the project, there is a visible behavioural change in the community about TB • Defaulter rate is close to zero • An increasing number of people [having cough] are visiting HFs for diagnosis. 	
Damot Pulasa	<ul style="list-style-type: none"> • Decline the number of people dying from TB • Increased awareness of the community • Capacitating HFs with key equipments like micro-scope. 	
12	What are the major shortcomings of the program?	
Damot Woyde	<ul style="list-style-type: none"> • Lack of sputum testing materials in all DOT sites • Absence of a central diagnostic center in the near by • Lack of training for field facilitators, community volunteers and health providers • "Too many" kebeles are allocated under the responsibility of just one field facilitator, which hampers close look at what is happening in households • Lack of transportation for field facilitators is a great problem, as they are walking across all the kebeles on foot 	

Damot Sore	<ul style="list-style-type: none"> Failure to decentralize TB treatment to the level of health posts is considered as a major draw back of the TB program in general. As patients are required to spend two solid months close the health centers, which demands them to spend money for accommodation, food, cleaning, etc it makes life very hard for the patients and their family. However, if the service were available at the health post level, almost all of these challenges might have gone.
Boloso Sore	<ul style="list-style-type: none"> Lack of training for field facilitators, community volunteers and health providers "Too many" kebeles are allocated under the responsibility of just one fiels facilitator, which hampers close look at what is happening in households Lack of transportation for field facilitators is a great problem, as they are walking across all the kebeles on foot
Damot Pulas	<ul style="list-style-type: none"> Lack of refreshment training for field workers and health providers Failure to decentralize TB treatment to the level of health posts or close to the community Too large catchments area per a field facilitator
13	If asked to change some of the ways things are done, what would do you do?
Damot Woyde	<ul style="list-style-type: none"> Will include TB in the community conversation session Will strengthen the community volunteers Will assign more field facilitators for more effective results Provide transportation means for field staff Will give a regular training for front liners, which is found as a major gap in the program.
Damot Sore	<ul style="list-style-type: none"> Decentralizing DOT sites as a priority. Increase the number of field facilitators/animators to match the size of catchments area. Conducting TB related refresher and basic trainings to volunteers, HEWs and health staff.
Boloso Sore	<ul style="list-style-type: none"> Will assign more field facilitators for more effective results Provide transportation means for field staff Will give a regular training for front liners, which is found as a major gap in the program.
Damot Pulas	<ul style="list-style-type: none"> Decentralizing DOT sites to the level of health posts as a priority. Increase the number of field facilitators/animators to match the size of catchments area. Conducting TB related refresher and basic trainings to volunteers, HEWs and health staff.
14	What do you think will happen if the Inter-Aid supported TB program phases-out? What do you propose to overcome these challenges/to fill the gap? What do you think should your role be?
Damot Woyde	<ul style="list-style-type: none"> They are more optimistic that the already raised awareness of the community will remain as an asset. As long as the volunteers are encouraged to serve the community, the fruits of the project will continue alive.
Damot Sore	<ul style="list-style-type: none"> Though the awareness level of the community improved a lot, with the phasing out of the project, the number of TB suspects visiting HF's might decline; detection rate at the HF's level might be affected and above all the number of treatment defaulter might increase. However, this can me addressed with a planned phasing out of the project by way of institutionalizing the program in the community structure, establishing an incentive mechanism for volunteers and providing training.

Boloso Sore	<p>If the project phases out</p> <ul style="list-style-type: none"> • It will have an impact on the number of TB suspects visiting HFs • Decline in TB detection rate at the HFs level • defaulter rate might increase.
Damot Pulasa	<ul style="list-style-type: none"> • Due to the awareness level of the community which improved a lot with the continuous health education, the number of TB suspects visiting HFs might remain as it used to be • But the number of treatment defaulters might increase. • Capacitate volunteer workers and give incentives
15	Who are the major actors in your locality in supporting people to go to health facilities early when they are sick? In what way can these be supported?
Damot Woyde	<ul style="list-style-type: none"> • Inter-Aide's field facilitators, the health extension workers and community volunteers and the kebele admin.
Damot Sore	<ul style="list-style-type: none"> • The health extension workers, religious leaders, Iddir, kebele structure, community workers, including volunteers and field facilitators.
Boloso Sore	<ul style="list-style-type: none"> • Inter-Aide's field facilitators, the health extension workers and community workers,
Damot Pulasa	<ul style="list-style-type: none"> • The health extension workers, religious leaders, Iddir, kebele structure, community workers, including volunteers and field facilitators.
16	What do you recommend to further improve the ongoing TB program further improving the services?
Damot Woyde	<ul style="list-style-type: none"> • Increase the number of TB animators • Increase the number of field facilitators • Provide transportations facilities • On the job trainings, including topics on TB/HIV collaboration. • Provide support in filling gas identified in the health facilities.
Damot Sore	<ul style="list-style-type: none"> • The no of health facilities as well as professional should increase/expend • Transportations facilities • Establish Feeding center for those in intensive care stage • Prepare waiting space for TB patients • On job trainings • Increase the number of field facilitators
Boloso Sore	<ul style="list-style-type: none"> • Provide TB service at health post levels • Provide transportations facilities • On the job trainings, including topics on TB/HIV collaboration. • Increase the number of field facilitators
Damot Pulasa	<ul style="list-style-type: none"> • Mobile laboratories for sputum testing • On job trainings for all involved in TB control program • Uniform cloths for volunteers • Increase the number of field facilitators • Transportations facilities • Mass mobilization programs for TB and strengthen the health education