RESEARCH REPORT

ACCESSIBILITY OF CHRONIC MEDICATIONS AND CHALLENGES FACED BY CLIENTS THROUGH THE CENTRAL CHRONIC MEDICATIONS DISPENSING AND DISTRIBUTION PROGRAMME AT THE SELECTED CLINICS IN THEMBISILE HANI HEALTH SUB-DISTRICT, SOUTH AFRICA

by

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[redacted]

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DECLARATIONS

I…**MTHOKOZISI BENNIS MABHENA** declare that “ACCESSIBILITY OF CHRONIC MEDICATIONS AND CHALLENGES FACED BY CLIENTS THROUGH THE CENTRAL CHRONIC MEDICATIONS DISPENSING AND DISTRIBUTION PROGRAMME AT THE SELECTED CLINICS IN THEMBISILE HANI HEALTH SUB-DISTRICT, SOUTH AFRICA”’is my own work and that all the sources that I have been used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted before for any other degree at any other institution.

DEDICATION

I dedicate this study to my mother, Johannah Masesi Mabhena and my daughter, Kamvelihle Mabhena.

ACKNOWLEDGEMENTS

I would first like to thank my God the Father, Jesus Christ the Son and the Holy Spirit for giving me the strength and wisdom to complete this study. With challenges and obstacles encountered while conducting the research study, I would like to thank the following people for their positive contributions to my research study:

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ABSTRACT

Background: Central Chronic Medicines Dispensing and Distribution (CCMDD) is a program established by South Africa in 2014 to improve access to chronic medications for people diagnosed with chronic conditions and stable on treatment.

Objective: The study aimed to describe the challenges clients face in accessing chronic medications through the CCMDD program in the selected clinics in the Thembisile Hani Health Subdistrict in Mpumalanga Province, South Africa.

Methodology: Phenomenological and qualitative descriptive research designs were used to explore and describe the patient's experiences of accessing chronic medication through CCMDD in the Thembisile Hani Sub-District South Africa. Participants were selected using the purpose-sampling method. Using a semi-structured interview guide, data were collected from 12 patients who collected their chronic medicines from the selected clinics. Data were analysed using Tesch's approach to data analysis. Trustworthiness was ensured using four trustworthiness criteria: credibility, dependability, confirmability, and transferability. Ethical clearance was obtained from the Turfloop Research Ethics Committee (TREC) and permission to collect data was granted by the Mpumalanga Department of Health and the operational managers of the selected clinics. The objectives and processes of the study were explained to the participants, who then agreed to participate by signing an informed consent form.

Results: The study findings reveal that although the CCMDD program is accessible to individual patients and clients who voluntarily gave consent and identified designated pick-up points. Treatment is readily available at specified appointments, and designated relatives, and friends are allowed to collect on behalf of patients. The lack and absence of additional information and clarification when individuals experience chronic treatment-related side-effects, is a concern for some individuals. External pick-up points, in the form of private sites, are preferred by individuals as compared to clinic based.

Conclusions CCMDD as a differentiated care model within this research context is beneficial, as it improves access to chronic treatment, and ensures confidential care

for patients taking chronic medication. The study has however identified challenges when institutionalised in clinics and integrated with other comprehensive health services. Also, minimal information, education and support on other treatment-related problems before the return date to the clinic should be available at pick-up points to enhance adherence to treatment in the presence of encountered health symptoms.

ACRONYMS

CCMDD	Central chronic medications
CHC	Community Health Centre
ExPuP	External Pick-Up Point
HIV	Human immunodeficiency virus
MDoH	Mpumalanga Department of Health
NCD	Non-communicable diseases
NDoH	National Department of Health
NHI	National Health Insurance
SREC	School Research Ethics Committee
TREC	Turfloop Research Ethics Committee
WHO	World Health Organization

DEFINITION OF CONCEPTS

Accessibility

The quality of being easy to obtain or use (Oxford Dictionary, 2018). In this study, accessibility will include the ability of the individual, when diagnosed with a chronic disease and enrolled with the Central Chronic Medications Distribution (CCMDD), to obtain treatment from a nearby clinic. Accessibility also includes that the individual should not travel more than five kilometers to get the prescribed treatment based on the scheduled time, nor should he/she be turned back or wait more than 2 hours to get the treatment. In this study, the concept will refer to the ability of the program clients to receive their medications with ease, satisfaction, and cost-effectiveness.

Clients

The use of the concept clients is synonymous with that of a patient who is receiving treatment in primary healthcare as a service on an ambulatory basis for the illness, predominantly in an effort to maintain health rather than illness care (Miller & Kean, 1987). In this study a client will include patients diagnosed with chronic conditions that include noncommunicable diseases, and those who receive treatment/medication on an outpatient basis from the selected health clinics in Thembisile Hani Sub-district, South Africa.

Central Chronic Medicine Dispensing and Distribution

According to Smith and Nicol (2020), Central Chronic Medicine Dispensing and Distribution (CCMDD) is a program established and created by the National Department of Health to distribute and distribute drugs at a central point for patients with chronic conditions who adhere to their treatment and are stable. In this study, CCMDD will indicate a decentralised program implemented by the Nkangala district to distribute and dispense chronic treatment to stable patients diagnosed with chronic medical conditions such as diabetes mellitus, hypertension, and HIV/AIDS, collecting their prescribed chronic medications and referred to the CCMDD program nearer to where they stay.

Challenges

The concept of challenges, as it relates to health care provision, indicates long-term emerging health problems that destabilise, the functions of the health services (Roncarolo, Boivin, Denis, Hébert, & Lehoux, 2017). Therefore, in this research study, challenges will include long-term problems that individual participants will share as those serve as a barrier and obstruct the ability of individuals to access chronic medications from the designated approved pick-up points.

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CHAPTER 1

1.1. INTRODUCTION

This study explores the accessibility of chronic medications and the challenges that patients when collecting treatment through a central chronic medication dispensing and distribution (CCMDD) program in the selected clinics in the Thembisile Hani health subdistrict South Africa. This chapter offers the background, the problem statement, the aims and objectives of the study research question, and the theoretical background that the research identified to guide the study and methodology in brief. The key definitions, that guided the study, and a summary of the outlined chapters, are also outlined.

