

Framework matrix

Themes #	Main themes	Sub-theme	Quotes from transcripts
1	Health workers' understanding of the meaning of integrated care and how it works/ should work	1.1 Integrated care is about co-location of services to improve access	<p>a) “What I understand by integration of HIV care into PHC care is sharing of services and resources for both HIV and non-HIV patients in the same primary health care facility. That means using the same consultation room, using the same laboratory, using the same pharmacy for both HIV and non-HIV patients. That is what I understand by integration of HIV services into PHC. (Health professional 2 (Doctor 2, Male 34 years)”.</p> <p>b) “All I understand by it is that the merger of the two cases HIV and other illness in a one health care center and clinic. What I mean KCHC. When they are merged, the patients are seen together that means by integration. (Health professional (I/c Medical records, 57 years).</p> <p>c) “What I understand is a process and act of successful joining of HIV care into PHC. So, this joining HIV care into PHC before HIV care is only in teaching hospital that we do that services but now we shift it and joined into PHC to get easy access to HIV care. That is what I understand by integration of HIV into PHC care (Health professional 3 (Matron i/c, Female 45 years)”.</p> <p>d) “What I will simply say is the integration of HIV care into PHC, that is the center where I am operating i.e PHC in Kumbotso, is the system where HIV care given to the patients that are having HIV is been coupled with the normal activities taking place in Kumbotso Comprehensive Health Centre, that is routine clinic, the normal attendance of the patients that come to visit hospital in such a way that they are seen under one roof. When they come to our facility we offer them that type of care including the HIV care that are incorporated in our facility here in Kumbotso Comprehensive Health Centre. (Health professional (I/c Pharmacy, Male, 43 years)”</p>
		1.2. Integrated care is about sharing resources	a) “..integration is talking about sharing of resources and services of HIV care along with the routine PHC activities which at the end will help to

			provide a wider coverage in terms of access for the patients because of either proximity, ..of course of the primary health care facilities are closer to them or to so many people (Health professional 1 (Doctor 1, Male 32 years)”).
		1.3. Integrated care is an opportunity for holistic approach to managing patients	<p>a) “..Integrated care is an opportunity for a holistic management of the patients because HIV patients do not have only HIV disease as a problem, they could have other problems which might require other aspects of health care (Nurse, Female, 51 years)”.</p> <p>b) “My understanding is .., this brings about progress to a hospital like Kumbotso KCHC because it is not only HIV patients that will attend the facility, and in addition the HIV may come with other problems. Those with other health problems can also attend and see health workers and be treated here. This I think is a positive development. (Health professional (I/c Laboratory, Male 39 years)”.</p>
		1.4. Integrated care is about coordination of health workers to provide quality care	a) “What I understand is a process and act of successful collaboration of different health care providers to provide quality health care for both HIV and non-HIV patients (Nurse, Female 45 years)”.
		1.5. Integrated care is about reduction of HIV stigma and discrimination	a) “..Integration is to help the patients and stop isolating the HIV clients. Then it helps in bringing them together not isolate them. (Health professional (ART CHEW, 52 years)”.
		1.6 Integrated care is part of PHC and therefore works like PHC under one roof	a) We provide all services to all that people that need them in an integrated manner and in the same facility in all units. We integrate even from the level of record keeping, the first place when a patient comes to the facility, the first point of contact is the medical records office, where we keep the patients records and information. So, even at this level, all patients go through the same units. Thereafter, they are sorted, is this going antenatal clinic, family planning clinic, nutrition clinic, or if it is an emergency it goes straight to emergency unit, and if an individual is just coming for routine checkup, then he also goes to the outpatient’s department or if he has an acute illness that needs to be seen he will be attended to. So integration occurs

			<p>right as the patient comes to the clinic and there are different service points ranging from consultations, laboratory services, pharmaceutical services and any other services that we provide at the facility.</p> <p>..Yes, integration includes antenatal care services, even postnatal care services, immunisation sessions, nutrition clinic, family planning clinic and other services. Even mental health services (Administrator KCHC, Male, 34 years)</p> <p>b. So as it is, the activities of the teaching hospital here are mainly specialist care but the primary health care services are done mainly at KCHC where they have all the components taking place. So now we also have HIV/AIDS services integrated there. And generally speaking, even here the integration is such that when initially it was started we had a parallel clinic for HIV and so and so forth. Then later we had a whole complex, but there are instances in some clinics you won't even know that there is a form of integration with the general healthcare services in the facility generally here. So in the comprehensive health center where PHC services are provided, the same staff that are providing the general services there, are the one that are providing the HIV services there, and that all the components of the HIV services are also provided there including PMTCT and luckily enough the program has been a success in that we have had a lot of stories to tell in terms of screening and enrolment of HIV positive on ART, as well as of prevention of mother to child transmission. So, I think we can say that we are not doing badly as per as the integration is concerned at the level of KCHC (Administrator, AKTH, Male, 51 years).</p> <p>c. Thank you very much. I think we have to look at it from the perspective that ideally, HIV is integral part of primary healthcare, and I think this is one of the major policy push even in the country, that HIV services should be fully integrated because is supposed to be part and parcel of PHC package. But of course for a very long time HIV program has been running as a vertical program for some reasons</p>
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			<p>it was not implemented into PHC, but of course based on the number of reasons so many justification you know, national has adopted that policy that HIV should be integrated fully into primary healthcare and in Kano, we are really trying to key in to that policy and integrate HIV into PHC. Even though I have said HIV is an integral part of primary healthcare, of course we have to look at the entire package of HIV care and support, what and what can be provided at PHC, and in Kano actually these what we have been pursuing for the last 2-3 years to make sure we integrate HIV fully into PHC.</p> <p>Yes, as I said we are actually working around this integration. But of course there are still some challenges here and there and one of the major challenges I think is clearly defining what and what can be provided or can be done at every level. But again is important to mention that you can't provide any PHC service without being conscious of HIV. For example, even if we provide ANC care and now you cannot provide ANC care without the national policy now that mother being subjected to testing and counselling, and screening for HIV. So, that package of ANC cannot be complete without that HIV component integrated into it (Administrator, PHCMB, Kano State, Male, 52 years).</p> <p>d. Essentially we used the same pattern of MNCH integration into PHC level. For most PHC the bundle of package of care are usually MCH, immunisation, child care and outpatient care. So this essentially what we are achieving in HIV. HIV care is more of an outpatient care, so, we introduced the adult treatment into the outpatient care, while we introduced the PMTCT into the MCH program in the PHCs, and then for bigger PHCs we introduced the TB-HIV programme into the already existing TB DOTS. So nothing really new rather than capacity building.</p> <p>I think historically, there was used to be a lot of funding from donors to support all these until recently. Now, before this structure are essentially around logistics, we know of course our health system is not as good as other places so, we are funding to support samples</p>
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2	<p>Integrated care is good and a welcome development</p>	<p>2.1 Integrated care resulted in seamless services</p>	<p>a) "To be honest what I can say about the joint delivery of services in this facility as one of the patients, we don't encounter any problem, ...as regards to health workers they are well trained to take good care of us, they counsel us well and we don't have any problem with them and we pray for them every day". (Halima, HIV female client, aged 30 years).</p> <p>b) "It is a welcome development and since I came to this hospital, I have not encountered any problem". (Sule, HIV male client, aged 32 years).</p> <p>c) "They have enough and good doctors that attend to us all the time, we don't experience any problem any time we come to the clinic". (Tine, HIV positive Female FGD P2, 32 years)</p> <p>d) "There is smooth running of services and availability of qualified and high skilled medical personnel that will handle any case brought by the patients. Waiting time has also reduced due to availability of enough health workers around". (Hadiza, non-HIV female client, aged 26 years).</p> <p>e) "...the reception they give our patients is superb, they take their time to counsel them to understand how useful this drug treatment is to their lives, and you will see the patients accept and follow all the advice". (Hassan, HIV male client, aged 36 years).</p> <p>f) "...there is great improvement among the patients and health workers especially we that are part of the supportive group. Any time we bring a patient that is in a critical condition they will listen us and attend the</p>

			<p>patient without any delay or problem". (Yelwa, HIV female client, aged 26 years).</p> <p>g) "...there is no waste of time in all the units and attended to us and counsel us on the way we take our drugs. At this facility I don't have any problem". (Mudi, HIV male client, aged 55 years)</p> <p>h) "The great improvement this integration brought is clearly seen in the pharmacy, when you go there to collect drugs they give you enough time to educate and guide you on how to use the drugs and so many things about the effects of the drugs". (HIV positive Male FGD, P5)</p> <p>i) "This is very wonderful because even the doctor, the health personnel will examine you very well without any sort of stigmatisation or discrimination in the health clinic". (HIV positive Male FGD, P7)</p> <p>j) "I feel happy and relieved when I came to this facility to access health care services because the way I was received and attended to was exceptional. I was referred from Kachia Local Government in Kaduna State and I was worried because I didn't know anybody here or how it was going to turn out when I come because I was thinking that I will be questioned in front of everybody about my condition, but from the way that the health worker I met stepped aside and listened to me in confidence I became relieved and happy. In a well-coordinated manner, I was attended to and enrolled without anybody knowing what I came for. I am really very pleased". (HIV positive Male 32 years FGD, P2)</p> <p>k) "...it brings a lot of impact and improvement among us. It brings unity among the patients and health workers". (Sule, HIV male client, aged 32 years).</p> <p>l) "Due to integrated care services there is team work among staff leading to improvement in health care delivery". (Non-HIV Female FGD, P4, 25 years)</p> <p>m) "...services in the hospital and the whole of Kumbotso LGA have improved with the introduction of HIV care services" (Saif, non-HIV male client, aged 26 years).</p>
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		<p>2.2 Integrated care improved health awareness and reduced HIV stigma and discrimination</p>	<p>a) “..we are receiving good counselling and more awareness on HIV and its treatment. Not like in the previous years that we experienced a lot of discrimination from the public. ...but things have now changed as a result of creating awareness on how HIV is contracted, and how to avoid getting infected with it”. (Halima, HIV female client, aged 30 years).</p> <p>b) “..the rate of stigma and discrimination has reduced tremendously”. (Yelwa, HIV female client, aged 26 years).</p> <p>c) “To be honest this is a good development because we were not aware that there are HIV patients and services in this facility, and now we know and is a good plan, this shows that you can come with your problems and no one will know exactly why you are here. The HIV patients will therefore relax among everybody and they will not be stigmatised”. (Non-HIV Female FGD, P6)</p> <p>d) “In reality it is a good development, there is good improvement compared to some years back where some HIV persons failed to access healthcare services for fear of discrimination from public. Due to public awareness through media houses such as radio, television has brought us together and level of stigmatisation is now a history. Even in the pharmacy we also experienced a lot of discrimination but now this thing has reduced”. (HIV positive Female FGD, P2)</p> <p>e) “It improves awareness of the disease among the general public and reduces stigmatisation”. (Non-HIV Female FGD, P6)</p> <p>f) “It reduces stigma among patients”. (Non-HIV Female FGD, P2)</p> <p>g) “Another exciting thing with this joint delivery of HIV and other services is what we have here, when you go to AKTH for instance, the moment somebody cites you heading towards the SSWALI centre (the HIV clinic complex) they will suspect that you are HIV positive but in this facility, everybody is together and people will not differentiate HIV positive from negative patients and this makes the environment very friendly”. (HIV positive Female FGD, P8)</p> <p>h) “This integration has brought about remarkable progress because it has reduced level of stigmatisation. Had it been that the patients were left separate, people will pick interest in whoever goes in the</p>
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			<p>direction where the patients are seen. But with this combination of care one will hardly know what my problems are and I will also not know what brought him to the hospital, and this is very important in reducing this stigma. So, the combination is a very good development”. (HIV positive Male FGD, P6)</p> <p>i) “This integration of services is good. Before I first came to this hospital I was skeptical because I was imagining how I will be explaining my condition in the presence of other patients but when I gathered courage and came I realised that my imagination was wrong because if not the patient that I explained to, no other person will ever know my condition, and I was very happy”. (HIV positive Male FGD, P8)</p> <p>j) “..because of the problems faced by HIV patients like stigmatisation and discrimination by public, I was not happy at all, but due to counselling and increase awareness these problems have reduced”. (HIV positive Male FGD, P1)</p> <p>k) “..before the integration started people do not come directly to the ART clinics because of fear of stigma from other people that will see them. But when integration started it brought a lot of benefits to us, nobody will notice your presence or your reason of coming to the clinic. You will sit and discuss with the non-HIV patients freely no stigmatisation and everything. It is only the doctor that attend to you that will know your problem”. (HIV positive Male FGD, P9)</p> <p>l)“When all patients come together to access care at the same unit points it help to reduce level of stigmatisation among the HIV patients. Since health workers have made clear that people will not get infected by mere sitting together, the ways of transmitting the disease are also very clear. This is why all patients are seen together to reduce stigmatisation because it is only an illness and there is currently some treatment for the condition that patients do well on”. (Rakiya, non-HIV female client, aged 29 years).</p> <p>m) “This joint delivery of HIV and other services is a good development and a welcome idea in this health facility. There are disease that are more severe than HIV but people only have their</p>
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			<p>attention on HIV, this integration will increase awareness and reduce stigma and discrimination of HIV patient”. (Saif, non-HIV male client, aged 26 years).</p> <p>n) “This integration is working well, we fully interact with people now, we eat together and gist a lot with people without any problem.” (Halima, HIV female client, aged 30 years).</p> <p>o) “So when the clinic were combined everybody became relaxed and the stigmatisation seriously reduced. Our interactions also improved with the non-HIV patients and sometimes you will find that they are the ones advising us to be regular on drugs and so on. So are happy when we see our patients interacting well with the non-HIV patients, this I think is a good development”. (Hassan, HIV male client, aged 36 years).</p> <p>p) “I will thank God, because as a result of joint delivery of HIV and other health services in this facility the patients are now feeling free and open.” (Yelwa, HIV female client, aged 26 years).</p> <p>q) “This joint delivery of HIV services and other health services is good because the HIV patients are not being stigmatised. So, the HIV patients will be encouraged to mingle freely with other non-HIV patients”. (Non-HIV Female FGD, P2)</p> <p>r) “What I want to say about this integration is, it is a good process because the way and manner patients interact in this hospital is impressive in the sense that there is no stigma or discrimination against anybody. Everybody is being considered same, those with HIV and those without HIV are seen as same. When you come with any illness be it HIV or any other the reception is very good and there is no stigmatisation in any way”. (HIV positive Female FGD,P5)</p> <p>s) “The joint delivery of HIV and other health services in this health facility is a big progress. ..the interaction between patients in the hospital is good, no stigmatisation or discrimination, all patients attend the same clinic on first come first serve basis, and even though we all see the same doctor the patients do not know what the problems of others are. This in my opinion is a remarkable progress”. (HIV positive Male FGD, P9)</p>
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			<p>t) “The benefit of this joint care is the increased awareness about HIV and the counselling patients get from health workers. We are now considered as one and are also involved in every activity in the society. So this is a great relief on the part of the patient because this ailment requires peace of mind and togetherness.whatever you eat if your mind is not settled you will return to that unwanted state” (Halima, HIV female client, aged 30 years).</p> <p>u) “..People are getting more aware. Before some people even get the virus and not because the virus was capable of the killing. As this facility has joined together and bring us closer to people, people now get a very lighter and understanding about it and it is not like before. ..It will enlighten people more. This first step alone enlightened people greatly especially about HIV patients. So if they are bringing more facilities like this, we get more light. You know the closer to something the closer you know the details of it. Before we only heard of it and the fear and more people exaggerating in explaining it and now that is closer to everybody is closer to us we see that there is no much deal”. (Henry, HIV male client, aged 42 years)</p> <p>v) “..we now interact and mingle freely with everybody not like before and I think it is as a result of this integration”. (Mudi, HIV male client, aged 55 years)</p> <p>w) “There are HIV positive and non-HIV patients in this facility, and you hardly can tell who is who. If the HIV patient is regular on drugs, they can even look better than the negative patients, it is only those HIV positive patients that do not take their drugs that will look wasted and not good looking”. (HIV positive Female FGD, P5)</p> <p>x) “People now know that when you mingle with people, they will not get infected, even though visiting same toilet. Nobody will know what brings you to the clinic, which is one of the important achievements of this integrated care services in this facility”. (HIV positive Female FGD, P3)</p> <p>y) “The benefits to be derived from this joint delivery of HIV services and other services is it makes the HIV positive patients to feel and</p>
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			<p>mingle freely with everybody in the clinic and will make others with similar infection to access healthcare services in the facility and nobody will identify him that he is HIV patient. (Ruqayya, non-HIV female client, aged 25 years).</p> <p>z) “Integration has improved awareness of HIV among people such that people can live and interact with them well without stigmatisation and discrimination”. (Saif, non-HIV male client, aged 26 years).</p> <p>aa) “Yes, there is a lot of improvement on the part of the patient, there is reduction in stigma and discrimination from the society”. (Hassan, HIV male client, aged 36 years).</p> <p>ab) “There is no more stigma and discrimination, for me in particular it is a good development”. (Sule, HIV male client, aged 32 years).</p> <p>ac) “..There is no discrimination now that has stopped. Before they look at it and they cannot even sit at the same place. But by joining these services now make it easier. So the issue of discrimination has completely stopped”. (Henry, HIV male client, aged 42 years)</p> <p>ad) “It reduces the level of discrimination and stigmatisation among the HIV patients”. (Mudi, HIV male client, aged 55 years)</p> <p>ae) “Yes truly, there is improvement in this joint delivery of HIV and other services in this facility because some years back there was discrimination and stigmatisation, and I myself was part of those discriminating against people with HIV. As a result of the formation of this joint integration services the level of this harassment have reduced tremendously”. (Gwarzo, HIV male client, aged 64 years).</p> <p>af) “..I know they may feel stigmatised by separating them and on that note they should be allowed among the general patients”. (Non –HIV Male FGD, P6)</p> <p>ag) “On the part of the patients the level of stigmatisation and discrimination has reduced. In the past people shy away from simple greetings from patients with HIV, but now they realise that these simple interactions are harmless because they noticed how the health workers interact with them in the hospitals. So the awareness is an improvement”. (Shuaibu, non-HIV male client, aged 37 years).</p>
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			<p>ah) "...since all patients are being seen in the same clinic all sit together and wait for their turns. Names are called in turns and when it is yours you just enter to see your doctor and nobody will know what your problem is. In the integrated setting patients can come and go without others knowing their problem. In addition, it provides avenue where patients can discuss their problems and strengthen interactions between them". (Abdul, HIV male client, aged 29 years).</p> <p>ai) "Honestly this integrated care came with benefits, among them are: we live in a semi-urban community and most of the patients will not want to be identified with their illness when they come to the hospital but if they will be treated in confidence when they come, more will be encouraged to come to the hospital and to feel freely and mingle with others. One time in this hospital there was this person from our area that met me in the hospital, I knew he is HIV patient but he didn't know I knew his condition, we met here and he was so relaxed and I also did not show him I knew his condition. So, I don't support that we should separate these patients because some will not come if we do that". (Non –HIV Male FGD, P7)</p> <p>aj) "I support that the patients should not be separated because if separated the patients may not be coming to the hospital as required. The integrated care will give them privacy and encourage them to come like any other person". (Non –HIV Male FGD, P8)</p>
		2.3 Integrated care reduces missed appointments and defaults	<p>a) "This has resulted in remarkable progress because initially the HIV positive patients were seen separately near the new theatre and we noticed we were getting a lot of missed appointments and defaulters, and sometimes when some patients notice someone they know around the clinic they will refuse to come close so that the person will not associate them with an illness being seen in a separate place in the hospital. So we realised that it is better with combined clinic so that nobody will be able to know what problem brought you to the hospital even if he/she happens to be your brother. You see we hardly see missed appointment now except in cases where people have or attending events and as soon as they sort out their programmes they come to the clinic immediately to</p>

