

Interviewer: could see these pictures and let me know what you think?

Participant: this one is common and the other one, is not common here, if it was there we will refer it the other place.

Translator: if just in case it was here we will just refer it. To dermatologist hospital, the only dermatologist hospital found is [name] Hospital. It's not the same with child that we have seen. If this one come I will just refer.

Interviewer: what do she think will cause it?

Participant: it's caused by fungus most of the time and there are different kinds of fungus. And the disease especially occur in malnourished people. And immune compromised people, like HIV patients. And affects most of the time malnourished children. It might be because of the lack of the melanin on the skin. And also caused by communicable ways like in barber when they cut their hair. That's also similar to the fungal problem.

Translator: these are the fungal disease but she didn't specified that fungus. They can get from different area especially, this one from the beauty salon, it might be fungus and similar to this but it's not this one.

Interviewer: so is it problem for a people is it bad for a people?

Participant: yes it's a problem. Since it has a consequence on their skin and has an impact on their lives. It can also be transmitted to other people.

Translator: it's a big problem for the society, because for this one they may lose their hair. And since it's communicable, it can affect so many people.

Interviewer: for people having this is there any kind of social stigma?

Participant: there is no social stigma. But the disease is common in those malnourished, HIV patients and melanin deficient as I already said. The environmental condition is also the other problem here in [named region].

Translator: it may be because of the environmental impact. Unfortunately [named region] have high number of HIV carrier hence they will be immunocompromised they can get the diseased easily.

Interviewer: can you ask people are aware of it? Having this condition might be linked to HIV? Is that known in the community so if someone has one of these, will people assume they are HIV positive?

Participant: it might not be visible outside they will not connect it to that, it might appear on private area.

Translator: people might not see it because it could be covered with cloth or on hide area. So no one knows.

Interviewer: what if patient came to you with one of these what will you do?

Participant: I will ask the back history, and then I will screen it, and after that if he is positive with AR, and most people coming with these are AR positive, so I will transfer to ART center. Then the drug will be available there. The drug will be given to him just there. Through communication with them. If they don't have HIV it will be malnourished. So if they come with malnourished we will treat that and if the drug is here we will treat that.

Translator: what is the drug you are going to give?

Participant: ketoconazole.

Translator: do you have other antifungal drug?

Participant: clotrimazole, and also Ketoconazole we have both topical and systemic.

Translator: if someone comes with this one, she focus on immune compromised patient. She just take history screen for HIV, if they are positive she will send to ART center. Then they give the drug, if they are free from that she is going to administer or treat with antifungal like ketoconazole and clotrimazole both oral and ointment.

Interviewer: are those drugs available in this center?

Participant: yes, it's available

Interviewer: are they free or patients have to pay?

Participant: patients have to pay.

Interviewer: are they expensive medications can people afford them

Participant: not too expensive.

Interviewer: how long do you treat the disease? Is it a long term treatment?

Participant: it is for a long term. Especially for six weeks.

Interviewer: can the patient afford the treatment for the whole course for six week?

Participant: according to the area of the disease, if the area of the disease is small, it must be for six, seven weeks, if it's large it will continue for two to three months. If above that we will refer to [named] hospital.

Interviewer: do you have any problem with patient compliance are they able to check them for such a long time or ever patient stopped before they finish the course?

Participant: most of the time the patient complain is the drug is very hard, for such patients advice is given, after the medication and also in between the medication it will be given. Come back for the appointment, they have side effect?

Interviewer: what kind of side effect do it have?

Participant: the PO medications, also GIT and more of them is causing liver toxicity. For that matter I have referred to hospital. When such kind of complain come I will send them the Dermatologist Doctor.

Interviewer: how often people will come with such GIT signs or liver toxicity?

Participant: most of the time after 15 days or up to one month. And it's very common.

Interviewer: what does the peoples complain about, side effect or another?

Participant: the drug side effect.

Interviewer: do you know if any of people here are unable to get medication? Do they have to go to private pharmacies or the drug is always available here?

Participant: if it's not available I will send to private hospital.

Interviewer: how often do you send your patient is it 50% or always available?

Participant: about 75% is available. Only I send the 25% to the private.

Interviewer: why do you think the drug is not available here, why?

Participant: sometime the drug will not be enough since the demand is there and also to stock the drug there is a long process.

Interviewer: from where will you buy the drugs?

Participant: from the Government, but also we will buy from the private. Sometimes from the private.