1.2 BACKGROUND OF THE STUDY

Central Chronic Medicines Dispensing and Distribution (CCMDD) is a program established by South African government, Department of Health in 2014, to improve access to chronic medication for individuals diagnosed with chronic diseases and who are stable in treatment (Department of Health, 2018; Liu, Christie, Munsamy, Roberts, Pillay Shenoi, Desai, & Linnander, 2021). Furthermore, this CCMDD model integrates and improves access to repeat treatment for stable individuals diagnosed with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) treatment with that of noncommunicable diseases (NCDs). Individuals taking chronic medications can collect a repeated prescription, that lasts up to six (6) months at a pickup point that is closer to their homes or working area, based on preference and accessibility on their preference. Therefore, the choice of pick-up point is centred on the individual client's needs, and access to the selected point. The collection of treatment at a preferred pickup point reduces waiting time in overburdened public health facilities that may predispose individuals to poor adherence to treatment and hamper desired health outcomes of the given treatment regimen (Department of Health, 2018)

The United States of America (USA), including other developed countries in Europe, are among the countries that introduced the CCMDD program, to improve the accessibility of chronic medications to their citizens diagnosed with chronic diseases including hypertension, diabetes mellitus, asthma, and other related chronic illnesses USA first introduced a program in which chronic treatment clients could access their medications through door-to-door delivery and pick-ups from vending machines (Shukuri, Tewelde & Shaweno, 2019). Brazil aligned its CCMDD program and integrated the services with its National Health Insurance (NHI) funds to improve the accessibility of healthcare services to citizens. The distribution and distribution of chronic medications in rural and urban communities in Brazil is currently rated one of the most successful programs worldwide, as it produces good results in ensuring easy access to chronic medications and improves adherence to treatment among clients (Shukuri, Tewelde, & Shaweno, 2019). In Cuba and Canada, clients diagnosed with chronic diseases collect their pre-packed packages from their nearest doctor, private pharmacies, and government health facilities that individuals find more accessible to collect their chronic treatment from (Writes, 2017).

In Africa, chronic drug users continue to experience challenges in accessing healthcare services. The challenges faced by these clients include lack of transportation to health facilities, lack of human resources in health institutions, staff attitude, no available medication, and being unable to collect medication at given appointments due to socioeconomic situations. Factors associated with poor socio-economic living conditions, continue to adversely contribute to poor adherence to treatment and improved quality of health outcomes. Countries are therefore urged to work hard to address and enhance accessibility to chronic medications and treatment adherence can be improved (Saurav, Suneela, Nandrim & Maghachandra, 2019).

In South Africa, more than 15 million citizens, particularly those over the age of 60 years, are diagnosed with chronic medical conditions, including hypertension and diabetes mellitus (Smith & Nicole, 2019). Furthermore, South Africa is a country that is currently burdened with quadruple disease burdens that include tuberculosis, HIV, and AIDS, maternal, newborn, and child mortality, high levels of violence, and injuries, as well as noncommunicable diseases. Quadruple diseases result in a burden on primary health

care services that are predominantly nurse-driven. Monthly repeat prescriptions for stable patients result in missed opportunities to provide the necessary counseling and education to clients who are sick and unstable in their chronic diseases (Smith & Nicole, 2019).

In addition, more than 8 million people in South Africa have been diagnosed with HIV and live with it, and about 7 million of them are on antiretroviral therapy (ART). This makes South Africa the country that offers the largest ART program in the world. People on ART continue to access their ARVs in public health facilities This raises the demand for adequate and skilled human resources to ensure that these millions of South Africans can access their chronic medications with ease. This task has been a burden on the public health system of South Africa. Sick and elderly clients who wake up early in the morning to book the queue to collect treatment sometimes return home unattended to due to long ques and a limited number of nurses to assist them at the clinics (Smith & Nicole, 2019; Liu, Christie, Munsamy, Roberts, Pillay, Shenoi, Desai, et al., 2021)

Given the above information, many South Africans in chronic treatment for ART and N before the introduction of CCMDD somehow found it difficult to access their chronic medications and, as a result, certain individuals end up interrupting their treatment and / or defaulting. Therefore, in 2014 the National Department of Health (NDoH) introduced the CCMDD to expand the delivery and accessibility of chronic medications to millions of South Africans (Dorward, Msimango, Gibbs, Shozi, Tonkin-Crine, Hayward, 2020). The CCMDD program therefore offers alternative access to treatment through a specified community-based establishment that is more accessible to the individual to support them adhere to treatment and easily refill treatment without any hardship that includes being turned away, waiting for the whole day to be able to get treatment that only includes collection without any need for clinical assessment (Liu et al., 2021). Social and economic circumstances may affect the individual's ability to access pick-up. Therefore, it is imperative that once the individual is ready to be referred to CCMDD, such factors are considered to allow the client to adhere to and access refill treatment as indicated by health workers (Liu et al., 2021).

The NDoH with this CCMDD program in South Africa aims to allow stable chronic patients to easily access repeat medications at an approved place near their home or workplace

to reduce long waiting times and overcrowding in health facilities. The program allows eligible clients willing and ready to benefit from the CCMDD program since its inception in 2014. Among other benefits for clients with this program is enhanced adherence to treatment through easy access to chronic medications at health facilities and in the community (Dorward et al., 2020). The latter is done through Adherence Clubs and External Pick-Up Points (Ex PUP).

Given the intended benefits aimed at CCMDD, the program has been properly implemented for the past 8 years within Thembisile Chris Hani subdistrict of Thembisile a rural subdistrict in Mpumalanga Province, South Africa. However, its ability to bring the treatment service closer to clients taking chronic medications and its related benefits to improve adherence, reducing waiting time were never established.

1.3 PROBLEM STATEMENT

The purpose of CCMDD is to improve access to treatment for individuals diagnosed with chronic diseases. Clinically stable clients can collect treatment for 6 months, with less frequent contact with health workers at a decentralized point in the community without the direct support of nurses and other multidisciplinary team members. Ideally, individuals who use the CCMDD program, should not wait for a long to collect treatment at the designated point. The distance to access treatment should also be reasonably accessible within a radius of 5-10 km and the prescribed treatment should always be available (Dorward, et al., 2020). Furthermore, CCMDD is recommended and ideal for people who understand the therapeutic objective of prescribed medications and the importance of adhering to chronic medications, including their impact on disease progression, side effects and related management. In addition, the individual client is said to be stable based on the physical and psychosocial assessment, and laboratory results. Clients diagnosed with HIV should be virally suppressed to be eligible for CCMDD. Individual clients should meet the eligibility criteria to enrol to collect treatment through CCMDD. (Department of Health, 2018).

The researcher is a licensed nurse allocated and working in a primary health care (PHC) facility and had noticed that a higher number of individual clients who collect chronic medications through the CCMDD program for different chronic conditions are initially assessed for eligibility and readiness for decentralized treatment pick-up with subsequent 6 months follow – up, in the clinic or any other accessible pick-up point accredited. The researcher observed that some clients during the adherence assessment using self-reporting procedures were found to have repeatedly missed doses of prescribed treatment. The self-reported missed doses were found to be due to side effects that could not resolved at a pick-up point. Some are unable to collect medications due to economic, and social problems such as lack of money for transport to access pick-up pick points, including not having anyone to collect treatment on their behalf when unable to do so, due to other social and health challenges.

Some public health facilities and external pick-up points (ExPuP) even after the CCMDD collection grace period were found to have uncollected treatment parcels. Public health facilities continued to be overcrowded with patients collecting chronic medications despite the introduction of the CCMDD programme nearer to residence and working areas. Overcrowding and long queues of clients collecting chronic medications in the clinic further overburdens and reduced quality time that nurses should use to counsel and support patients who have acute health conditions and/or were unstable on chronic treatment.