			<p>make up for the missed appointment". (Hassan, HIV male client, aged 36 years).</p>
		<p>2.4 Integrated care improved access to HIV care and brought development to surrounding communities</p>	<p>a) "From personal side, it is easier for me because when I came here November, 2016, for the test and decide there are only few tests that they sent me to do at the headquarter and the only few tests that I went there, I know how much I suffer. So bringing this closer it tells me and all of us that are coming that is very good". (Henry, HIV male client, aged 42 years)</p> <p>b) "I support the joint delivery of HIV and other health services so that people from nearby communities will benefit from it and this will ease their getting to the hospital". (Non –HIV Male FGD, P3)</p> <p>c) "Bringing this integrated care service in this hospital relieves patients from going far places to access healthcare and also reduce the transportation cost". (Non –HIV Male FGD, P3)</p> <p>d) "I think this system of service delivery is good because it helps married and non-married people to get access to HIV diagnosis and treatment". (Non-HIV Female FGD, P5)</p> <p>e) ".If you are married you can be able to come for HIV test to know your status". (Non-HIV Female FGD, P3)</p> <p>f) "This integration has brought progress to this hospital. In the past, this hospital was to some extent neglected, patients' attendance was low and the hospital was not getting the required attention, talk less of having health worker but now with this integration, there are a lot of health workers here, patients are even being admitted and there is adequate drugs. Even we the HIV positive patients have drugs that we on our own cannot afford to buy, and they brought all these assistance to our door steps. You will now see that most of us are much stronger than the state we came and for this the integration is a real progress". (HIV positive Male FGD, P3)</p> <p>g) "To be honest the joint delivery of HIV and other health services had brought a lot improvement and development in this hospital and the surrounding communities at large. Because patients living within the areas of Kumbotso will access the healthcare services easily without any stress of going far to either Murtala Mohammed</p>

			<p>Specialist Hospital or Aminu Kano Teaching Hospital for treatment. It also reduces the transporting cost that mostly affect patients coming to the hospital. (Hadiza, non-HIV female client, aged 26 years).</p> <p>h) “As a result of this integrated care the health workers are relieved from too much workload because more voluntary workers usually support them in running the clinic”. (Non –HIV Male FGD, P2)</p> <p>i) “This joint delivery of HIV and other services is a welcome development in this KCHC and it brings a lot of improvements on HIV patients in particular and the society in general because people can now access easy care at this facility”. (Salihu, non-HIV male client, aged 42 years).</p> <p>j) “We thank God because of the assistance rendered to us because those people are our brothers and we are really happy for this development and these services are brought closer to our community it will relieve other from transporting themselves to far place like AKTH and Murtala Mohammed Specialist Hospital”. (Shuaibu, non-HIV male client, aged 37 years).</p>
		<p>2.5 Integrated care improved access to diverse range of services and increased patients’ satisfaction with services</p>	<p>a) “It provides for attending to patients with different diseases in the same place. For instance, if I come to see a health worker together with my sick child, we will all be attended to in the same place, I do not have to go to another clinic to address his problems”. (Non-HIV Female FGD, P4)</p> <p>b) “At times, there is ignorance of distance taking somebody to somewhere the distance is not closer like this. The time the person supposed to be in the place anything can happen. So, drawing this closer, it reduces the number of people there, people were too many but as here we are not all many, we are now divided into smaller particles and easy to handle”. (Henry, HIV male client, aged 42 years)</p> <p>c) “This integration services brings easy access to health facility and also create more awareness to more people that are HIV positive to come and access care in this Kumbotso Comprehensive Centre”. (Salihu, non-HIV male client, aged 42 years).</p>

			<p>d) "People did not know where to take this new problem before for treatment, and now the services are brought close to our people to save them from going far distance to access health care, I see this as a very big benefit". (Shuaibu, non-HIV male client, aged 37 years).</p> <p>e) "In my own opinion HIV disease and other diseases are all diseases, similarly blindness and leprosy are all diseases and any one of them touches the heart. As you know each person puts himself first before another. So I don't know for others but my opinion this joint delivery of HIV and other health services is good and I don't have anything to complain about it". (Mudi, HIV male client, aged 55 years)</p> <p>f) "...I am very happy about the HIV service as a whole, I was brought here in a very bad shape but I am now very strong. You see my son we are all very healthy and strong now and the volume of farm produce I make each year I am sure you the younger ones will not come close". (Gwarzo, HIV male client, aged 64 years).</p> <p>g) "In my own opinion I want to thank the health workers and also show my appreciation on the way they receive and attend patients in this hospital. To be sincere they deserve commendation". (Non –HIV Male FGD, P6)</p> <p>h) "I really thank God that I was brought to this hospital and well received. They have been up and about with us for about 6 years now and I am very happy with the treatment I received from this facility". (HIV positive Female FGD, P6)</p>
		2.6 Integrated care is preventing mother-to-child transfer of HIV	<p>a) "You will now see that in all the patients seen in this hospital especially among the positive mother, we have never registered a case of positive baby born to a positive mother in this facility. I see this as a remarkable achievement, is that not so?". (Hassan, HIV male client, aged 36 years).</p> <p>b) "We just have to thank God the Almighty because you will see an HIV positive woman breastfeeding and the child is HIV negative, all thanks to this integration". (Gwarzo, HIV male client, aged 64 years).</p> <p>c) "I also thank God for these drugs that have changed our lives, we lost our husbands when they didn't even know what their problems</p>

			<p>were but because of this integration we delivered our babies safe and free from this infection”. (HIV positive Female FGD, P6)</p> <p>d) “The major progress in this integration is, in the past pregnant women do not know that they can come to the hospital and protect their babies from getting infected with this disease but with the integration by the grace of God once a woman accepts that she has this disease, she will be counselled, placed on medication and be guided throughout the pregnancy and she will be delivered an HIV free baby. Our babies don’t get infected if you go through the process”. (HIV positive Female FGD, P8)</p> <p>e) “To be honest I felt happy the time I was brought to this hospital, because I was pregnant and in a critical condition. I was handled well and delivered my child safely and without the infection. Even myself nobody will know that I have HIV infection because I am looking much better than I was and feeling stronger”. (HIV positive Female FGD, P4)</p>
		<p>2.7 Integrated care improved knowledge and experience of health workers</p>	<p>a) “This integration care services improves health workers’ knowledge and experiences”. (Non –HIV Male FGD, P7)</p> <p>The integrated services also contribute in improving the skill of health workers so that they can discharge their duties well”. (Non-HIV Female FGD, P1)</p> <p>b) “Of course, the doctors will get more experience in discharging their duties by attending to different patients with different types of illness”. (Ruqayya, non-HIV female client, aged 25 years).</p> <p>c) “On the part of health care workers there will be more experience and creating more awareness and health workers on more new skills on how to handle the patients”. (Shuaibu, non-HIV male client, aged 37 years).</p> <p>d) “It was before when there were few health workers in the facility that you see people congested in the different units waiting to be attended to but with the integration sometimes you see up to five doctors or more at a time in this facility, so there is hardly congestion. This is a remarkable improvement. Even at the registration unit because more staff are there</p>

			<p>to assist and attend to patients so that time is saved. This is same with the pharmacy and other units in the hospital. This is a remarkable improvement as a result people are turning out en mass to the hospital". (Rakiya, non-HIV female client, aged 29 years). e) "Health workers have gone on trainings on HIV care to improve their practices, and sometimes as support care members we the patients also go on training. In fact, the health workers sometimes benefit from us because they ask us on things that are not clear to them and we explain to them, especially those that have not gone on a training (Yelwa, HIV female client, aged 26 years)". (Halima, HIV female client, aged 30 years). f) "As part of the integrated care, the health workers benefited from a lot of trainings and this seen reflected in the way they treat patients. You will never see or hear that a health worker discriminates any of our patients". (Hassan, HIV male client, aged 36 years). g) "On the part of training and workshops there is an improvement. We as support group usually attend training and workshops. The health workers also attend training and workshops but not at the same time with us. Training on how to take care of ourselves and also how to take our drugs". (Yelwa, HIV female client, aged 26 years). h) "...The bigger the distribution the more the workers and the workers that are coming and the new ones that are coming they are training them and the old ones they are upgrading them so they brought development in the patients and the workers in the system". (Henry, HIV male client, aged 42 years)</p>
3	Integrated care is a problem and should be scrapped	3.1 Integrated care increases congestion in clinics and increased workload on health workers	<p>a) "...the government should expand this arrangement such that HIV patients will be seen at a different section, and psychiatric patients in another section. This in my opinion will be better because it will reduce congestion". (Non –HIV Male FGD, P1) b) "I support the opinion of my colleague that the HIV patients should be separated from the general patients so that they will get much attention from health workers, not because of stigmatisation". (Non – HIV Male FGD, P6)</p>