Interviewer: how do you decide whether you are going to buy from the government or the private? If you buy from both wich do you prefer?

Participant: I prefer the Government, because the private is high in cost.

Interviewer? Do you have radiography here, can you take the X-ray of the patient here?

Participant: it's not available, its health center. Primary health center.

Interviewer: if someone comes to you with a cough and much sweat what will be your differential diagnosis?

Participant: physical examination and history is the best. Investigation is available, sputum examination, if the examination is negative since it is the TB, we will give Augmentin and clotrimoxazole. They are the best drug. It will be given for 10 to 15 days. If the patient has no progress, I will send it for the chest examination.

Interviewer: when you say the sputum examination is negative you mean it for TB.

Participant: yea.

Interviewer: when you are choosing drug for antifungal infection, how do you choose to prescribe?

Participant: I will start from the narrow and go to the broad. If the patient is not recovered I will send it for the specialist.

Interviewer: how do you decide what drugs to buy to the clinic do you choose those or they can decide for you what drug to stock here?

Participant: the so called OPD will come and talk to us the kind of drug we need for our patient and then they will order it to the PFSA.

Translator: so first the drug that they need is collected by kind of Government body, and they collect that from everywhere and then will go to process that.

Interviewer: so they get what they order?

Translator: yes.

Interviewer: so how do they determine the drug that they need?

Translator: from their history.

Interviewer: from their history, the drug that they have used previously? They will reorder the one that they have used a lot.

Interviewer: when you can't find that drug, do you have any suggestion about what should change. Any policy or anything that could be done differently to make sure you will always going to get the drug you will always need?

Participant: I suggest that, if they buy the drug in large amount but if that can't be done what I will do is to send the patient to the private pharmacies. But I can't change the policy.

Interviewer: have you ever seen horse affected with this here?

Participant: I have seen this one on the street.

Translator: I have seen the "F" on the street.

Interviewer: what about this one?

Translator: she has seen "B"

Interviewer: do you think it's a risk to human?

Participant: I think it can catch human, can be transmitted.

Translator: yes, I think it's transferred to human.

Interviewer: why? What kind of disease you think it might be?

Participant: if there is close contact, it will be dermatological problem. It's communicable and looks like fungal disease.

Interviewer: do you have that, when you are taking the full history, for someone that they have dermatological problem do you have asked whether they have an animal at home that have skin diseases like this.

Participant: I have asked them deeply if they have sick horses at home and if they have close contact.

Interviewer: so you identify the possible source of the infection!

Participant: yes.

Interviewer: does anyone, have you ever had patient come and ask for prescription for the medicines for their animals instead of themselves is that ever happened?

Participant: I just remember one time there were man coming with bleeding horse and asked me to give prescription, but I told him that this is human clinic.

Interviewer: if from your history taking they say, I do have horse with skin disease, what advice do you give? Regarding how they will handle the animal?

Participant: first am taking the history, if I get there is contact history between the horse and the animal or if they live in the same compound or house, I will tell them to separate the house. Also to separate the compound for the human and the animal. There is always contact history, because they are driving the cart, and I will give the advice.

Interviewer: is there any issues of resistance to the medication, for antifungal for the human?

Participant: there is a kind of resistance, actually its withdrawal syndrome. Since some of the patient are not taking the full course of the drug.

Translator: since they take the drug for long time, when they visit the specialist one, they complain to stop the drug and when the disease is taking over again they may say that there is resistance but it's because they stop the disease.

Interviewer: what do you do if the disease recur again? What do you change? Will you change the drug?

Participant: I will only advise. Always the patient have the complaint of resistance, what I advise is just to finish the course.

Interviewer: do you have anything else you would tell us about antifungal medication, or fungal cases here anything we haven't asked that you will like to share?

Participant: the main problem is there are importers, they will start the medication and stop since it's for long time at this time we are not doing anything they should go to dermatologist pharmacist. There are a lot of referrals, and what the specialist do is to prepare drug for their case by taking sample from their skin. Most of the cases are because of malnutrition and since there is no much water here they can't keep their own hygiene and exposed to fungal disease and also there are a lot of farms around here, through contact they might get some disease like scabies.

Interviewer: when the people go from here to Addis, will they go there to referrals because its quite long way so do people go often or is it expensive?

Participant: most of the people will go.

Interviewer: what percentage is the dermatologic case here? Is it much common?

Participant: it's just below 50%.