The researcher had always been concerned as to why the CCMDD program an initiative that is supposed to assist with easy access to medication/treatment collection and improve adherence for individuals diagnosed with chronic health conditions, was not fully used to yield its aimed the results which include improving access to treatment and reducing poor adherence that leads to default The indicated concerns raised a question that included “did individuals have enough information on how to use this programme? What made it difficult to use the CCMDD program? What are the challenges faced by individual clients in health facilities and ExPuP. As a researcher, I found it paramount to conduct a study to find out challenges experienced by individual patients to the access of

chronic repeat medications provided through the CCMDD program at Thembisile Hani Health Sub-District. Through the findings of the research study, the researcher was able to identify strengths and gaps related to the implementation of CCMDD and provided recommendations to policy makers and district management that could be used to address challenges as shared by individual clients to improve and strengthen the CCMDD program services.

1.4. PURPOSE AND OBJECTIVES OF THE STUDY

1.4.1. Purpose of the study

The purpose of the study was to:

- Explore the challenges that, individual clients face in accessing chronic medications through the CCMDD program at the selected clinics in the Thembisile Hani health sub-district, in Mpumalanga, South Africa.

1.4.2. Objectives of the study

The objectives of this study were to:

- Explore the challenges regarding the accessibility of chronic medications through the CCMDD program in selected clinics in the Thembisile Hani Health Subdistrict, South Africa.
- Describe the challenges of clients concerning the accessibility of chronic medications through the CCMDD program in selected clinics in the Thembisile Hani health sub-district, in Mpumalanga Province, South Africa
- Based on research findings, determine and develop measures to address the gaps and challenges experienced by clients in accessing chronic medications through CCMDD, to improve and strengthen accessibility to chronic medications in the Thembesile Hani health subdistrict, South Africa.

1.5. RESEARCH QUESTION

The following research question was used to guide the study:

What are the challenges and experiences, that individual chronic patients face, as they collect chronic medications through the CCMDD program, at Thembisile Hani Health Sub-District?

1.6. RESEARCH METHODOLOGY

In this study, a qualitative research method was used A qualitative research approach is a type of scientific research that is used to answer questions about the complex nature of phenomena within the context in which they appear, to describe and understand the phenomena from the perspective of participants in words, not numbers (Dowson, 2009; Busetto, Wick, & Gumbinger, 2020). In this study, the researcher used a qualitative research method to enter into a conversation with individual participants about the phenomenon under study to allow individuals to share, explore and describe related challenges from their perspectives and within their context as they experiences related to the phenomenon under study.

1.7. SIGNIFICANCE OF THE STUDY

After exploring the challenges experienced by people in accessing chronic medicines through CCMDD in Thembisile Hani Sub-District South Africa, the study may achieve the following benefits:

Health system

- Help improve the service delivery of chronic medications through CCMDD
- Improve client satisfaction with the services offered by the Department of Health

- Reduce the number of clients with poor adherence

Healthcare Workers

- Identify the challenges that chronic medication patients face in relation to the CCMDD program and indicate recommendations that can help policy makers address such problems.

Clients / patients

- Furthermore, study recommendations can increase the accessibility of chronic medications through CCMDD, including helping to improve client adherence to their treatment, improving client satisfaction and improving their quality of life.

1.8. CONCLUSION

Chapter 1 discussed the overview of the study, including introduction and background, problem statement, purpose of the study, research questions, research methodology, and significance of the study.

CHAPTER 2

LITERATURE REVIEW

The literature review is the synthesis of available information on a research topic. This synthesis merges the conclusions of different sources to explain the general comprehension of the research topic. This lays the foundation for both the research question and primary research (Huett, MacMillan, Crum & Koch, 2011).

2.1. POSITIVE OUTCOMES ON ACCESS TO CENTRAL CHRONIC MEDICINE DISPENSING AND DISTRIBUTION

The CCMDD program is located within the National Health Insurance (NHI) program and is intended to improve access to medications for people living with chronic diseases, including HIV, and to address the demand associated with expanded access to ART envisaged under the Universal Test and Treat Guidelines activated in late 2016 (Lu et al. 2019).

Eligible patients referred to the program voluntarily register and select a pickup point (PuP) from which to collect their medication every two months, returning to the health facility every six months for their prescription to be renewed. PuPs include external pick-up points (ExPuP) in community-based retail locations, including independent pharmacies; community-based outreach clubs or adherence clubs; and fast lanes based in registered health care facilities. The NDoH contracts external pick-up points to deliver medications to participating patients. The packages of medication are pre-dispensed and distributed by two service providers who have a government tender to distribute the medication throughout the eight participating provinces in South Africa (excluding the Western Cape). The medication is provided by the provinces according to their list of medicines. Participation in the program is free for patients (Liu et al., 2019).

Expanding access to life- saving antiretroviral therapy (ART) for people with HIV has been one of the biggest global health successes of the 21st century. Since 2004, the number

of people on ART globally has increased more than 10- fold to 23.3 million, while HIV related mortality has dropped from 1.7 million annual deaths to 0.8 million. ART is now recommended for all people living with HIV, including low and middle income countries that are predominantly burdened with increasing HIV incidence. Therefore, ART programmes in these settings need to continue to expand and consider CCMDD, as a program to provide chronic treatment at decentralised pickup points and also to increase the intervals between ART collection dates using multi- month prescribing. Decentralisation and the creation of chronic treatment pick-up points at the community level improve access to treatment, also provide efficient, convenient services that encourage lifelong adherence to treatment among people diagnosed with chronic diseases, including ART (Dorward, Msimango, Gibbs, Shozi, Tonkin-Crine, 2020).

These services aim to provide streamlined and efficient treatment in a client- centred manner for people who are doing well on ART, thereby allowing more resources to be directed towards initiating people on treatment and to managing those who are less well. South Africa currently runs the largest differentiated ART delivery programme in the world as part of the Centralised Chronic Medication Dispensing and Distribution (CCMDD) programme. The CCMDD program allows people with and without HIV to collect prepackaged chronic medications (eg, ART, antihypertensive, diabetes treatment, lipid-lowering medication in the community, instead of having treatment administered at clinics. People living with HIV can be referred to CCMDD by their ART clinic if they are non-pregnant, stable on ART and have had two consecutive suppressed HIV viral loads, at least 6 months apart (Dorward et al., 2020).

In CCMDD, clients collect their treatment every two months at local pickup points, including private pharmacies and community- based organisations.6 Every 6 months, they return to the clinic for review and re-admission to CCMDD. An annual viral load is also performed in the clinic to assess whether they remain virally suppressed. If clients in CCMDD are sick they can return to their clinic at any time for medical attention. CCMDD is a public- private partnership; patients are referred by healthcare workers in government sector clinics, while a private company is responsible for centrally dispensing medication and delivering it to community pickup points.5 7 CCMDD was started in 2014 and provides

treatment to more than 1.7 million people.8 However, despite its size, there is little published data evaluating how this programme influences participation in HIV care. Several different frameworks and theories have been proposed to evaluate factors influencing participation in HIV care (Dorward et al., 2020).