			<p>c) “There will be much congestion due to this integration and patients may stay longer in the hospital, but if to say the patients are separated there will be less crowd and again, they will receive much attention and care”. (Non –HIV Male FGD, P1)</p> <p>d) “There is also likely to be congestion due to lack of enough manpower”. (Non –HIV Male FGD, P3)</p> <p>e) “It will also add to demand in the hospital and this may lead to congestion, overwork and lack of drugs, working materials and consumables. It is possible that you may come especially in the evening when there are usually few staff on duty and the health worker might say that they will only attend to emergencies because of overwork”. (Non –HIV Male FGD, P7)</p> <p>f) “The laboratory and pharmacy, especially lab may be overwhelmed because of increasing patient load and these unit need to be improved, expanded and upgraded with modern equipment and more manpower”. (Non –HIV Male FGD, P3)</p> <p>g) “Due to the integration there will be too much workload on the health workers but if they are separated there will be less workload on the staff side”. (Non –HIV Male FGD, P1)</p> <p>h) “There may be no much attention and care from health workers because of overwork and this may be problem”. (Non –HIV Male FGD, P3)</p>
		<p>3.2 Integrated care is resulting in poor clinic attendance, lack of confidentiality and stigmatisation</p>	<p>a) “I am the Secretary for Support Group. Firstly, we are facing some problems as a result of this joint delivery of HIV and other health services in this facility. The reason is that, the positive patients that reside in this town do not like to come in, because they may likely meet with familiar faces that come from the same area. This usually makes them uncomfortable to come to the clinic to collect their drugs because they don’t want to be identified by known faces. My advice if possible is to provide a separate place for our patients such that only positive patients will come to that place”. (Abdul, HIV male client, aged 29 years).</p>

			<p>b) “..In my opinion the separation is better for the sake of our patients that are from this town, I personally do not have any problem with the combination. ..Other patients will not insist on coming to see who and who are there, at worst they may stand from far and point at our direction. .. there are many technics they can use to enter the separate place that will be assigned to us without being seen by people. ..Yes, it is the reason why there are more women than men in the clinic. The women use to collect the drugs on behalf of husbands”. (Abdul, HIV male client, aged 29 years).</p> <p>c) “.. there may be a problem in a situation whereby the HIV and non-HIV services are seeing one doctor at the same time, like we have in this facility. If the non-HIV patient expose the other patient status, there will be problem and from there stigmatisation may arise and also if other patients identified familiar person with HIV it can also be a problem and can affect the integrated care services. They may likely go back and expose such person in a community or society where they live together and this can bring stigma on the part of the patients”. (Ruqayya, non-HIV female client, aged 25 years).</p> <p>d) “... it is the reason why there are more women than men in the clinic. The women use to collect the drugs on behalf of husbands. (KII with ART patient 5 – Male 39 years)”.</p>
		<p>3.3 Integrated care is exposing non-HIV patients to risk of HIV infection</p>	<p>a) “In my own opinion I suggest that the HIV services should have a separate place and separate doctor to attend them because combining us together may likely bring problems. In my opinion it should be separated just like the way we have a separate section for the psychiatric patients. Since it is HIV, it should not be combined with other sick patients, I am thinking that each of the cases will get more attention if they are handled separately. ... Sometimes results for tests from other units get mixed up, and in this case I think it will be more disastrous. (Raiya, non-HIV female client, aged 24 years).</p> <p>b) “In my opinion the two should be separated, their ailment is different and we are hypertensive patients. I heard that the same equipment like injections are used for all patients and sometimes</p>

			<p>problems occur. This is why I do not come for injections in this hospital. I am not comfortable with this integration; may God save us”. (Shamsiyya, non-HIV female client, aged 52 years).</p> <p>c) “People may get infected with diseases because of the exposure from the integration”. (Shamsiyya, non-HIV female client, aged 52 years).</p>
4.	Health workers’ perspectives about benefits of integrated care	4.1 Integrated care improves health awareness and normalises HIV stigma	<p>a) “..Integration can also normalise HIV problems. I think we can look at it from this point where initially somebody would have to go to separate facility for health for HIV care. Those facilities usually are tagged or no matter the level they are trying to hide the identity at the point in time people will get to know that these are HIV centres for example, but for this case you are putting thing together you didn’t put a separate place for HIV care alone this is an all-encompassing health facility now, so is a bit difficult to differentiate, the patient even feels more comfortable. I think it will help in minimising the level of stigma, and I think the acceptability of services might be better”. (Doctor 1), Male 32 years)</p> <p>b) “There is a lot of benefit because before there is stigmatisation, there is discrimination and with this integration because there is more awareness now than before so this thing stigmatisations reducing. Some now know what HIV is, how HIV is contacted, you can eat with HIV person, you can do a lot of things with HIV person and one will not contract the disease”. (Matron i/c, Female 45 years)</p> <p>c) “...Whoever comes to the clinic will receive the same treatment, so our patients have peace of mind. The integration has also created an environment where patients with unknown status will be encouraged to test and if found positive receive treatment without fear of stigmatisation”.</p> <p>d) “...it improves patronage of the hospital by making the community more aware of HIV and the services available in the hospital, people from different places come to the hospital”. (Matron ANC/ Labour room, Female 52 years)</p>

			<p>e) "...there is reduction of stigmatisation here because ours are not separate. We don't separate this is HIV and this is OPD patients. They are all seen in one place, go to one pharmacy, go to one cashier, go to one lab". (I/c Medical records, 57 years)</p> <p>f) "One of the benefits is the reduction of stigma. .. The main benefit on the side of the HIV patients is, a patient will not feel discriminated because he has a particular disease, this is not there". (Matron ANC/ Labour room, Female 52 years)</p>
		<p>4.2 Integrated care provides opportunity for staffing, training and development</p>	<p>a) "On the part of the staff it reduces workload because there are more health workers involved in patient care, and there is also division of labour among the staff to make work easier and efficient". (ART CHEW, 52 years)</p> <p>b) "...and also it may serve as training opportunity for staff both on the job training, we are training our junior cadre about how to take care of our HIV patients so we are training them and the cost of at this integration. So many of our staff have went for on-the-job training and so many workshops". (Doctor 2), Male 34 years)</p> <p>c) "Yes, it improves services rendered because a lot of things before we don't know even we the health workers but now we are aware. ..Because of this training and retraining and also step-down trainings. So we have a lot of knowledge about this HIV and how to care for them". (Matron i/c, Female 45 years)</p> <p>d) "We the staff benefited from different kinds of training, be it on HIV, ANC or on management of labour e.t.c., the trainings are not only on HIV it can be on anything". (Matron ANC/ Labour room, Female 52 years)</p> <p>e) "we usually go for training to update our knowledge, but this training not only concentrate on HIV issues but they also talk of other problems that we need to know and even the issue of logistics and supply management of drugs and that helps us in a way that we can manage our stock not even the HIV stock. So the training do really help us in improving our capacity in knowing what is all about</p>

			<p>logistics management and improving our capacity in knowing how to treat other infections that have to do with HIV”. (I/c Pharmacy, Male, 43 years)</p> <p>f) “..We the health workers have experiences of HIV patients and the normal sickness patients, i.e routine patients, we have that experience”. (I/c Medical records, 57 years)</p> <p>g) “..Yes there is training, two of my staff have been trained on how to see the patients, how to fill their form, how to give monthly statistics, they were trained on how to enter it into computer, we do it with internet service, one with laptop and one with hand set that he use to feed the management on our daily activities”. (I/c Medical records, 57 years)</p>
		<p>4.3 Integrated care promotes efficiency and team work in the clinic</p>	<p>a) “...also waiting time reduces compared to secondary and tertiary centers because when they go there they stay longer”. (Doctor 2), Male 34 years)</p> <p>b) “..Patients that ordinarily will spend about two or more hours end up spending shorter time like one hour”. (I/c Laboratory, Male 39 years)</p> <p>c) “Integration also improves efficiency, it has improved us because we know whom to see these patients, usually our service first come first serve. We don’t say wait for your doctors, as soon as you come we trace your folder and record it and say go to so so room and see doctor there”. (I/c Medical records, 57 years)</p> <p>d) “..Honestly there is progress because even the patients are happy with this combined care”. (I/c Laboratory, Male 39 years)</p>
		<p>4.4 Integrated care provides opportunity for preventing mother to child transmission of HIV</p>	<p>a) “...if we look at the concept of maternal and child healthcare, ahhh...the major goal in HIV care for example is this the issue of prevention and transmission like the PTMCT services, integrating it with PHC to provide room for more utilisation of ANC among the clients because the services are at door step now in the hospital unlike before where they have to be referred to another facility for them to access this care”. (Doctor 1), Male 32 years)</p>

		<p>4.5 Integrated care increases access to healthcare and to diverse range of services</p>	<p>a) "...it will reduce cost of transportation and care. Ahh.., cost of care in this facility is very cheap compared to secondary and primary ahh.. health care facilities. For example, we are running packed cell volume (PCV) at the cost of N50.00, urinalysis too at N50.00, which is quite cheaper than at secondary and tertiary levels". (Doctor 2), Male 34 years)</p> <p>b) "...Somebody might come with more than one patient with different cases, and all will be attended to under the same roof". (I/c Laboratory, Male 39 years)</p> <p>c) "...to the patients, they have less cost to in their going to see doctor, in their treatment, in their lab, in their drugs". (I/c Medical records, 57 years)</p> <p>d) "...the issue of coverage, HIV integrated with PHC services will widen the scope of the coverage, more people will be covered because primary health centres are many and closer to people than other centers. This will.. like give chance to these clients more access and it is easier for them to access the health care". (Doctor 1), Male 32 years)</p> <p>e) "...this integration increases access to care because is closer to communities, because almost all the clients and patients who are coming to the center are from this locality". (Doctor 2), Male 34 years)</p> <p>f) "...For the patients it reduces delay of time, cost of transportation, and proximity to access health care services in the facility". (ART CHEW, 52 years)</p>
		<p>4.6 Integrated care improves availability of equipment, drugs and consumables</p>	<p>a) "...and we got so many equipment, like weighing scale and is because of this integration, and even some consumables are brought in by some organisations and is because of this integration of HIV into this facility". (Doctor 2), Male 34 years)</p> <p>b) "Because of the integrated care in this hospital, we receive a lot of equipment from donors. Recently they supplied examination coaches, palpation beds for ANC and so many other items, and you see all this</p>

			<p>equipment are not only for HIV patients but all patients coming to the hospital”. (Matron ANC/ Labour room, Female 52 years)</p> <p>c) “..It helps us with provision of more items like the equipment for viral load, CD4 count machine and drugs”. (ART CHEW, 52 years)</p> <p>e) “..this integration serves as an avenue to improve diagnostics, like our x-ray machine was bought by Institute of Human Virology (IHVN), and this x-ray machine is being used for HIV and non-HIV patients”. (Doctor 2), Male 34 years)</p>
		4.7 Integrated care strengthens PHC management systems	<p>a) “...of importance is this issue of harmonisation of data. Initially HIV data used to be run in the HIV centres collected and utilised but now is like an avenue and opportunity to harmonise the data because the routine data that is being collected at the facility level will now include the HIV information or HIV related data which could help in planning of the health system generally”. (Doctor 1), Male 32 years)</p>
		4.8 Integrated care improves PHC funding, infrastructure and facility	<p>a) “.if we look at the issue of HIV care initially, it was run like a vertical program where resources are allocated to fund such a vertical program while we have the PHC which is utilised by the majority of people lacking in basic thing. Now, Integration could help in utilising that resources which would have been used for HIV care alone now to finance HIV care and PHC services at the same time. Indirectly, PHC will also benefit from that resource’s utilisation. I think that is one aspect”. (Doctor 1), Male 32 years)</p> <p>b) “..There are also proposals for additional structures, in fact they started construction and then stopped, but they did a lot of renovations here”. (Matron ANC/ Labour room, Female 52 years)</p> <p>c) “...Honestly, even the current pharmacy premises where I am working is built by integration project. Has it been that there is no this integration I will be operating in one cubicle. This integration helps to get our established premises and they furnished it, is being air-conditioned and is really ok for our services”. (I/c Pharmacy, Male, 43 years)</p>

			e) “.. We the staff get benefits like when we are requesting for items to assist us, like tables, chairs and other consumables we get it so easily because of integration”. (I/c Medical records, 57 years)
5.	Health Administrators’ perspective about benefits of integrated care	5.1 Integrated care reduces stigma and discrimination	<p>a) “it does improve a lot of situations, we know for instance if you are stand-alone HIV clinic and these group of people that come they go to just HIV clinic, stigma and discrimination may be very common in this group of people, however, if they are integrated they are being provided like any other patient, you come to the clinic, you are been called upon and you see a doctor and leave, then you go to the pharmacy and laboratory and you access services. Unlike it is a stand-alone clinic that when you there we know you are HIV positive and this is likely to be stigmatised, people are likely to discriminate against these individuals”. (MS, KCHC)</p> <p>b) “One of the thing that some people may probably fear, we have not seen that, that people will probably assume that oh now that we are mixing HIV positive and negative patients, may be the negative ones will probably want to feel why are we mixing them and probably withdraw from patronising our services, that has not been happening, more so that the personnel are well trained, confidentiality is assured, you can sit next to HIV patient and you won’t know his condition, so that did not arise at all”. CMAC</p> <p>c) “...PHC was actually a good example of how you can make HIV as part of routine care for every patient. In the big teaching hospitals and general hospitals they have a separate clinic for HIV, but in the PHC just one OPD for everybody and that had reduced stigma because everybody is there for one disease or the other. This is a very good thing that happened for the PHCs”. IHVN</p> <p>d) “Well in the past I think issue of stigmatisation and discrimination has been a big problem but due to combination of two or three things that happened with integration have reduced that significantly. 1) was the state government where we work made a law that essentially criminalised any form discrimination against people living with HIV. 2) all</p>