In East Asian countries such as South Korea, China, Taiwan and Singapore, Universal Health Care (UHC) strategy, has yielded positive results for their citizens. Country citizens are now finding it easy to access a quality healthcare system without financial burden. Despite political instability, climate change, and an influx of immigrants, Asian countries, introduced Universal access to care (UHC) (Sen, 2015). In the USA, the implementation of UHC also showed impressive results. Through the implementation of UHC in the USA and Canada, more than four (4) million people on chronic medication can now access their medication with ease. Clients in these two (2) countries have a wide variety of options to go and collect their chronic medication. CCMDD options include supermarkets, home deliveries, workplace deliveries, and vending machines. The introduction of CCMDD, for the refill of chronic medications, has reduced the burden of overcrowding and long waiting times for patient consultation in the clinics (Zref, Kerr, Moore & Stoner, 2020).

2.2. POLICY MANDATE REALISED BY CCMD

- **Policy framework that guides the relevant implementation of CCMD**

*I*n South African law, all people living in the country have access to quality and safe healthcare services. Based on this right, people become clients to both private and public healthcare sectors, which need to ensure that this right is protected and ensured. The following legislations are applicable to client access to healthcare services.

- . **The Constitution of the Republic of South Africa, Act 108 of 1996**

According to the Constitution of the Republic of South Africa (1996) Section (27)), makes provision for every individual to have access to quality health care, Section (10) states that every person has the right to dignity and to have their dignity protected and respected,

and Section (14) states that every person has the right to privacy. In access to healthcare services (chronic medications in this case), the public health sector must ensure that the right to dignity and accessibility to chronic medications is protected. When ensuring the protection of this right, the public health sector implements the CCMDD program to enhance the accessibility of chronic medications to clients in a dignified and respected way.

- **The National Health Care Act, Act No. 61 of 2003**

The Act provides for a transformed health system for the entire Republic of South Africa. The act provides a framework for a structured standardized health system within the Republic of South Africa, taking into account the obligations imposed in the Constitution and other laws on the national, provincial, and local level with regard to health services. Transformation and reengineering of public healthcare services, this act has brought to being the introduction and implementation of the National Health Insurance (NHI) which is aimed at ensuring equal access to healthcare services despite their economic standing. CCMDD is one of the programs introduced to ensure that the healthcare system is transformed and well designed to provide comprehensive healthcare services to all South Africans.

- **Patient Rights Chatter**

Derived from the Bill of Rights in the Constitution of the Republic of South Africa, there is a Patient's Rights Charter. From this chatter are the rights clients have, which are aimed at ensuring they are protected and safe when and where they receive healthcare services. One of the rights outlined in this chatter is the right to access and the right to privacy and confidentiality, in this case CCMDD is there to ensure that people receiving chronic medication have improved access to their treatment. CCMDD also respects the right to privacy and confidentiality through the packaging of chronic medications in boxes that are sealed and only opened by the clients.

2.3. THEORETICAL FRAMEWORK FOR THE STUDY

The researcher identified Orem's self-care theory, to guide literature review, methodological aspects and study findings related to the phenomenon understudy. The use of theory in nursing is essential as it improves the body of knowledge related to nursing practice and shapes the professional direction of the nursing profession (George, 2011). The research has identified that Orem's theory articulates and is related to the study objectives and the problem statement. The study findings derived from this study will be able to add to the knowledge and practice of self-care among patients on chronic medication, to improve and allow individual patients' self-care to adapt to long-term care associated with adherence to treatment, improve their wellness and related health outcomes of chronic disease and treatment adherence

Therefore, this research study was guided by the Orems self-care deficit theory. The concept of self-care is known primarily through the Orem (1971) nursing theory and is associated with the desire of nursing practice that once a nurse has identified a health deviation in an individual, through the principle of the self-care deficit theory, the nurse will educate, support, and counsel the individual to adopt self-care that empowers the individual to take part in adapting to the deviation in health care and to cope with and sustain life. As the nurse initiates self-care and supports the individual to adapt to the long life treatment associated with chronic disease diagnosis, it therefore includes preparing the individual to decide and accept readiness to be referred to a community-based pick-up point to collect treatment on his/her own and continue to adhere to treatment as advised and recommended by the health workers with subsequently improved wellness related to treatment outcomes. The related health outcomes of CCMDD also allow the individual to collect treatment and take treatment as prescribed to reduce the risk of defaulting, deteriorating health, and being admitted to hospital with complications related to poor access to treatment (Tusubira, Nalwadda, Akiteng, Hsieh, Ngaruiya, Rabin et al., 2021). The theory of Orem theory is made up of 3 constructs, namely self-construct, self-deficit construct, and nursing deficit construct (George, 2011).

- **The Self-care Construct**

The self-care construct includes the activities that the individual has to undertake and perform from day to day living as advised by nurses and other health workers related to achieving healing and becoming better as he/she is diagnosed with a specific illness when the individual. According to Orem, a nurse or health worker is a self-care agent as their job is to instruct, educate and guide people on activities they must undertake as a 'health agency' who experience the health deficit in a form of disease and must perform and participate in certain activities that will make them feel better, be well, and recover from the disease they are diagnosed with.

- **The self-care deficit construct**

The self-deficit construct includes the phase where nursing care is needed, for individuals diagnosed with a specified illness, and encounter a variety of physical, emotional and economic challenges in adapting to the prerequisites to be well and adjust to various behaviour and treatment needs related to the illness. The patient to be able to recover and acclimatise to the illness , would require scientific knowledge and specialised techniques and inputs that guide and specify evidence-based nursing care requirements, which include the following:

- In need of a nurse-patient relationship to provide care so that the patient may get better.
- In terms of needed nursing care, both the nurse and the patient, may need to agree on the role of each, to determine the required comprehensive health-associated needs, based on evidence-based scientific knowledge and techniques.
- The nurse in determining the needs of the patient may need to identify and respond to the comprehensive needs of this patient and be able to provide or identify any special needs that the individual patient may need.
- The nurse should be able to provide the necessary professional care based on the individual patient's needs, including that of the living environment.
- The nurse front-line health professional, should coordinate and integrate the patient's needs daily, including referring the patient to other members of the

multidisciplinary team based on the identified self-care needs of the as related to the diagnosis of the patient.

- **The System constructs**

The system construct includes self-care requisites that include the responsibility of the nurse and that of individual patients or groups, which include the following.