			<p>the health care workers in that PHC have been trained on how to avoid discrimination, and 3) there is significant involvement of community stakeholders, the gatekeepers: the district head, the imams, and people that actually manage the community, and now these have reduced discrimination essentially. And then the other thing that has happened in the patients' side is that in the past when you see HIV patients they always think that they are about to die or something, and that appearance alone look stigmatising. But with the coverage of treatment, almost all HIV patients are taking drugs, they actually look probably more normal that do not have HIV, so again that had reduced visual discrimination that used to happen before. So, a combination of all these have reduced stigmatisation but most importantly was the fact that we have policy from government, we have capacity building of healthcare workers, and then you have community involvement all coming together to reduce stigma in HIV care". Regional Manager, IHVN</p>
		5.2 Integrated care provides opportunity for staffing, training and development	<p>a) "On the part of health care workers this tend to improve their clinical competence because many of them have been trained for one program or the other. So, they now have like improved clinical competence and skills and they will also have improved self-confidence, knowing that they can address many issues at the same time and if it is something that is beyond you, then you can easily refer to other doctors". MS</p> <p>b) "...the staff that work there benefitted a lot from capacity building, their knowledge and skills have been improved over time". IHVN</p>
		5.3 Integrated care promotes efficiency and team work in the clinic	<p>a) "in the past you have to have a separate clinic for HIV like I said and you entirely go and spend like 2-3 hours and patients will suffer. The integration has allowed you to use your time as a clinician to see HIV patient, to see non-HIV patient, is good to plan yourself if you want run the same clinic and see everybody without having to have a duplicate effort having to go to another place to run clinic and all that. So overall, one thing like you said, the working time has reduced to 40% between 2006 and 2011, especially in that Kumbotso the waiting time before used to be, you spent close to 6 to7 hours there, but when now make it a</p>

			<p>general OPD, waiting time was reduced by almost 50%, people just spent 2-3 hours before they get seen. So overall, the integration make room for efficiency, so you don't have to have so many health care providers posting in several places but you have 2 or 3 that can still provide the same service in multiple locations. So I think integration has improved the efficiency of the PHCs as a whole significantly". IHVN</p>
		5.4 Integrated care increases access to HIV services	<p>a) "It is of immense benefit to the immediate community, they don't need to travel to long distance to access HIV care and support, and if we look at that KCHC is very far from any secondary facility. So if you have to go to the closest place, may be AKTH which may be 10-15km from there, may be you go to the other direction you have to go to Murtala Mohd Specialist Hospital, another 10-20km from the facility. So actually, is very far from any secondary hospital. And again, that place is densely populated, looking at the surrounding communities, Kumbotso itself, surrounding Panshekara and all the areas there, there isn't any secondary facility. So, there are hundreds of thousands of residents around that area that the closest facility to them is Kumbotso health facility. So, it helps a lot making service accessible". PHCMB</p> <p>b) "...for those who are positive they are able to receive their drugs without having to go anywhere, is just within KCHC, in the past they had to be referred to AKTH. It would have been an additional transportation cost, and additional time wasting and an additional logistics for them to sort themselves out". IHVN</p>
		5.5 Integrated care improves availability of equipment, drugs and consumables	<p>a) "I think we are fortunate in the sense that we have very effective drug revolving fund. Whether you are HIV patients or not we have essential drugs that we procure routinely and even the government through the Ministry of Health often provides some drugs like anti-malarial free both the injectable and some are oral. For now, we hardly exhaust all the drugs that have been provided free. ...I think I have not seen, since I have been in this facility, I have not seen stock</p>

			<p>out of ART drugs. ..It is possible for non-HIV but I have not seen that, at least the essential drugs”. MS</p> <p>b) “we have some facilities like I said in addition to drugs and consumables, for instance, we have had quite a lot of instruments that came, may be clinical instruments like BP machines, stethoscope, weighing machines and so on, even laboratory equipment we have had some supplies there”. CMAC</p>
		<p>5.6 Integrated care strengthens PHC management systems</p>	<p>a) “And also it helps us in disease surveillance because if a unit is providing one program, an individual may come with a disease that is of importance and then that may easily be missed by the healthcare worker, but if he is an overall he has an idea of what is going in all the units and something can be easily pick and that will strengthened the services we offer”. MS</p> <p>b) “the medical records system that was used in HIV has built them the capacity for them to actually extend to other disease areas in that particular facility. So overall, healthcare provision in KCHC would have improved because of the fact that they are actually working in the HIV program. So to a large extent, I think that the integration has favored the facility a lot more, and equally favored the community which the facility serve”. IHVN</p> <p>c) “...before the integration stockout syndromes are challenges that were anticipated and then we are proactive to ensure that we don’t get this kind of situation where we have stock out of drugs. So we have very good appointment system in KCHC for example, so we have an idea we know exactly which patient is due to come today and which is due to come tomorrow, and we have a matching commodity utilisation to ensure that no patient comes and miss any drugs. So again it helps us to look at the workload for healthcare providers, against the expected overload never happens. If for example a doctor or healthcare worker can only see 40 patients in one day, you spread the appointment system in such a way that the patients never get to see more than what is available, including OPD. So yes, what integration has done is to allow to use a robust appointment system to keep patients numbers at minimum, to keep commodity utilisation at</p>

			well efficient manner in such a way that we will not have stock out of drugs, or stock out of any commodity for that matter, so at the level of KCHC we never had a stock out of drugs since we started integration”. IHVN
		5.7 Integrated care improves PHC funding, infrastructure and facility	<p>a) “...because HIV services also come with TB services together, so some of the funding that came along with it, it helps in great way in maintaining our power source to the facility. We also, I remember very well, there is vehicle also in the facility, a motor bike that is used for contact tracing, so these are some of the benefits that accrued to the facility”. CMAC</p> <p>b) “.. apart from staff we have receive even additional equipment, if we go to their laboratory it is called a standard lab, where they can do all the basics investigations, basic tests not only for HIV, for other conditions as well, people can be admitted and there are wards and whatever so to me it is of immense benefit”. PHCMB</p>
6.	Health workers’ perspectives about drawbacks of integrated care	6.1 Integrated care has no drawback	<p>a) “...signing, no no no, there is no any disadvantage, what we see here is only progress. The health workers have also not complained about their tasks”. (Halima, HIV female client, aged 30 years).</p> <p>b) “No, we have not encountered any problems here”. (Hassan, HIV male client, aged 36 years).</p> <p>“There is no disadvantage”. (Yelwa, HIV female client, aged 26 years).</p> <p>c) “Everything is going on according to schedules and time. I don’t think there will be any congestion in the clinic”. (Sule, HIV male client, aged 32 years).</p> <p>d) “No disadvantage, even if there would be, the advantages overwhelmed the disadvantages”. (Henry, HIV male client, aged 42 years)</p> <p>e) “I don’t have any issues”. (Mudi, HIV male client, aged 55 years)</p> <p>f) “..when you get to the market you will see that some went to buy rice while others were for maize.., again when you get to any court of law you also see that some are plaintiffs while some are accused, integration is therefore a must and has no disadvantage my son”. (Gwarzo, HIV male client, aged 64 years).</p>

		<p>g) “I don’t think there is any problem with joining the two services together apart from progress because many procedures and equipment were not available in this hospital before, a simple scan one will have to travel to AKTH. But now this and many other things are available and I believe that there are more to come in the future”. (Non-HIV Female FGD, P4)</p> <p>h) “This joint delivery services will not bring any problem or challenges but it brings a lot of benefits on the part of the patients and workers and the hospital in particular”. (Non-HIV Female FGD, P6)</p> <p>i) “To be honest there is no any disadvantage”. (HIV positive Female FGD, ALL)</p> <p>j) “To be honest we are treated well, even if you come late nobody will harass you among the health workers, and in the event there is shortage of drugs this does affect us because they make sure our drugs are reserved”. (HIV positive Female FGD, P3)</p> <p>k) “They have enough and good doctors that attend to us all the time, we don’t experience any problem any time we come to the clinic”. (HIV positive Female FGD, P2)</p> <p>l) “There is no disadvantage, it is even the health workers usually remind us to do our tests and other things, they usually make sure that you are being provided with all the necessary care you may require”. (HIV positive Female FGD, P7)</p> <p>m) “There is no problem and we do not envisage any disadvantage even in the future. Our fear has been stigmatisation and this has also been cleared with the integration”. (HIV positive Male FGD, P1)</p> <p>n) “No disadvantage”. (HIV positive Male FGD, ALL)</p> <p>o) “Honestly I have not witnessed or experienced any problem in this health facility”. (Salihu, non-HIV male client, aged 42 years).</p> <p>p) “There is no any disadvantages with this integration services it will only reduce the level of stigmatisation among the patients”. (Rakiya, non-HIV female client, aged 29 years).</p>
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			<p>q) “There is no any disadvantages or problems experienced as a result of integration of care services”. (Shuaibu, non-HIV male client, aged 37 years).</p> <p>r) “I do not see any barrier to this integration”. (Saif, non-HIV male client, aged 26 years).</p>
		6.2 Integrated care brings about overcrowding and increased waiting time	a) “..waiting time for non-HIV increases. I explain earlier that waiting time for HIV increases but that of the non-HIV patients also increases”. (Doctor 2, male, 34 years)
		6.3 Integrated cares increase workload on health workers	<p>a) “...this is a health facility that is running routine PHC services with a lot of patients, a lot of care demand and now all of a sudden there is an introduction of a component into the routine system, 1) there is overstretching of the system, more patients are to be attended by care providers”. (Doctor 1, male, 32 years)</p> <p>b) “..Yes, there are disadvantages, 1) it added workload, because before we started seeing HIV patients we normally finish our clinics by 12.00 – 1.00 pm and now we close between 3.00pm or 4.00pm seeing patients”. (Doctor 2, male, 34 years).</p> <p>c) “There is no much side effects. The only thing is that it increases our workload, but we are still trying but we are not much and we are trying to cope with it”. (Matron i/c, female, 45 years)</p> <p>d) “..On the part of the health workers there may be need for additional manpower because of the increase of patients which will lead to work overload”. (Matron ANC/ labour room, female, 52 years).</p> <p>e) “..Our biggest problem is shortage of manpower. When the afternoon nurse comes later she will be the only one that will attend to labour room, the ward, dressing and anything coming to the hospital, she is the one and only after the doctor. ..you see the work is too much for only one person”. (Matron ANC/ labour room, female, 52 years)</p>

			f) “..The only problem here is shortage of manpower due to increase number of patients attending healthcare services. If their numbers can be increased the services will be smoother”. (i/c lab, male, 39 years) .
		6.4 Integrated care predisposes to lack of confidentiality and stigmatisation	a) “..You will see patient try to hide her identity even among themselves, when they come they will be covering themselves with this veil, something like face mask, trying to avoid notification by other people within the community, So they feel that stigma is still there but among them there are some that are socialised. They don't feel anything about that. I am certain that even some patients they travel not more than 400km, some even come from Minna, some come from Abuja, some come from Katsina just to come and get their drugs, just to take care of that stigmatisation that they will be facing within their community”. (i/c pharmacy, male, 43 years)
		6.5 Integrated care compromises quality of care at health facilities	a) “.. because if you have more patients to see, that could compromise the quality because you need more time, to spent more time with your client to give the best. If you are having more patients to see that could compromise the quality of care you give. Quality in terms of your personal input to the treatment for example”. (Doctor 1, male, 32 years) . b) “...Some of the disadvantages we encounter are occasional lack of availability of equipment and drugs on the side of non-HIV services because more priority is given to HIV clients”. (ART CHEW, female, 52 years) .
		6.6 Integrated care distracts attention of health workers from non-HIV services	a) “.... if by whatever means, incentive comes from HIV angle of care now, ..that could be at the detriment of other PHC activities. A staff may put more emphasis on the HIV care at the detriment of routine PHC activities, so unless efforts is taken to ensure that it is blinded and integrated such that you will not say this is from HIV and not from other diseases”. (Doctor 1, male, 32 years)

			<p>b) “.... may be that is the disadvantage because some of the patients need to have this kind of care but because of the integration focus more on the HIV patients, so our mind set has been given more devotion to take care of people that come with HIV even with respect to the pharmaceutical problems and we make sure that they get the best services, so the patients that are not HIV positive or that are just routine patients that come with different ailments something like malaria, typhoid we may not likely give them time in terms of pharmaceutical care”. (i/c pharmacy, male, 43 years)</p>
		6.7 Integrated care breeds overdependence on donors	<p>a) “..Another disadvantage is the issue of the routing problem of donor dependence. Still donor agencies, .. that you integrated HIV services doesn’t mean that you will stop the donor agencies from supporting the HIV activities. Now, this could make the government to compromise its support to the normal PHC system, thinking that since there is integration of services, we still expect something to come from the HIV side of it and they may reduce their form of routine input of the PHC system”. (Doctor 1, male, 32 years)</p>
7.	Patients’ experiences with integrated care in Kumbotso CHC	7.1 Integrated care improved infrastructure and facility	<p>a) “The first time I came to this hospital it was not as developed as now”. (Halima, HIV female client, aged 30 years).</p> <p>b) “From what I experienced with the integrated care in this facility there is improved health care services. In this facility there were only two desks but you will notice that there are a lot of new furniture and equipment, everywhere is painted and looking very neat and you will meet a doctor each time you come this facility 24 hours. Because of this integration there are many new units like eye clinic, dental unit, scanning facilities and so on, and many people even reject transfers and referrals from this facility. These are all improvements in this facility”. (Rakiya, non-HIV female client, aged 29 years).</p> <p>c) “I have been coming to this hospital for about five years and I have never seen anything outside progress. Yes things have changed remarkably. In the past there were even no facilities for admission and</p>

			the staffing was very poor, and now I was even admitted sometimes back, and you can see so many health workers around”. (Shamsiyya, non-HIV female client, aged 52 years).
		7.2 Integrated care improved access to health care	<p>a) “This integrated care has made access to the healthcare service closer to our communities, had it been there is no integration here they will have to travel far to get the services, may be some may not even go to the hospital, or will start to go and cease because of lack of transport money”. (Non –HIV Male FGD, P7)</p> <p>b) “I see it growing very fast especially when you look at patients’ attendance, because sometimes patients request for transfer to this hospital from the teaching hospital”. (Halima, HIV female client, aged 30 years).</p> <p>c) “This integration proved very important in one thing, it has increased number of patients in this hospital: if I was to be a doctor and I find only three patients waiting for my service I would become discouraged but I would be most active if I find many patients needing my service, because the integration has increased attendance to the hospital it motivates health workers by keeping them active”. (Non –HIV Male FGD, P1)</p>
		7.3 Integrated care has reduced stigma and discrimination	<p>a) “To be honest I am not more than 2 years in this facility but up to now I have never witnessed any form of stigma or discrimination from the patients or from the health workers”. (Sule, HIV male client, aged 32 years).</p> <p>b) “The level of stigmatisation has reduced, ..we thank God, everything is going on fine this hospital. (Gwarzo, HIV male client, aged 64 years).</p> <p>c) “..It has also reduced the level of stigmatisation among the patients and improved their health status. You will come to the hospital with an HIV patient mingle with others and go away without anybody identifying that he is positive”. (Non –HIV Male FGD, P7)</p> <p>d) “..Again, patients are relaxed with themselves and other normal patients, no stigmatisation. When you come to the clinic all patients,</p>