- Specific roles and responsibility of the patient and that of the nurse-patient relationship
- Specific help methods are necessary for the nurse to use to provide an environment that will assist the nurse in providing care that will enhance self-care goals as guide, support, and teach the individual patient to recover as the individual patient. The patient may need the following nursing systems related to the self-care needs of individual patients in the form of the following:
  - The wholly compensatory nursing system includes the situation, in which the patient is incompetent to adopt to self-care construct, due to her/his current health status that limits self-care.
  - A partly compensatory nursing system where the nurse and the patient work together to a nursing system where the nurse and the patient work together to perform actions necessary for self-care
  - Supportive education system – a self-care situation where the patient can or can learn self-care through support and guidance

Orem's theory is constructed out of three theoretical constructs: the theory of self-care, the theory of self-care deficit, and the theory of nursing systems. Every person is viewed as a self-care agent who possesses the capabilities termed a self-care agency is essential to performing self-care actions. Deliberate action that an individual who is diagnosed with illness, to meet the demand for therapeutic self-care that arises from known needs for care. This varies throughout life. If this demand is not met, there is a self-care deficit, which denotes the need for nursing. This is a joint decision between the nurse and the patient. The role of the nurse is to facilitate and increase the self-care abilities of the

individual. Problem identification consists of: (1) assessing the care demands of the individual patient, and (2) the ability of the patient to independently meet the self-care demand (Parissopoulos & Kotzabassak, 2004).

As such, the evaluation depends on the nurse's ability to consider the perceptions of patients of their own self-care agency and health because this can influence their self-care agency. Self-care is not instinctive or reflexive but is performed rationally in response to a known need, which is learned through the interpersonal relationships and communication of the individual. As a 'learned behaviour', it is a goal directed with a purpose in mind. However, one must have knowledge of the action and know that it relates to continued life, health, or wellbeing. An individual's education may affect this. Self-care agency is the power to engage in action (Burks, 2001). Whether self-care is performed or not depends on the individual's self-care agency. This is a complex developed capability that enables adults and mature adolescents to recognise and understand the factors that must be controlled and managed to regulate functioning and developing, as well as the capability to decide about and perform proper care measures (Parissopoulos & Kotzabassak, 2004).

The Orem self- care theory was appropriate for this study, because once the individual was stable for 6 months on treatment and fully understand the prescribed regimen including adherence to times agreed and specified with the health workers and demonstrate stability necessary for the outcome of treatment, this does demonstrate successful self- care.

Summary of the chapter

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter provide a narrative on the research design and the research method used in this study including population and sampling, the place where the study was done (study setting), research design, pilot study, data collection, data analysis, how trustworthiness was ensured, how biases were avoided, ethical considerations, and the significance of the study.

3.2. RESEARCH DESIGN

A research design is the arrangement of conditions for the collection and analysis of data in a way that aims to combine relevance to the research purpose with economy and procedure (Akhtar, 2016). In this study a phenomenological and descriptive qualitative research designs were used.

- ***Phenomenological design***

This design seeks to look at the human experiences provided by people who are directly involved in the situation. These experiences are called 'lived experiences'. In this design, the importance of these lived experiences is described and interpreted by those who lived them. The researcher through the use of the research design gets in-depth of the lived experience of the participants in their natural setting (Brink, van de Walt & Rensburg, 2013). In this study, the lived experiences are of the clients collecting their chronic medications through CCMDD in the selected health clinics in Thembisile Hani Subdistrict, South Africa.

- ***Descriptive Research Design***

The descriptive research design involves observing and describing the behaviour of a subject without influencing it in any way (Brink et al., 2018). The researcher did a literature review to familiarise, himself with the phenomenon as established by other peers from peer-reviewed articles. Orem's theoretical framework constructs also guided the literature review as it aligns with the research problem and objectives of the study. The researcher however during data collection bracketed all that he read, or knew about the phenomenon under study, as he purely relied on verbatim information shared and recorded for each study participant. Verbatim conversations, coded, themes and subthemes that emanated from the study, were duly discussed with the supervisor and expert researcher who is not part of the study and consensus or data coding was reached.

- **Study setting**

The proposed study was conducted in public clinics and private ExPUP in Thembisile Hani Health Sub-District, Mpumalanga, South Africa. Mpumalanga province lies in the east of South Africa. The province allows entry and exit to two neighbouring countries, Mozambique and the Kingdom of Eswatini. On its north lies Limpopo Province, Gauteng on its south and Kwa-Zulu Natal on the south-east. It has a population of 4.4 million. It has three (3) districts, Ehlanzeni, Nkangala, and Gert Sibande, and is also divided into 20 local municipalities. This province holds amazing multicultural characteristics as it is home to different tribes of AmaNdebele, Tsongas, North Sotho speaking, and Afrikaans. The primary spoken languages are siSwati and IsiNdebele.

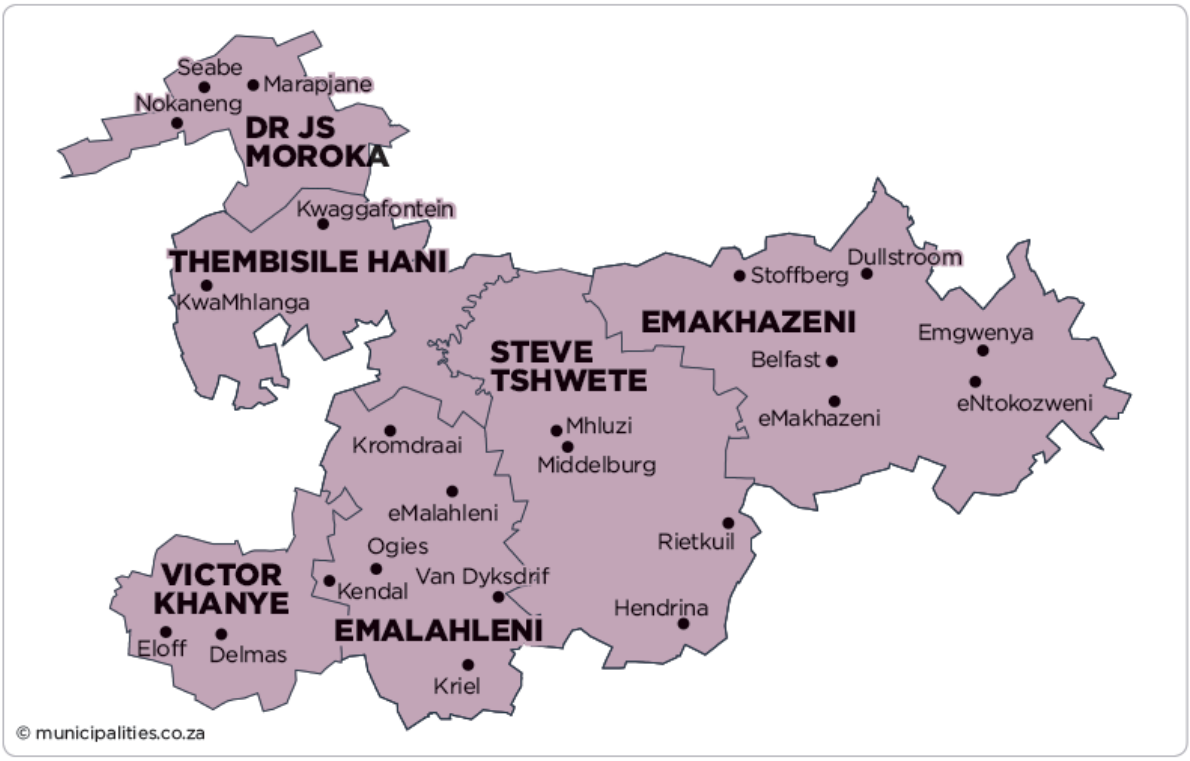

Figure 1: Map of the Municipalities of the Nkangala District in Mpumalanga

Source: Adopted from**: https://municipalities.co.za/map/1159/thembisile-hani-local-municipality**

The study was conducted in 3 public CHCs, namely: Kwaggafontein , Kwa-Mhlanga , and Vlaklaagte 2 CHC.

- **Kwaggafontein CHC**

Kwaggafontein CHC is in the northeast of Thembisile Hani municipality. It is located at Kwaggafontein C, one (1) kilometre from the headquarters of Thembisile Hani Local Municipality. It is a 24-hour public health facility serving the community of Kwaggafontein A, B, and C. It provides comprehensive primary care (PHC) services under Acute, Chronic and Mother and Child according to the NDoH Ideal Clinic Model (NDoH, 2019).

- **Kwa-Mhlanga CHC**

Kwa-Mhlanga CHC is in the centre of Thembisile Hani Municipality and is situated, four (4) kilometres from Kwa-Mhlanga Hospital. It is a 24-hour public health facility serving the community of Kwa-Mhlanga and neighbouring villages. All of these three clinics, provide acute, chronic and mother and child services according to the NDoH Ideal Clinic Model (NDoH, 2019).

- **Vlaklaagte 2 CHC**

The Vlaklaagte 2 CHC is located in the village of Buhlebesizwe, along the two provincial roads, R573 (Moloto Rd) and R544 in the Thembisile Hani Local Municipality, it is a 24-hour public health facility provides comprehensive primary care (PHC) services under the three streams of care, namely: Acute, Chronic and Mother and Child according to the NDoH Ideal Clinic Model (NDoH, 2019)

3.3. POPULATION AND SAMPLING

- **Population**

Population is the entire group of person or objects that the researcher is interested in and meets the criteria of persons the researcher intends to use in the study (Brink, van der Walt, & van Rensberg, 2017). In this study, the population was all about 6257, clients who collect their chronic medications through the CCMDD program and have been enrolled in this program for at least six (6) months in the selected public CHCs in the Thembisile Hani Health Subdistrict, namely: Kwaggafontein CHC, Kwa- Mhlanga CHC and Vlaklaagte 2 CHC and ExPUPs around. As the study was conducted, there were approximately 2570 individuals who collected treatment from Kwaggafonteing CHC through CCMDD, which included the clinic as one pick-up point. Furthermore, 1740 individuals who collected treatment through CCMDD in Kwa-Mhlanga CHC and 1947 from Vlaaklagte CHC, respectively were included in the study. The estimation of the study population was obtained from the Chronic Patients Record from the clinic sites.

- **Sampling**

This is a procedure for selecting a portion of participants from a population to obtain information on the question under study in a manner that portrays the characteristics of the population (Brink et al., 2017). In this study, the purposive sampling refers to the technique used to obtain a sample from clients who receive their chronic drugs through CCMDD in selected clinics in the Thembisile Hani Sub-District, Mpumalanga, South Africa.

- **Sample and Sampling Procedure**

A sample is a portion or fraction of the large group, selected by a researcher to participate in the study (Brink et al., 2017). In this study, a purposive sampling approach was used. Purposive sampling is a sampling technique based on the personal judgment of the researcher about participants who are knowledgeable about the question under study (Brink et al., 2017). In this study, the researcher used personal judgement regarding participants believed to know about the phenomenon under study. The sample was selected from clients collecting chronic medications from public health facilities through the CCMDD program

- **Inclusion and criteria**

Participants who were included in the study are clients collecting their chronic medicines from the three (3) clinics in the Thembisile Hani Subdistrict, Mpumalanga and other approved ExPuPs which include two (2) Clicks pharmacies, another pharmacy and one private doctor. These clients had at least 6 (6) months of chronic treatment and had received treatment at least once using the CCMDD program. All males and females on chronic medications and over 18 years of age had the opportunity to participate in the study.

- **Exclusion criteria**

Clients who are under 18 years and those over 18 years and who do not receive treatment using the CCMDD program, including those who do not reside in Thembisile Hani district, In qualitative research using non-probability purposive sampling, the sample size is determined by data saturation. The researcher interviewed eight (8) participants, three (3) participants were interviewed from Vlaklaagte 2 CHC, Three (3) from KwaMhlanga CHC and the last Four (2) from Kwaggafontein CHC. Data collection was guided by data saturation in this study was achieved when no new information was obtained from participants regarding the challenges, of access to chronic medicines through the CCMDD program.

The researcher continued to sample in the 3 sites based on the seven (8) per participant quota even when data saturation was reached to try and establish any other contextual information as there were three (3) sites to study. Contextual information is essential to the qualitative research study as it indicates different manifestations helpful to add and improve in-depth knowledge, which includes contextual challenges like social and economic perspectives from individual participants' perspectives (Robertson, Jepson, Macvean & Gray, 2016).

3.4 DATA COLLECTION

Data collection is a systematic process and technique for collecting information by the researcher in a setting in which they occur during a study (Geneva, 2012); in this study, semi-structured interviews were used to collect data.

- **Interviews**

Interviews are a type of data collection methods where the researcher has one-on-one encounter, telephone or electronic (virtual) with the participants to get information about their experiences. They are the most direct methods to collect facts from the participants (Hollay & Wheeler, 2010). Semi-structured interviews were used in this study. Semi-structured interviews are free-flowing conversations between the researcher and the participants. The questions asked in this type of interview are not organized in any way.

It allows flexibility and freedom for the participants in an interview. They give in-depth information on the lived experiences and their meaning from the participants. Despite its flexible nature, the researcher ensures focus on the information to be gathered (Hollay & Wheeler, 2010).

An interview guide (see Annexures 8 and 9) was used to ensure a smooth flow of the interview session. The interview guide in English was sent to a member of the IsiNdebele Language Board (ILB) to translate it into the IsiNdebele language. The researcher spent seven (7) working days collecting data from all study sites. Each participant was interviewed for at least thirty minutes, with a maximum of 45 minutes depending on individual participant responses and the flow of the interview session conversation.