			<p>HIV and non HIV are together and one cannot be able to identify who is who”. (Halima, HIV female client, aged 30 years).</p> <p>e) “..they will also not come to ask for transfer because they see their relatives attending the same health facility with them, they have stopped all that. The way they relate with other patients in the hospital is also commendable”. (Hassan, HIV male client, aged 36 years).</p>
		7.4 Integrated care reduced overcrowding and waiting time	<p>a) “There is no congestions in this facility because everything is well organised. “There is no long waiting time at the pharmacy or when you go to see the doctor”. (Halima, HIV female client, aged 30 years).</p> <p>b) “The issue of congestion does not arise because most old cases attend on scheduled appointment on Wednesday. Other patients can also attend on that Wednesday but you will find that the majority are our patients coming to refill drugs”. (Hassan, HIV male client, aged 36 years).</p> <p>c) “Congestion does not disrupt services, they called names from the register”. (Yelwa, HIV female client, aged 26 years).</p> <p>d) “No waiting in hospital, not even much”. (Henry, HIV male client, aged 42 years)</p> <p>e) “In consultation unit there may be congestion as a result of the joint integration with other health services. ..but one must be patient where many people come to access a service at the same time. There is no wastage of time also in the lab unit”. (Mudi, HIV male client, aged 55 years)</p> <p>f) “There is no waste of time in all the units”. (HIV positive Female FGD, P1)</p> <p>g) “The quality of services is good, there is no delay in all the units”. (HIV positive Female FGD, P2)</p> <p>h) “No we have not seen any form of delay in seeing the health workers because they have enough staff to support the services”. (Non-HIV Female FGD, P1)</p> <p>i) “..There is no congestion”. (HIV positive Female FGD, P8)</p> <p>j) “..It is the same thing, there is no waste of time”. (HIV positive Female FGD, P5)</p> <p>k) “Services here are prompt and smooth, no congestion. When you compare the volume of patients in AKTH, Infectious Disease</p>

			<p>Hospital (IDH) and Murtala Mohammed Specialist Hospital (MMSH) and this hospital you will find no congestion here in KCHC. When I was attending MMSH I leave my house as early as 6am and arrive there by 8am but the earliest time I leave MMSH will be around 2pm, but since the integration in this hospital my problems become solved, I leave my house 8am come in here and within 30minutes to an hour I am done”. (HIV positive Male FGD, P6)</p> <p>l) “I am so impressed with the way we are being treated in this hospital. We do not encounter any delay at any point especially when the Chairman of support group announces our presence to the health workers, they quick squeeze and discharge us on time”. (HIV positive Male FGD, P5)</p> <p>m) “It was before when there were few health workers in the facility that you see people congested in the different units waiting to be attended to but with the integration sometimes you see up to five doctors or more at a time in this facility, so there is hardly congestion. This is a remarkable improvement. Even at the registration unit because more staff are there to assist and attend to patients so that time is saved. This is same with the pharmacy and other units in the hospital. This is a remarkable improvement as a result people are turning out en mass to the hospital”. (Rakiya, non-HIV female client, aged 29 years).</p> <p>n) “Yes, there are many patients in the hospital but the waiting time is not long because there are many health workers to attend to people. Health workers also dedicate a lot of their times to attending patients without distractions”. (Shuaibu, non-HIV male client, aged 37 years).</p> <p>o) “The crowd is manageable here and there is no congestion. There is good organisation of patients, you have to follow queue and it is first come and first serve”. (Shamsiyya, non-HIV female client, aged 52 years).</p>
		7.5 Integrated care resulted in seamless services	a) “.Very well, the doctors take time to check patients well and attend to their problems, to be honest we are favoured patients in this facility”. “We don’t have problem with laboratory, whoever is given

			<p>lab form from here is attended to immediately”. (Halima, HIV female client, aged 30 years).</p> <p>b) “The organisation is very good and the staff will never refuse to attend to our patients even when they come late. Yes, our patients get all the desired attention. I usually wait by the door and ensure this is done well”. (Hassan, HIV male client, aged 36 years).</p> <p>c) “Everything is ok, there is no any delay in accessing services in all the units. Yes, they do, and they are trying their best to see that everybody is attended to. We don’t encounter any problems with lab services”. (Yelwa, HIV female client, aged 26 years).</p> <p>d) “I am well attended to, and collect my drugs without wasting time. Everything in the lab is ok”. (Sule, HIV male client, aged 32 years).</p> <p>e) “Yes, the doctor examined us very well and allow us to explain ourselves”. (Mudi, HIV male client, aged 55 years).</p> <p>f) “If not because of the progress in this hospital the woman I brought did not book for ANC in this hospital, she was attending another hospital for ANC but her neighbor who has been attending this hospital advised her to come over to this place because of the reception and good service they are getting from the health workers here”. (Non-HIV Female FGD, P2).</p> <p>g) “Honestly this is my first time here but I was so impressed with the reception and the way things are being conducted here. In fact, when we were waiting outside my sister whispered me that this is where she is coming to do her booking for ANC, just from what she saw also. You see now my patient has delivered safely and we were allowed to see her without any form of maltreatment from the health workers”. (Non-HIV Female FGD, P6).</p> <p>h) “..The doctor examined us very well and also allowed us to narrate our problems to him. (Non-HIV Female FGD, P4).</p> <p>i) “I am the 7th HIV patient enrolled in this hospital but we are now more than 400 in number because of the very good reception you get from the health workers when you come. There is no waste of time in</p>
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		<p>all the units; records, pharmacy, laboratory and consultation etc. This is good progress”. (HIV positive Female FGD, P4)</p> <p>j) “My experience is, the health workers in this hospital are specialised in counselling once you are diagnosed to be HIV positive, they have a way of making feel relaxed and back to your senses again”. (HIV positive Female FGD, P4)</p> <p>k) “I also experienced the warm reception and the counselling skills of the staff, when I was brought to the hospital for the first time I was crying and the health worker had to drop me at home, counselling me all the way until we reached home”. (HIV positive Female FGD, P6)</p> <p>l) “If you happen to miss clinic appointments the staff will follow you home and enquire about your health and keep on encouraging you to go to the hospital. There was a time when they sent me a vehicle to transport me to hospital”. (HIV positive Female FGD, P7)</p> <p>m) “In this facility we (the support group members) get involved into marriage affairs when any of our patients is getting married, we ensure that they marry the right person as per their status and we make sure that cross marriages with non-HIV patients do not happen knowingly or unknowingly”. (HIV positive Female FGD, P8)</p> <p>n) “There is no much delay before you see health workers here, they are very receptive and the doctor gives you enough time to listen to you and also to explain your problems to you”. (HIV positive Male FGD, P8)</p> <p>o) “With integrated care that is going on in this facility, service is excellent because I brought a diabetic patient and he was well received and attended by health personnel and now he is on treatment and this is of great benefit. That is why people from neighboring areas are accessing the facility as result of good services they are rendering”. (Salihu, non-HIV male client, aged 42 years).</p> <p>p) “As a result of the integration this hospital is now busy and the workers are very receptive”. (Shuaibu, non-HIV male client, aged 37 years).</p>
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		<p>q) “The way and manner patients are handled in this health facility has remarkably improved. For instance, I brought a patient to the dental unit of this hospital and I made a mistake at the point of registration where I did not collect the card I was supposed to take to the dental unit, on arrival the health worker at the dental unit asked for the card, and when I told her I did not have it she politely explained to me to get the card from the registration unit and upon arrival at the registration desk they also listened to me well and corrected the mistake without any maltreatment. This is a remarkable improvement on the reception at hospital all due to the integration”. (Saif, non-HIV male client, aged 26 years).</p> <p>r) “On patients flow, yes, they have arrangement, they are calling names one by one depending on who comes first. In the places like GOPD or consultation room no much time is wasted there. The health workers and doctors listen and allow us to explain our problems and as well, they take time to examine us thoroughly”. (Hadiza, non-HIV female client, aged 26 years).</p> <p>s) “Clinic operations are arranged well, the doctors are punctual and arrangement is come first and come serve. The health workers have enough time to examined patients very well, they are trying their best and making sure they listen to your problems and check you very well”. (Salihu, non-HIV male client, aged 42 years).</p> <p>t) “Once they get to the facility and experience the reception there they will also encourage others to come to the facility. I just witnessed an incidence where some group of women brought a convulsing child to this facility, the mother and grandmother were so worried and confused to the extent that the mother could not withstand the situation so she went out of the hospital. When the matron heard about the case she quickly rushed and instructed that the child be taken in, the attending doctor also rushed out by himself looking for the mother to get the history. Now the child is stable and no more convulsing, is this not progress?”. (Rakiya, non-HIV female client, aged 29 years).</p>
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			<p>u) “Clinics are arranged well. The doctors are punctual and arrangement is come first and come serve. Health workers accord enough time to listen to your problems and intervene appropriately”. (Saif, non-HIV male client, aged 26 years).</p>
		<p>7.6 Integrated care increased availability of drugs, consumables and increased adherence to HIV care</p>	<p>a) “Drugs are always available, even during industrial strike we the support group come out to ensure drugs are available”. (Halima, HIV female client, aged 30 years).</p> <p>b) “..it has resulted to the state where our patients will not start drugs and fail to continue, they have stopped all that. In addition, whatever advice they are given on their health in the hospital, they stick to it. There is no shortage of drugs in this facility. I have never heard of any complain of drugs shortage in any section”. (Lami, HIV female client, aged 36 years).</p> <p>c) “There is availability of drugs even during worker’s strike action. Yes., there is enough drugs”. (Yelwa, HIV female client, aged 26 years).</p> <p>d) “The drugs are adequate; we don’t have problem”. (Sule, HIV male client, aged 32 years).</p> <p>e) “Some years back we experienced shortage of equipment and working materials in the lab, but with coming of this organisation that support us, there was a time when items were supplied on the same day they got finished. Even the laboratory staff were very excited and said that if this was the way things are being handled in this facility we would have attained much greater level by now. Drugs are available all the time now except when you talk about second line drugs, possibly because we have only two patients on these drugs”. (Abdul, HIV male client, aged 29 years).</p> <p>e) “drugs are available. The only drugs that we do have challenge on is Septrin, ..normally we ask from the pharmacy they will say it is not available. That is the highest place we can go. Apart from Septrin, we have never had a challenge of any other drugs”. (Henry, HIV male client, aged 42 years)</p> <p>f) “There is no shortage of drugs in this facility since I started coming here”. (Mudi, HIV male client, aged 55 years)</p>

			<p>g) “Drugs are available here, you will get any drugs prescribed in the pharmacy, and there are no problems here”. (Non-HIV Female FGD, P3)</p> <p>h) “Since I came here there was not a day that I will not get the drugs from the pharmacy unless if you don’t have money to buy the drugs, and the drugs are affordable”. (Non-HIV Female FGD, P4)</p> <p>i) “There is availability of drugs in the pharmacy unit, in fact drugs are given in excess”. (HIV positive Female FGD, P3)</p> <p>j) “There is no a day that I came here and there was no drugs”. (HIV positive Female FGD, P4)</p> <p>k) “Everything is ok in the laboratory unit”. (HIV positive Female FGD, P4)</p> <p>l) “Drugs are available most of the times. It was only once that I came and could not get the drugs prescribed to me by a doctor but the prices of the drugs here are much cheaper than the price outside the hospital, it is just next to free. I have not witnessed any problem with laboratory services”. (Saif, non-HIV male client, aged 26 years).</p>
		7.7 Integrated care has prevented mother to child HIV infection	<p>a) “...we make remarkable progress because we have never delivered a positive child in this facility. Once a positive mother gets pregnant, she becomes one of my closest friends until she delivers and weans off her baby. I continue to guide her all the time, to the extent that I follow them home, and by the grace of God all the ones we advised maintained them well, and they come to deliver well. This is a good achievement”. (Halima, HIV female client, aged 30 years).</p> <p>b) “...if you remember I told you that we have never had a positive baby from our patients in this facility”. (Hassan, HIV male client, aged 36 years).</p>
		7.8 Integrated care promoted community development and involvement in health care	<p>a) ” Since we have good relationship with TB/Dots staff and patients because they are our allies, when I came across a friend from my village who started coughing and I noticed it was getting more and more, I advised him to come with me to the hospital for examination, and when we came he was found to be positive and as I am speaking to you now he has already started medications. I see this as progress.</p>

			<p>.. Each time I come across any suspicious patient from my village, I bring him here outright because of my contact with them, all due to this combined care”. (Abdul, HIV male client, aged 29 years).</p> <p>b) “This integration has brought positive development, not only on the hospital but the town itself is now being respected more because of the services in the hospital. I think this is a good development, we are happy and we will want more of this if there are more available”. (Non –HIV Male FGD, P3)</p>
		7.9 Integrated care improved patients’ satisfaction with health services	<p>a) “I am happy with the way they carry out with their services”. (Mudi, HIV male client, aged 55 years)</p> <p>b) “I am happy and satisfied with the services we received here and there is a lot of improvement. (Non-HIV Female FGD, P8)</p>
		7.10 Integrated care increased workload and lack of commitment of health workers	<p>a) “...Because of the crowd sometimes you may not be seen by the health workers especially in the evenings. There was a day when about 20-30 of us came in the evening to see the doctor and when he came out from the wards he selected only three patients and asked the others to come back in the morning because he has alone and genuinely busy. I am hypertensive and having severe headache that time but we had to reluctantly go back home. There is need for more workers”. (Non –HIV Male FGD, P7)</p> <p>b) “The health workers do not abide by the rules they lay, they ask patients to come at early enough but they hardly show up to attend to them. Ideally workers are to report 7-8am but sometimes they fail to show up to 10-11am. This in my opinion is the cause of the congestion and the delay in care”. (Non –HIV Male FGD, P6)</p> <p>c) “I have seen and experienced some many things, there is negligence and I don’t care attitude played by health workers when you bring patient especially a woman in labour the nurses/midwives used to shout at them or asked them to go back home in an impolite manner”. (Ruqayya, non-HIV female client, aged 25 years).</p> <p>d) “My experience here is that I have been coming to this facility up to the third time before I got attended to even though it was during</p>

			strike action by the health workers, but when they attended to us, we were happy because they did that well”. (Raiya, non-HIV female client, aged 24 years).
		7.11 Integrated care resulted in occasional stock out of drugs and consumables in the hospital	<p>a) “There is no much delay in the laboratory but the only problem is lack of enough working materials to carry out their assignment on time. There is a complaint from patients that they visited the laboratory for a test but returned back because there was no container available to collect samples from patients”. (HIV positive Male FGD, P6)</p> <p>b) “..with this integrated care services there is shortage of drug in the pharmacy because of the large number of patients around to collect drugs and not all drugs are available, we bought some drugs outside the hospital. (Ruqayya, non-HIV female client, aged 25 years).</p> <p>c) “I have been to the facility on several occasions and was asked to get drugs from outside because they were not available”. (Non –HIV Male FGD, P7)</p> <p>d) “As regards to availability of drugs at times there will be shortage or inadequate supply of drugs”. (Non –HIV Male FGD, P6)</p>
		7.12 Integrated care resulted in congestion, time wasting and reduced health worker – patient contact time in clinics	<p>a) “No there is no congestion in the clinic but there is congestion and queue at the laboratory. Yes, the combined care may have contributed to the congestion in all the places”. (Raiya, non-HIV female client, aged 24 years).</p> <p>b) “Because of the large number of patients as a result of this integration people waste too much time like 3 hours. I think this is due to the shortage of staff to handle the crowd”. (Ruqayya, non-HIV female client, aged 25 years).</p>
8.	Health workers’ experiences with integrated care in Kumbotso CHC	8.1 Integrated care improved infrastructure and facility	a) “They carried out some minor expansion and renovation in the facility”. (Matron ANC/ labour room, female, 52 years)