Recruitment of study participants was performed through prior visits to the study sites. Verbal presentation of the study, to popularise the objectives and research methodology processes was done through the distribution of a leaflet, that outlines the study intention in English and isiNdebele. During the planned week of data collection, individual participants were purposefully sampled, and available study participants who met the inclusion criterion of the study, and voluntarily consented to participate in the study were interviewed.

A voice recorder and field notes were used with the written permission of individual participants to keep the data provided to ensure that the correct information is reported as results at the end of this study. The researcher conducted interviews with the participants sampled at Kwaggafontein CHC located in Kwaggafontein C Mpumalanga, KwaMhlanga CHC located at KwaMhlanga in Mpumalanga, and Vlaklaagte 2 CHC is located in the village of Buhlebesizwe in Mpumalanga.

- **Pilot study**

Pilot studies are small-scale preliminary studies that aim to investigate whether crucial components of a main study, usually a randomised controlled trial, will be feasible (Cadete, 2017). For this study, a pilot study was executed through 4 interviews of clients using the CCMDD program at Vlaklaagte CHC. The interviews were conducted using

one-on-one semi-structured interviews, following the interview guide to determine whether the questions gave answers to the research questions.

The results of the pilot study were analysed by the researcher with the support of the supervisors and the conclusion was that the interview guide needed to be updated. One of the gaps identified during this pilot study is that the interviews lasted less than 30 minutes and had some closed-ended, leading and unclear questions. The interview guide was then updated based on the results of the pilot study. The researcher found it important to do this pilot study, as it helped to gain experience in conducting interviews and identify gaps in the interview guide.

3.5. DATA ANALYSIS

The data in qualitative research are non-numerical, usually in the form of written words or videotapes, audiotapes, and photographs. Data analysis, as used in qualitative studies, involves an analysis of spoken words rather than numbers as in quantitative studies (Brink et al., 2013). In this study, data was analysed using the Teschs open coding method of data analysis for qualitative research where the researcher analysed data and came up with themes and subthemes. The researcher used verbatim transcription. The following are Tesch's eight steps of data analysis which were used as described by Creswell (2009).

- Reading through transcriptions and writing ideas to get a sense of the whole interview will be done.
- Starting with the most interesting and shortest interview, thinking about the underlying meaning of information while writing thoughts in the margins
- Making a list of all topics, similar topics clustered together, and topics will be used to form columns that will be arranged in major and unique topics.
- Taking the list back to the data, abbreviate the topics as codes, writing the codes next to the appropriate segment of the text, which will help the researcher to see whether new categories and codes emerged.
- Identify the most descriptive wording for the topics and turn them into categories.

- Abbreviations for each category made and the codes arranged alphabetically.
- Making preliminary analysis by assembling the data material belonging to each category in one place, and lastly
- Then the existing data will be recorded.

3.6. TRUSTWORTHINESS

Trustworthiness is the extent to which study findings, content, interpretation, and research methods display confidence to the reader that they represent the truth of the research findings (Polit & Beck,2014). Trustworthiness also indicates that qualitative researchers based on the presented research results, of other researchers can establish that the findings of the research study are credible, transferable, confirmable and reliable; therefore, the trustworthiness of the research methods is vital in qualitative studies, as it allows other researchers to conclude the truthfulness of the findings of the research study (Hollay, 2010). Trustworthiness in this study is ensured through the following means:

- **Credibility**

Refers to the truth of the data or the participant's views and the interpretation and representation of them by the researcher (Polit & Beck, 2014). Credibility is enhanced by the researcher describing his or her experiences as a researcher and verifying the research findings with the participants (Cope, 2014). In this study, credibility was established by the researcher’s prolonged engagement with the participants and making follow-up visits when necessary to agree on the version of shared conversation during one-to-one interviews. Participants were interviewed until data saturation was reached. The researcher recorded all interviews, wrote field notes, and sent them to the supervisor for further analysis.

- **Dependability**

Refers to the constancy of the research findings in a similar context and with the same participants (Cope, 2014). In this study, the researcher outlined the detailed scientific methodology of the study, captured the conversation through a voice recorder, with each participant during interviews, and wrote field notes on each participant observed non-verbal cues .

Confirmability

This refers to the researcher's ability to demonstrate that the data collected, represent the responses shared by study participants, and are not based on the researcher's personal biases or viewpoints (Cope, 2014). In this study confirmability, was achieved by reporting and describing in detail, the methodology and research design, the use of an independent coder, and the conducting of a pilot study .

- **Transferability**

Refers to the degree to which findings can be applied to other settings or groups (Cope,2014). In this study, transferability was ensured by an intense description of research design, data collection, and clear analysis of data.

3.7. BIAS

Bias refers to any influence that leads to a misinterpretation of research findings in a study. Bias can occur at all stages of the research process and can affect, the reliability of the research study process (Smith & Noble, 2014). In this study, bias was minimised by choosing the research design, selecting the population, and fairly conduct sampling. Information was given in full to the participants before data collection. The researcher in this study looked at and minimised the following types of research bias:

- **Design bias**

This occurs when the researcher uses their personal beliefs on preexisting knowledge to influence the research question and methodology (Smith & Noble, 2014). This was eliminated by understanding the research question and the gaps to be addressed at the end of the study.

- **Selection/Participation bias**

Selection bias looks at both the process of selecting participants and that of inclusion criteria (Smith & Noble, 2014). In this study, selection bias was minimised by carefully selecting the participants who have lived experiences and can attach meaning to the situation under study**.**

- **Data Collection and Measurement Bias**

Data collection bias can occur when the personal beliefs of a researcher, influence the way information or data is collected. In qualitative research, bias occurs when the researcher asks leading questions during interviews (Smith & Noble, 2014:101). In this study, the researcher minimised data collection bias, by not asking leading, closed-ended, and double-barrelled questions.

- **Analysis bias**

(Smith & Noble, 2014:101) explains analysis bias, as the distortion that occurs during data analysis when the researcher naturally looks for data that confirm their hypotheses or confirm personal experience, overlooking data inconsistent with personal beliefs. The researcher in this study overlooked their personal beliefs and preexisting knowledge on the topic and analysed the data collected as it is. The data was then sent to the supervisor for analysis.

The researcher interviewed the participants at the three (3) selected clinics. An audio recorder was used to record the interviews. Field notes were also taken for the

researcher. The researcher then listened to the recorded interviews and read the field notes to gain more understanding and meaning. The researcher then transcribed data from the audio recordings. The themes and subthemes emanated from the interpretation data analysis of shared conversation with individual participants, and subsequently discussed with an independent coder and the supervisor. The developed themes and subthemes were sent to the supervisor for verification. The supervisor made updates of the developed themes and subthemes and sent to the researcher. Both the researcher and the supervisor agreed on the developed themes and sub-themes. Subsequently, the researcher started to use the transcribed verbatim to discuss the themes and subthemes.