			<p>b) “There are now new units that were not existing here, like the dental unit, ultrasound scanning unit and others”. (i/c lab, male, 39 years).</p> <p>c) “..Structure and facilities have improved, what I mean now new equipment was brought to the hospital. In the lab we have new equipment, in the pharmacy we have enough drugs and in the records we have cards and our folders, table and chairs are all available. Talk less of electricity, it has increase. Before they give us only one hour light between 10 and 11 am, but now if we put on the generator it will work up to 4.00pm”. (i/c medical records, male, 57 years).</p>
		8.2 Integrated care improved access to health care	<p>a) “..workload increases because of increase in access of care and quality of care because more and more patients are coming not only for HIV services but for other non-HIV services”. (Doctor 2, male, 34 years).</p> <p>b) “..Well, the only experience I have here in Kumbotso CHC is the progress made. The way number of patients is increasing because of the quality of service here. If for instance one will assume that the number of patients that attended this facility last year was 20 then it will now be assumed to reach 50 patients. This increase includes both HIV and non HIV patient”. (i/c lab, male, 39 years).</p> <p>c) “What I experience here is that before integration of this HIV in this clinic, we don’t have enough patients but now the number of patients has increased”. (i/c medical records, male, 57 years).</p>
		8.3 Integrated care reduced stigma and discrimination	<p>a) “Stigma has reduced, there is no any stigmatisation in the hospital. ..They mingle together you will not even know that the person is HIV positive because we just do it the way you will not understand”. (Matron i/c, female, 45 years).</p> <p>b) “.. there is no stigmatisation among our patients”. (Matron ANC/labour room, female, 52 years).</p>
		8.4 Integrated care reduced congestion and waiting time	<p>a) “..Yes, there is no congestion why because we have appointment system. ..All because of integration”. (i/c medical records, male, 57 years).</p>

		8.5 Integrated care resulted in seamless services	<p>a) “..So, patients flow is smooth and organised. They are not crowded and there are no any disrupted services”. (Matron i/c, female, 45 years).</p>
		8.6 Integrated care improved availability of drugs and consumables	<p>a) “..The availability of drugs has increased because most at times you hardly find out that our ANC drugs are out of stock. We always have it, may be one or two patients may complain of anything...They have this revolving fund, so they will look at the patients turn over and buy drugs accordingly”. (Matron i/c, female, 45 years).</p> <p>b) “..There is availability of drugs and consumables on the part of both HIV and non-HIV services. ..The HIV drugs are always been supplied by donors, but on the other side it is a revolving fund that if the drugs is out of stock the pharmacists will go and source it outside. We don’t experience shortage of drugs for all sides in this health facility”. (Matron ANC/ labour room, female, 52 years).</p> <p>c) “..Honestly, we have been having sufficient supply of drugs that is constant. The supply is very constant and smooth. It is only when we have issue of the workers strike, that is the only time if care is not taken we will be having some drugs about to be going out of stock, and we have been managing that because we are making some arrangement to make sure even during the strike we come and make sure that the patients are on drug”. (i/c pharmacy, male, 43 years).</p> <p>d) “..For drugs are free and are available at all times and the same for non HIV patients there is regular supply of drugs but there are certain drugs that may not be available there”. (ART CHEW, female, 52 years).</p>
		8.7 Integrated care improved patients’ satisfaction with health services	<p>a) “.... about 80% are satisfied with the services and 20% are not satisfied”. (Matron ANC/ labour room, female, 52 years).</p> <p>b) “..Yes, our patients are satisfied with the care we give them. ..At least 90% of our patients are satisfied with the services we render,</p>

			<p>even though you still have those that complain for no reason but they will still be among the 10%”. (i/c lab, male, 39 years).</p> <p>c) “Yes our patients are satisfied...The HIV patients are more satisfied because there is no waste of time when they come, if they have problems we counsel them and give them good adherence. They are very happy with us... ..The non-HIV patients are also happy with our reception. Let me give you an example, a woman came with an anemic baby one morning, and as part of our routine checks on the patients in the morning before we start clinic I came across the baby, called out the mother and filled forms for her before the doctor came from ward round. When he came he attended to her immediately, and the mother was very happy. You needed to have seen how she was thanking me and saying that we have changed her misconception that all health workers were bad and pompous. So you see our patients are happy, they are always cheerful and they even brought commendation letters for some of our staff. So you see nobody is left out, whoever requires attention from us in this facility gets it 100%”. (ART CHEW, female, 52 years).</p>
		<p>8.8 Integrated care provided opportunity for staffing, staff development and training</p>	<p>a) “...The number of staff has increased, ..before we were only few with the integration they have added some few nurses but still we are not much”. (Matron i/c, female, 45 years).</p> <p>b) “..ahh.., in the area of capacity building a lot of training and retraining of staff has been organised usually in support of HIV but you are doing it to the same staff that provide the services at the primary health care level”. (Doctor 1, male, 32 years)</p> <p>c) “...The good thing is that we have more opportunity now on training than before. Because the IHVN they used to do a lot of training after each three months they call for training and it is really helping us because we are now learning more on how to take care of HIV patients than before”. (Matron i/c, female, 45 years).</p> <p>d) “..Well we have also experienced progress here with this integration. Remember there were only CHEWS in this facility seeing</p>

			<p>few patients, but now we have many doctors to attend to many problems any time. Our problem is only at night”. (Matron ANC/ labour room, female, 52 years).</p> <p>e) “we may not say that we have increased number of staff but rather in terms of like seminar conducted by the program to uplift the status in terms of capacity of staff offering the services is been on-going, and we have like not less than 3 or 5 seminars, and that seminar has improved our capacity”. (i/c pharmacy, male, 43 years).</p> <p>f) “Yes, there is improvement on the part of health workers training, ...Yes, our workers participated in workshops, I even attended seminar on HIV collection, processing, protection and assembling of samples. ...Apart from workshops on HIV, there is also training on TB. (i/c lab, male, 39 years).</p> <p>g) “The numbers of health workers have increased. Ahhaa.., In the lab, they have employed more people to assist the lab people, in the pharmacy usually in the clinic days there are people usually that use to come for that work, here in our OPD record side, on Wednesdays we have somebody that we attach to that clinic that will make the clinic run smoothly. So, in the staff activities, there is improvement”.</p> <p>h) “..Training was done by the.. PEPFAR or NACA and sometimes we have activity more than we do for that training, when a new form is initiated, they call us and show us how to do it, days training, 3 days training.. In a year, sometimes one time, sometimes two times”. (i/c medical records, male, 57 years).</p> <p>i) “...The integration has resulted in increased health workers to provide health care. Before the integration it was only the doctors seeing all patients in this facility and the workload was too much for them. With the integration other health workers were also involved in the care of HIV patients and the delay in seeing patients has reduced a lot now. ...Yes, we went for several trainings”. (ART CHEW, female, 52 years).</p>
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		8.9 Integrated care increased workload	<p>a) “..There is increased workload because in this facility only one person is doing night shift and evening shift, the rest we are doing morning shift because of this lack of manpower. There of our staff went for training then one is on maternity we are only to enter all our new clients that we do ANC in the morning and if that nurse happened to have patient in labour and there is may be in-patient on admission, she will be very busy and she cannot have time to sit down and enter all our records”. (Matron i/c, female, 45 years).</p> <p>b) “..There is too much workload here for instance we only (4) on morning shift in this facility today, and in the scanning room the doctor wants to attend to only 2 patients but we had more than 50 patients waiting for scan. So, one of our nurses was there to attend to those requiring scanning and also to give another appointment to those that will not be attended to today; another nurse is at the antenatal unit attending to more than 60 pregnant women, I am attending to labour cases and in-patients and so on, this shows that the work is too much for us”. (Matron ANC/ labour room, female, 52 years).</p>
		8.10 Integrated care resulted in occasional stock out of drugs and consumables in the hospital	<p>a) “...Sometimes the drugs and consumables are shortage in supply. It affects all the two categories; HIV and non-HIV patients but mostly affects the non-HIV patients”. (i/c lab, male, 39 years).</p>
		8.11 Integrated care resulted in congestion, time wasting and reduced health worker – patient contact time in clinics	<p>a) “..before the integration the time they spent before this to see the doctor is quite minimal compared to what is obtainable today, because they have to wait a bit longer depending on who comes first even though we don’t say these are HIV patients or these are this, is the issue of everybody is important, issue of first come first serve. People that normally come to wait for a shorter time to be attended to now have to come either earlier or they have to wait longer because the number of patients have now increased”. (Doctor 1, male, 32 years)</p> <p>b) “Of course, as the number of patients is expected to attend to increase, he will want to speed up so that he can be able to cover that</p>

			number otherwise some might be left unattended to. So the increasing number of patients has now lead to the reduction of the contact time between the clients or other patients and health care provider”. (Doctor 1, male, 32 years).
9.	Patients’ perspective of impact of integrated care on Non-HIV services	9.1 Integrated care improved access to all services	a) “We access healthcare services from every unit in this hospital and there are no problems everywhere”. (Halima, HIV female client, aged 30 years).
		9.2 Integrated care resulted in seamless and standardised health care services	<p>a) “The reception is good and services are just same everywhere. ..I will always say the truth for the sake of God, things are the same allover”. (Halima, HIV female client, aged 30 years).</p> <p>b) “Everything is going well with non-HIV services, there and they attend each patient equally. There is no any complaints from any patient meaning all is going on well”. (Hassan, HIV male client, aged 36 years).</p> <p>c) “There is no problem with non-HIV services, they treat us well like other people, ..with regards to services, all the two are doing their best”. (Yelwa, HIV female client, aged 26 years).</p> <p>d) “..we receive good care from the health workers on other non-HIV services”. (Sule, HIV male client, aged 32 years).</p> <p>e) “I have not heard any complaint from everybody. ..Yes, everything is well, and patients coming for other services are getting the required attention, there is no partiality. If there is partiality, I must be one of the victims. Everybody is being treated equally either HIV or any condition. Yes everybody is happy”. (Henry, HIV male client, aged 42 years)</p> <p>f) “..I have not witnessed any complaints or problems against the health workers and the services they are rendering”. (Mudi, HIV male client, aged 55 years)</p> <p>g) “They treated us equally in all units”. (Gwarzo, HIV male client, aged 64 years).</p> <p>h) “There is no difference in reception, all patients are treated equally. I have been a regular customer here but I have never seen any</p>

			<p>difference in the way and manner patients are handled in this facility”. (Non –HIV Male FGD, P1) i) “All patients are treated equally”. (HIV positive Female FGD, ALL) j) “All patients receive the same treatment in the hospital. The reason why some of the negative patients feel that we are being given preferential treatment is our patients come to the hospital early, but the other patients refuse to come early, they sometimes come between 11am and 12 noon for no reason, sometimes they come when the doctors are on break, and if at that time they are asked to wait for the next shift of health workers they begin to complain about preferential treatment. But when you come early the reception is good and services are prompt”. (HIV positive Male FGD, P6) k) “The health workers are trying their best and they take good care of patients effectively. They render quality service and that is why people are coming. I and my family come all the way from Sharada (about 10km), and I was introduced to this hospital by my wife when I saw the way she was received and treated when she came here for antenatal and delivery in the past”. (Non –HIV Male FGD, P6) l) “To be honest the quality of services provided is good and I am satisfied. I have NHIS but due to the quality of service we receive here I only patronise this facility”. (Non –HIV Male FGD, P7) m) “The quality of service is good”. (Non –HIV Male FGD, P8) n) “Honestly they are receptive to all. When I came today to the facility at the point of registration I realised I forgot my hand card at home, by the time I went back home to fetch it when I returned I knew it was very late because the registration was over, but when I explained to the man he listened to me and considered my case, and when I went to the health workers doing the antenatal they also received me well and attended to me without any form of maltreatment”. (Non-HIV Female FGD, P3) o) “I feel impressed with the services they rendering in this health facility compared to what I am seeing in other hospitals. Other health</p>
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			<p>workers in another hospitals treat patients badly”. (Non-HIV Female FGD, P2)</p> <p>p) “There was a time I had to cry when I took my sister for her first delivery in one hospital and the nurses refused to even look at our direction despite her pains because they were handing over, the woman eventually had to deliver on the floor at that waiting area. So I was very happy about the treatment here”. (Non-HIV Female FGD, P6)</p> <p>q) “I was very impressed by the way I saw the health workers physically supporting the patient, I didn’t know when I said ..the staff in this hospital are very caring. If it were in other hospitals, I have seen them shouting at patient relatives that accompany pregnant women for delivery to allow her to walk to the labour room by herself. I was surprised and even had to talk to the woman that was sited next to me about their behavior here”. (Non-HIV Female FGD, P2)</p> <p>r) “I have been to this hospital several times for services other than HIV and I have never encountered any problems with either the reception, drugs or the laboratory”. (HIV positive Female FGD, P7)</p> <p>s) “There was a time I came with malaria and even the medicine was given to me freely, everything is ok there is no problem”. (HIV positive Female FGD, P3)</p> <p>t) “Reception for non-HIV patients is also very good, patients are not being maltreated or ignored except if you come late when they about to change duty. They have good arrangement at the GOPD the way they are conducting their services is first come and first serve. The quality of services rendered is very good and I am satisfied with the services here in this health facility”. (Rakiya, non-HIV female client, aged 29 years).</p> <p>u) “I have never seen any difference in the way patients are being received or treated in this facility. Both HIV and non-HIV patients get the attention they desire according to their needs without any preferential treatment. The quality of service here is superb in</p>
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			<p>whatever dimension”. (Shuaibu, non-HIV male client, aged 37 years).</p> <p>v) “All patients are attended to equally without any discrimination. Patients are seen on first come first serve basis and all are being treated well and promptly. The quality of service here is good, I have never heard anybody complaining”. (Shamsiyya, non-HIV female client, aged 52 years).</p> <p>w) “I have not seen any difference in the care rendered to HIV and non-HIV patients in this facility, the reception is very good and services are rendered promptly. All services are satisfactory. Last week my daughter was on admission here and she required blood transfusion. It was the health workers that were explaining to us the importance of the treatment and urging us to get a donor on time”. (Saif, non-HIV male client, aged 26 years).</p>
		9.3 Integrated care improved availability of drugs and laboratory services	a) “There are enough drugs and good laboratory services”. (Halima, HIV female client, aged 30 years).
		9.4 Integrated care improved patients’ satisfaction with general health care services	<p>a) “Patients are generally satisfied with the services they receive here”. (HIV positive Male FGD, P6)</p> <p>b) “Yes we are satisfied with the services rendered in this facility”. (HIV positive Male FGD, P4)</p> <p>c) “Honestly they gave us prompt service, as soon as we arrived they attended to her straight. In fact one of the nurses was the one that supported the patient to the labour room. I am satisfied with quality of services rendered in this hospital”. (Non-HIV Female FGD, P2)</p>
		9.5 Integrated care bred poor attitude among health workers	a) “The health workers are not always punctual at work, if they are very punctual there will be no much congestion in the clinic. (Non – HIV Male FGD, P6)
		9.6 Integrated care is skewed towards HIV care	a) “...Sometimes non-HIV patients complain that we being given preferential treatment but they also receive good attention and care just like every other person, ..I can say they are satisfied with the care they receive since I have never come across any one of them who

			<p>complained about the care they received, though I cannot say their mind”. (Abdul, HIV male client, aged 29 years).</p> <p>b) “..We are given more attention and concern than other patients”. (Mudi, HIV male client, aged 55 years)</p> <p>c) “Our appointments for refilling drugs are usually on Wednesday, so Wednesday is our day unless if one has a complaint or is a new patient for enrollment then one can come on any day, perhaps it is the reason why they think we are given preferential treatment when we present to the clinic”. (HIV positive Male FGD, P3)</p>
10.	Health workers perspectives of impact of integrated care on non-HIV services	10.1 Integrated care improved availability of equipment, drugs and consumables	<p>a) “... I explained earlier that we got x-ray machine because of this integration and that x-ray machine is not only for HIV services, they are using it for all patients... there is one food called plumpy nuts, is for HIV patients, but when we have a case of severe malnutrition we use it on them because majority of those patients that normally come with severe malnutrition they don’t have money and poverty is one of the cause of that conditions. ..Also, some drugs that are brought for HIV patients are used on non-HIV patients if they don’t have money to buy such drugs”. (Doctor 2, Male 34 years)</p>
		10.2 Integrated care improved attendance on non-HIV services	<p>a) “..The integration has not affected the non-HIV services in any negative way but has even improved clinic attendance”. (Matron ANC/ Labour room, Female 52 years).</p> <p>b) “..The attendance for both HIV and non HIV has increased”. (I/c Medical records, 57 years).</p>
		10.3 Integrated care is skewed towards HIV care	<p>a) “..To be honest there has not been any direct benefit or additional tests meant for HIV patients that will benefit the non-HIV patients”. (I/c Laboratory, Male 39 years).</p> <p>b) “..Well I wish the integration cater for all the services not only the HIV because is giving some preference to one and leaving the other ones with less attention. So there is really a need for other services to be taken care of so that the patients will get the best from their</p>

			healthcare personnel because the integration give much preferences to HIV patients and the HIV patients enjoy most of this advantage with respect to free drugs and there is this patients that come that they cannot afford drugs for the certain diseases and because the system has not covered their cases, so they are left on their own to take care of their personal problems they have to source money for their issues”. (I/c Pharmacy, Male, 43 years) .
11.	Health administrators perspectives of impact of integrated care on non-HIV services	11.1 Integrated care improved access to comprehensive package of health services	<p>a) “For the non-HIV patients, I think we need to understand that HIV care is not only for HIV patient, is equally for those who are not infected. So, 1) we have been able to prevent mother to child transmission by making sure that pregnant woman who visit PHC in KCHC get their status, and those who are negative they are counselled to remain negative that is one health benefit”. IHVN</p> <p>b) “I see it positively, because you can’t provide many non-HIV services only without that HIV component like I gave example, sometimes you go and see the ANC clinic so full at Kumbotso, sometimes you see hundreds of pregnant mothers there and they are expected to go through HIV counselling and testing. So, if that service is not there that means you have to refer them to another facility just to do the testing and bring the result”. PHCMB</p>
		11.2 Integrated care improved availability of equipment, drugs and consumables	<p>a) “.... HIV care and support services are being driven by donors in the sense that they provide us with certain drugs, even laboratory consumables. And not only that, recently they donated a lot of materials to us ranging from BP apparatus, weighing scales and even screens to use when we want to see patients, to cover. So, I think it serves to strengthen not only the HIV program or the TB services that are being provided but the entire services. They donate to the entire facility not only to the ART clinic or that this should only be used for HIV patients”. MS</p> <p>b) “Well ahh.., there are a lot, quite alright in the first instance HIV/AIDs services came along with some things as the services came along with certain supplies, our supplies improved actually in terms of drugs and consumables. So, the general health service also benefit from this supply that the HIV/AIDS programs brought along”. CMAC</p>

			<p>c) "...at the beginning of the integration there were some hospital commodity equipment that was purchased for the HIV program but is allowed that you can use it for other services, things like weighing scales, BP apparatus, routine hospital basics stuff that PHCs now have gotten from government made available for PHCs, if they can now use for every patient irrespective of HIV status. That is one other benefit that the program has done for the PHCs". IHVN</p>
		11.3 Integrated care provided opportunity for managing HIV related morbidities	<p>a) "Is not all our HIV patients that are TB positive, in fact is about 30% or so that are co-infected, however they strengthen TB services in the facility to make sure all patients whether HIV infected or not they receive adequate TB care". MS</p>
		11.4 Integrated care improved attendance on non-HIV services	<p>a) "...If you look at our attendance register you will see that patient attendance is remarkable, it has not been going down. If last year it was 20,000 may be this year it will be like 30,000. By extension I will not say that has reduced the number of attendance, if anything I would say that the facility is being overstretched now". MS</p> <p>b) "Well, emm..., I can say I will look at it from positivist perspective in the sense that generally because of the HIV activity going on, the place is becoming busier and people now see the place as a big place, so other people also come there to access other services. We record more deliveries than we used to, that has improved, our ANC service has improved significantly, and we can say may be perhaps because of the improvement in our laboratory services also they now feel that ok we can now do these much test, so people are coming. And by the time one person come and able to access one or two tests the news goes around the community and they keep coming. So, we can say the HIV AIDS services because it has brought a lot of patients, and some patients probably would not want to go for any other reasons they don't want to go to a big center, they prefer a smaller center, so our own center is also growing big, so that improves the patient's turnout, so generally people that are not HIV positive now see the center as a busy facility that they can access service from". CMAC</p>

		11.5 Integrated care strengthened the PHC system	<p>a) “My belief is that the integration has positively impacted on non-HIV services. One thing that we all know before we go to all these PHCs is that record keeping was actually poor, generally not just for HIV, but when we brought HIV services record keeping for disease entity has improved, we have a kind of a band wagon effect, you find that HIV has insisted in transparency and good records to show what you are doing. Over time it has spread to other services, so that is one impact that it has had, it has allowed management PHC to actually make a better plan on how to manage the patients now because they now have a robust records system including electronic medical records which really does not exist in PHCs before, but because HIV has brought use of electronic medical records even in PHCs, and some PHCs have extended it every other patient in respect of diseases status. So that health information system now allows PHCs to be better managers, to be more efficient in their operations. That was a significant impact that HIV has brought to PHCs”.</p> <p>IHVN</p>
		11.6 Integrated care breeds stigma among patients	<p>a) “..of course there are some other challenges that can be associated with this, like stigma is still there, of course a lot of progress has been made but still there are other stigmatisation around, HIV patient care and support is there. Still even there are some health workers that are not comfortable managing HIV patients”. PHCMB</p>
		11.7 Integrated care is skewed towards HIV care	<p>a) “Unfortunately, No. the support for lab has always been for HIV related services only. It doesn’t split on non-HIV lab, although as it is now the donors have reduced their laboratory support even to the HIV patients, and only one or two labs are now being supported which is viral load and CD4 count. Others investigations like chemistry, full blood count are now left to the patients to pay. So essentially, there is no direct support now that even the non-HIV patient can benefit from”. IHVN</p> <p>b) “Well emm.., not necessarily, there is no direct support of non-HIV drugs or consumables from HIV program. So whatever comes, but</p>

			<p>of course if there are cleaning agents, cleaning materials that was supplied to the facility it does not mean that we cannot clean everywhere we use it for the whole facility. ..there were other drugs that are supplied with HIV drugs for instance cotrimoxazole, for those that will benefit from co-trimoxazole, they are supplied along with it. There is also isoniazide, that one is supplied with anti-TB. So, those things that are supposed to be provided for HIV positive, I remember there was a time they brought some anti-tussive, a huge quantity of it that almost we had to struggle to exhaust it. So these are some of the things that came along with HIV drugs. But from other programs, we have received, supplies of anti-malaria drugs, may be they have support from the National Malaria Control Program, I don't know which partner is supporting that but I know they supply us with anti-malarial drugs as well as RDT kits for malaria test. In the laboratory is the same thing, the range of services is HIV related but of course like if a glove is supplied to the laboratory it will be used any test. CMAC</p>
12.	Patients' perspective of barriers to integrated care at PHC setting	12.1 No barrier to integrated care	<p>a) "I have never seen any barrier to this type of care". (Halima, HIV female client, aged 30 years). "There is no any factor that hinder this joint delivery of services in this facility, there is no problem what so ever in all the units, except if what is required is not brought to the attention of the matron or administrators". (Hassan, HIV male client, aged 36 years). b) "There is no any factor that will hinder integrated care in this facility". (Yelwa, HIV female client, aged 26 years). c) "To my knowledge there is no any barriers or factors that hinder integrated care in this facility". (Sule, HIV male client, aged 32 years). d) "I have not come across any barrier, especially as we are always here to support our people when they come to the facility, we have added to the number of available staff". (Abdul, HIV male client, aged 29 years).</p>

		<p>e) “The state of the matter is I came from Benue State and I am an indigene of Benue State and the challenges that are there, what I saw there and what I see here the improvement is even more than 100%. So everything is well here”. (Henry, HIV male client, aged 42 years)</p> <p>f) “There is no any barriers to this care, everything is going smoothly”. (Non-HIV Female FGD, P2)</p> <p>g) “Everything is going normal.” (Non-HIV Female FGD, P6)</p> <p>h) “I have not seen any barrier also”. (Non-HIV Female FGD, P8)</p> <p>i) “There is no any problem, I am not aware of any barrier. Everything is going smoothly”. (HIV positive Female FGD, P2)</p> <p>j) “Everything is going normal”. (HIV positive Female FGD, ALL)</p> <p>k) “I have never come across any barrier or factor that hinder integrated care services in this facility”. (Hadiza, non-HIV female client, aged 26 years).</p> <p>l) “Everything is ok, there is no any barrier”. (Raiya, non-HIV female client, aged 24 years).</p> <p>m) “I have not seen any barrier for this integration”. (Saif, non-HIV male client, aged 26 years).</p> <p>n) “To me I don’t think there is any barrier or factor that hinder the integration, but is good to find additional ways that improve the integration service in this health facility”. (Salihu, non-HIV male client, aged 42 years).</p>
	12.2 Poor hospital attendance	<p>a) “Lack of attendance to hospital is a big barrier to this integration. The government has the intention to support but the negligence of from patients to frequent the hospital discourage the good intention. Even partner agencies only support hospitals with good attendance”. (Non –HIV Male FGD, P6)</p>
	12.3 Disregard for normal clinic procedures	<p>a) “Lack of respect for normal clinic procedure to see a doctor is a big barrier to this integration. Sometimes patient book and at point of consultation you will find that they are not at the clinic and this distraction causes a lot of delay”. (Non –HIV Male FGD, P1)</p>

			“Disregard for clinic procedures may be a barrier”. (HIV positive Male FGD, P8)
		12.4 Stigmatisation	a) “Patients from this locality still feel stigmatised and refuse to attend clinic and this may be a serious barrier to this integration”. (HIV positive Male FGD, P6)
		12.5 Lack of privacy and confidentiality	a) “I have never come across any barrier or factor that hinder integrated care services in this facility but I know that lack of confidentiality and stigmatisation will be serious problems because they will lead to non-attendance”. (Rakiya, non-HIV female client, aged 29 years).
13	Health administrators’ perspective of barriers to integrated care at PHC setting	13.1 Inadequate staffing	<p>a) “...the issue of manpower is a problem. Ahh of course with integration of services, even though this is likely to increase the clinical competence of all the staff but then that means more work. So, we are not only looking at HIV patient alone, we look at this patient that came, does he have nutritional problem? Does she require postnatal care services? How do I link up this child to immunisation services? How do I ensure that nutrition services are provided or nutrition counselling is offered to this child? So, it takes more time. Of course, you can see that we have few health workers being a primary health care centre”. MS</p> <p>b) “..the major challenge is the capacity of the PHC system not only in Kano State but generally across Nigeria is very weak, and that could be a major barrier. Weak because many PHC centres are understaffed. Many of them they are already overwhelmed by what they provide, may be 2-3 health workers providing antenatal care, taking deliveries, providing malaria services, nutrition services, TB care treatment, growth monitoring, you know among care for common ailments and whatever”. PHCMB</p> <p>c) “Well, the drawbacks probably like I said which we are trying to cope is the fact that the same staffing that we have, we have to contain with it with increasing load of patients. The same nurse or midwife on duty in the evening has to attend to may be HIV positive woman that come to</p>

			deliver and HIV negative woman that is also delivering. That could be herculean because we are really really short staffed, but apart from that I think we are managing to provide the services for both HIV infected and non-infected patients. I think is the workload that is more of a problem to us". CMAC
		13.2 Knowledge gap	<p>a) "on the issue of training, sometimes when the partners come for instance the last training they has on prevention mother-to-child transmission we had like 11 nurses but they can only be able to train two". MS</p> <p>b) "There was a dogma or rather a believe that oh, care of HIV can only be done by a specialist, so that knowledge gap becomes a barrier when you go to a PHC and you want to integrate HIV, they say no, no, no we cannot do this, this is much more than our capacity". IHVN</p>
		13.3 Inadequate/ lack of funding	<p>a) "Funding is also a problem for example if you will to conduct outreach services we need funding and that may not be forthcoming". MS</p> <p>b) "PHCs in Nigeria are well well underfunded, and well understaffed. As at the time we actually started PHC KCHC only two nursing staff and one lab scientist, I think two or three chews, and the number of patients they see in weekly basis was around 400-500 patients on outpatient basis, so they were grossly in adequate, they could not even do a shift at that time". IHVN</p>
		13.4 Lack of privacy and confidentiality	<p>a) "like I said earlier we have just two consulting rooms and then the issue of confidentiality, when you are seeing 2 or 3 patients in the same room and you cannot ensure that information does not pass from one patient to another". MS</p> <p>b) "It is not uncommon when you have two healthcare workers consulting in the same room. I think personally this is an issue I noticed over the years, the issue of confidentiality, because you are consulting two patients for instance we have two consulting rooms here and we have like four, five healthcare workers consulting at the same time, .. the issue of confidentiality will really be a problem". (MS)</p>
		13.5 Inadequate facility for counselling and testing	a) "if we can seriously liberalise this counselling and testing thing such that at the point of consultation the healthcare provider should

			be able to counsel you and test you so that one does not need to go out with another paper for someone else to counsel that person. Going to that place for counselling, it raises some concern. So if it can be done at the point of care just the first person that sees the person should be able to provide some counselling service, and even test the person and the person goes out knowing his or her status. I think this one will help this integration proper”. CMAC
		13.6 Inadequate diagnostic facility	a) “...many of our PHCs that do not have even a lab, the minimum laboratory structure that can be able to do this screening and whatever”. PHCMB
		13.7 Inadequate infrastructure	a) “..the infrastructure in those PHCs, and we have got PHC that do not have portable water, they do not have light, they do not have power and they do not have even enough rooms to see patients. So we have these infrastructural barrier that becomes very difficult to add to an already stressed system”. IHVN b) “...but from my own observations and feedback we get from the facility the major challenge is actually about the space of the hospital, maybe patients requiring admission and stuffs like that, often times the beds are full, so sometimes they are the ones referring to other facilities”. PHCMB
14.	Patients’ perspective of facilitators/ enablers of HIV-PHC integrated care	14.1 Strengthened medical records system	a) “The success or failure of patient care starts from the records unit because it is point where the patient learns where to go, who to see and what their problems are. The records unit should therefore be improved. For instance, if I come as early and 7am and you delay me up to 1pm before I get attended to while there are less than 30 people waiting to be attended to in the facility, then it becomes a big issue of concern. The delay is not because of the patients load but because cards are being misplaced”. (Hassan, HIV male client, aged 36 years) .
		14.2 Motivation of health workers	a) “The government should try and always provide entitlements of workers. Health care will never succeed when you always have industrial action by workers. For instance, when the nurses went on strike we were left alone with only doctors here and it was not easy, and the same thing when the doctors also went on strike we were left alone with the nurses

			<p>here, and it was not easy, I think this should be avoided". (Hassan, HIV male client, aged 36 years).</p> <p>b) "To improve on worker's welfare and provision of adequate working materials in the clinic". (HIV positive Female FGD, P5)</p>
		14.3 Improve availability of drugs at health facilities	<p>a) "Other non-HIV services with other ailments like high BP, diabetics and other diseases we appeal with government to provide us with free drugs like they do to HIV patients because among us there are less privilege people". (Salihu, non-HIV male client, aged 42 years).</p> <p>b) "Yes, they attend to us well. For us coming for ANC, they give us coartem free of charge, but I think those coming with hypertention and diabetes should also benefit from similar assistance with drugs. I know HIV drugs are given free of charge but I think it is because they are being encouraged to come out and attend clinics en mass so that the illness will be controlled. I think the same should be done for serious non HIV conditions to improve on their control. Some of them do not have the money to buy drugs". (Rakiya, non-HIV female client, aged 29 years).</p> <p>c) "The government should come in and contribute with the supply of ART drugs free of charge". (Yelwa, HIV female client, aged 26 years).</p> <p>d) "...the government should provide adequate supply of drugs in the facility". (Sule, HIV male client, aged 32 years).</p> <p>e) "The government is trying in supplying equipment but to improve on the availability of drugs". (Non -HIV Male FGD, P6)</p>
		14.4 Improved availability of equipment at health facilities	<p>a) "One of the problems we face is the lack of some laboratory equipment and tests, patients will have to go down to AKTH to get some tests done. In addition, even if the patients get down to AKTH most cannot afford the amount charged for the tests. If these tests can be done in this facility at an affordable cost it will make things easier and better". (HIV positive Male FGD, P4)</p>
		14.5 Improved availability of health workers at health facilities	<p>a) "The government should improve in providing adequate medical doctors at hospitals". (Gwarzo, HIV male client, aged 64 years).</p> <p>b) "To improve manpower in the laboratory section and pharmacy unit because of congestion". (Non-HIV Female FGD, P4)</p>

			<p>c) “There is need for additional health personnel especially medical doctors in the consultation room in order to minimise time wasting in the consultation room”. (Salihu, non-HIV male client, aged 42 years).</p>
		14.6 Demand creation	<p>a) “..To create more awareness and counselling to HIV positive people”. (Yelwa, HIV female client, aged 26 years).</p> <p>b) “Creating awareness in our community on the risk and prevention of HIV”. (Non –HIV Male FGD, P1)</p> <p>c) “I also suggest that they should intensified community awareness through media houses and outreach”. (Non –HIV Male FGD, P7)</p> <p>d) “To organise community awareness campaign about HIV disease”. (HIV positive Male FGD, P1)</p> <p>e) “As a patient living with HIV virus, I am advising that we should be supported to serve as champions to educate barbers and nail cutters on the need for sterilising their equipment before and after use. This is my own opinion”. (HIV positive Male FGD, P6)</p> <p>f) “..since we are somehow familiar with patients coming with HIV disease, if we come across any person that shows sign of the disease, we should advice or bring them to the hospital for necessary check-up”. (Abdul, HIV male client, aged 29 years).</p>
		14.7 Planning for integration	<p>a) “I am advising the different units in this hospital to develop plan by objective on this integrated care”. (HIV positive Male FGD, P3)</p> <p>b) “We are appealing to the local government authority to be involved in this integration from planning, to implementation of the programme, and to also work closely with the HIV support group in this agenda”. (HIV positive Male FGD, P9)</p>
		14.8 Capacity building	<p>a) “To improve more on their services and to be able to further their education”. (Hadiza, non-HIV female client, aged 26 years).</p> <p>b) “In order to make integration be improved, the health workers should be trained on effective communication with patients. The incidence last week was a clear example, a patient came late to the clinic and the health worker refused to attend to her complaining that</p>

			<p>she went to finish her errand before coming over, and the patient misconstrued the health worker as implying vulgar. This created a lot of chaos in the clinic”. (HIV positive Male FGD, P6)</p> <p>c) “Communication skills will help to promote good relationship with health workers and clients”. (HIV positive Female FGD, P6)</p>
		14.9 Upgrading the PHC infrastructure	<p>a) “The government should expand the structures of the hospital to accommodate more services. Also, to provide adequate manpower within hospital”. (Non –HIV Male FGD, P7)</p> <p>b) “Services in the scanning unit should be improved, to expand the number of people being attended to. (Non-HIV Female FGD, P1) To make sure that viral load results are provided on time”. (HIV positive Female FGD, P8)</p> <p>c) “The government should provide a standby vehicle for tracking of defaulter patients”. (HIV positive Male FGD, P5)</p> <p>d) “The government should expand the structures in the facility by building more”. (Rakiya, non-HIV female client, aged 29 years).</p>
15.	Health workers’ perspective of facilitators/ enablers of HIV-PHC integrated care	15.1 Improved availability of equipment at health facilities	<p>a) “..Another important thing is improvement in terms of laboratory services - all the relevant things you need in terms of gadgets that will help you, the equipment that you will need to conduct the basic tests required should be provided and with capable hands to handle them, because if you have equipment and you have personnel that are not trained on it they cannot operate them”. (Doctor 1, Male 32 years).</p>
		15.2 Improved availability of health workers at health facilities	<p>a) “in order to have successful integration we need to 1) have enough hands to handle the rising number of patients so we need adequate staff”. (Doctor 1, Male 32 years)</p> <p>b) “..by increasing number of doctors and health workers, we experience over burden because of lack of enough health care workers”. (Doctor 2, Male 34 years).</p>

			<p>c) “..We need adequate manpower and working equipment”. (Matron ANC/ Labour room, Female 52 years).</p> <p>d) “..Provision of adequate health personnel and adequate supply of working materials”. (I/c Laboratory, Male 39 years).</p> <p>e) “..Provision of adequate skilled manpower, provision of adequate working equipment and consumable’s in the facility”. (ART CHEW, 52 years).</p>
		15.3 Demand creation	<p>a) “...We can improve it in many ways, by intensifying health talks, by advocacy visit to the communities to have more knowledge and awareness in order for them to come to the hospital especially hospital delivery, then outreach, we can even use media to have a forum to enlighten the community about HIV”. (Matron i/c, Female 45 years).</p>
		15.4 Scale up basic HIV services to all PHCs	<p>a) “..I think is important for policy makers to make it compulsory for all the PHCs to integrate HIV services into all the PHCs because it increases access and quality of care also improves, so is very important to make it a policy that all PHCs can run HIV clinics”. (Doctor 2, Male 34 years)</p>
		15.5 Capacity building	<p>a) “..we need training and retraining of the staff, we need to build their capacity”. (Doctor 1, Male 32 years)</p>
		15.6 Effective framework for monitoring and evaluation	<p>a) “..the other area of monitoring and evaluation of services must be taken into consideration. Because you cannot implement and you will not monitor and you cannot pick the wrong things and correct”. (Doctor 1, Male 32 years).</p>
		15.7 Upgrading the PHC infrastructure	<p>a) “..the issue of space (consultation room), we need more consultation rooms for privacy”. (Doctor 2, Male 34 years)</p>
		15.8 Funding for the integration programme	<p>a) “..we need to have enough funding for this integration services, because with fund you can expand the facility, you can even expand the services itself”. (Doctor 1, Male 32 years)</p>

16.	Health administrators' perspective of facilitators/ enablers of HIV-PHC integrated care	16.1 Effective framework for monitoring and evaluation	a) "On the part of government is to ensure that there is an effective framework for monitoring and evaluation, not only planning and implementation there must be a follow up system where we ensure the right thing is being done at all levels and all the time". MS
		16.2 Planning for integration	a) "When we have for instance, let me use the word unintegrated programme coming for the first time, I think it is important to involve the facility, members of the community as well as individuals that have interest on health or other stakeholders, the community groups to ensure that these services are not provided stand alone, or they are vertical programmes because the issue of sustainability will always come to bear, that if these services are provided as unintegrated services, if the programme has five or two years plan, if it exited, what is the effect of the programme? If right from planning it has been taken into consideration that these services will be integrated into the main system sustainability will not be a problem". MS
		16.3 Capacity building	a) "For health care workers, the issue of capacity building, training and development is essential". MS b) "we must at any given opportunity when we have may be in form of seminar, meetings or whatever, let every primary health care service provider feel, be equipped or empowered to also provide some HIV/AIDS service, be it counselling, be it testing, be it post-test counselling. Like now malaria, every PHC provider can provide any service for malaria except the one that is complicated, so if that is done so we are over with integration". CMAC
		16.4 Implementing minimum service package for PHC	a) "Few weeks ago Kano State finalise the domestication of the minimum service package and that document has already been approved by government and really going to be of immense benefit as a policy guide to Kano State in the implementation of PHC including services, including of course HIV care and support". PHCMB

		16.5 Demand creation	a) "On the issue of patients, I think is all about awareness, creating enough awareness, ensuring effective social mobilisation for all services ranging from immunisation, HIV and even family planning. If the communities are well mobilised, they are likely to utilise and improve the health outcome of the community". MS
		16.6 Scaling up basic HIV services to all PHCs	a) "... as it is now not every PHC facility has HIV services integrated. So, if it is possible to scale up to cover certain level from PHC, they should be able to provide certain form of HIV services if not all, they should be able to provide counselling and testing which you can train every primary healthcare provider to do that. It will help integration". CMAC b) "The patients themselves I think as much as possible the patients should try to access and accept these services anywhere because insisting that I must go to so-so place now makes other people feel that there is something you are trying to hide, but if you can access service anywhere with any other person that now help to de-stigmatise yourself and before you know nobody knows what you are coming to access". CMAC
		16.7 Introducing integration into the curriculum of health training institutions	a) "...go back to the human resource production for PHCs, most of the staff that tend to work PHCs are trained from School of Health Technology as an example, so we now have to include in the curriculum of those schools HIV care and HIV integration services. So as soon as we create a pool of staff that will work at PHC they will look beyond the routine that are already used to". IHVN
		16.8 Implementing task shifting policy	a) "...second thing now we probably need to do is probably to do some form of policy or legislation that allows low cadre but skilled staff to take care of HIV just like we allowed low carder staff to take care of pregnant women, because in some places people still believe that HIV should never be taken care of in PHCs, so they will never allow that, so maybe that policy need to change". IHVN

		16.9 Upgrading the PHC infrastructure	a) "...strengthen the system in our PHCs, is the closest unit to the consumers, if you could just upgrade the structures, buildings and provide basic amenities like power and water, it becomes easy to integrate any form of service not just HIV in PHC is going to work". IHVN