3.8. ETHICAL CONSIDERATION

It is the researcher's responsibility to conduct a research ethically (Brink et al., 2013). Principles to protect participants from harm or risk are followed in research and follow established professional codes of ethics set by research guidelines and ethics committees (Halloway & Wheeler, 2010). Researchers need to be guided by three fundamental ethical principles: Respect for persons, beneficence, and justice. These principles are derived from Human Rights to be protected, namely: the right to self-determination, to permission, to privacy, to anonymity and confidentiality, to fair treatment and to being protected from discomfort and harm (Brink et al., 2013).

- **Permission**

The researcher followed the ethical clearance process before conducting this study. The approval to conduct the study was initially granted by the School of Health Sciences Research Ethics Council (SREC), followed by the Faculty of Health Sciences Research Ethics Council. The final ethical approval for the study at the university was granted by the Turfloop Research Ethics Council (TREC). Permission to conduct this study was then obtained from the Mpumalanga Department of Health (MPDoH) and the management of Kwaggafontein CHC, KwaMhlanga CHC and Vlaklaagte 2 CHC. Data collection started

only after permission was granted. A letter (see annexure 3) to request permission was sent to MPDoH and management of the above-mentioned clinics (see annexure 4, 5 and 6),

- **Informed consent**

To obtain consent to participate in the study, comprehensive and clear information should be provided to the participant regarding their participation in the study (Brink et al., 2013). In this study, the researcher explained the objectives and objectives of the study to the participants using English and their home language before collecting data. Participants were given a chance to as questions and then decide whether or not to participate in the study.

Participants were informed that they can withdraw from participating in this study without being punished. Informed consent forms (see Appendix 7) written in English and the participant's home language were given (to sign) to participants who consented to participate in the study.

- **Beneficence**

The principle of beneficence means doing well and incorporates the sense that there is an obligation to do good, that is, to bring benefits to those who participate in the research (Fouka & Mantzorou, 2011). In this study this was ensured by doing nothing that would harm participants and assuring them that the study benefited them by addressing gaps in the phenomenon under study.

- **Anonymity**

Anonymity is ensured when the identity of the participant cannot be linked to personal responses (Fouka & Mantzorou, 2011). The researcher ensured anonymity by ensuring that participants' identifiable information, was not recorded during interviews. Codes were used to describe and distinguish responses from each participant.

- **Confidentiality**

Confidentiality in research means that the identity of the study participant is only known to the researcher and the study supervisor. The researcher also sets an obligation not to divulge any information regarding the participants without their consent (Fouka & Mantzorou, 2011). The researcher did not explicitly share the identifiable, information about the participants to anyone. In this study, the researcher only shared the recorded information with the study supervisor and independent coder for data analysis. The recorded data and field notes are stored electronically under encryption on the researcher's computer.

- **Privacy**

Privacy refers to the protection of personal information. This involves keeping this information in a safe and secured space (Fouka & Monzorou, 2011). This was ensured by keeping the data collected between the researcher and the supervisor. Participants who wish to be interviewed outside the clinics would be allowed and arrangements would be made.

- **Justice**

This principle seeks to ensure that there is fairness and equality in each study conducted. Fairness and equality must be adhered to by all researchers in all steps of the research methodology (Fouka & Mantzorou, 2011). In this study justice was ensured by ensuring that all eligible participants are sampled and interviewed regardless of any bases or social standing/position they hold in the community.

3.9. CONCLUSION

In Chapter 3, a detailed explanation was given regarding the research methodology used in the study. This included the study setting, the qualitative design, the population and

sampling, the data collection, the data analysis, the trustworthiness, the bias, and the ethical considerations.

CHAPTER 4

DISCUSSION OF THE RESULTS FINDINGS

4.1. INTRODUCTION

This chapter presents the results of the data collected from clients who collected their chronic medications (s) through the CCMDD program in 2023, at the selected clinics in Thembisile Hani Sub-District, South Africa. Semi-structured face-to-face interviews were used to collect data from participants. The recorded interviews were transcribed verbatim to enhance the analysis process that generated the themes and subthemes of the study. Themes and subthemes emerged during the coding method of the data analysis, and they are discussed together with the demographic profile of community participants. The demographic characteristics of the participants are described in Table 4.1. Table 4.6 describes the pick-up points. Tesch's inductive and descriptive coding technique was adopted for data analysis, as suggested by Creswell (2009). The results are discussed based on the accessibility of chronic medications and the challenges faced by individuals through CCMDD.

- **Demographic data**

A total of eight (8) participants were interviewed from three (3) selected clinics in Thembisile Hani Subdistrict, South Africa. The age of the participants was not stipulated, but instead age groups were used. All participants were over the age of 18 (18) years. Two (2) clients were between the age of 25 to 34, 04 were between 35 and 44, 01 were between 45 and 60 and only one was above 60 years of age. In this study, no participant was employed full time in government. Two (2) of the participants were employed full-time in the private sector, while Two (2) were unemployed, One (1) employed part-time in government, one (1) pensioner, one (1) employed part-time in the private sector, and one (1) was a domestic worker.

In this study, the level of education was asked. This was aimed at assessing the level of understanding each participant would have during the interview. Regarding the 'level of

education' of the participants, two (2) were below the matric level, two (02) had the matric, four (4) had the tertiary / college qualification (s) and the student was not a tertiary / college. For those who had tertiary/college qualification and one (1) from those with matric agreed to be asked questions in English. IsiNdebele was used to ask questions from the other four (4) participants, while only one (1) participant asked that the questions be asked in IsiNdebele and English for their understanding. Table 4.1 below illustrates the demographic data of participants,

Table 4.1: Demographic data of participants

Characteristics	Participants
Age	
15 – 24 =	00
25 – 34 = 02	02
35 – 44 = 04	04
45 – 60 = 01	01
60+ = 01	01
Type of Employment	
Full Time in Government	00
Full Time in Private Sector	02
Unemployed	02
Part-time in Government	01
Pensioner	01
Part-time in Private sector	01
Domestic worker	01
Level of Education	

Below Matric	02
Matric	02
Tertiary Student	00
Tertiary/College Qualification	04
TOTAL	**08**

4.2. THEMES AND SUB-THEMES

Flick (2014) describes a theme as an umbrella construct relevant to the research question, which can be seen on some level of patterned response or meaning within the data set. A subtheme is a specific theme within a large theme (Flick, 2014). In this study, four themes and their subthemes emerged during data analysis, as outlined in Table 3. The themes and their subthemes are discussed below. Direct quotes from participants are presented to support the study findings. Furthermore, the findings of the study are compared and contrasted with the national and international literature. Table 4.2 illustrates the summary of the themes developed in this study.

Table 4.2: Summary of the themes and subthemes reflecting accessibility of chronic medication and challenges faced by individuals through CCMDD

Themes	SubThemes
Theme 1: Geographic location within the community to improve collection of treatment	**Sub-Theme 1.1**: PuPs are affordable for individuals, as they walk less than 10 km to collect treatment. **Sub-Theme 1.2**: Available on set dates for collection

	Sub-Theme 1.3: Waiting time in PuP is shorter compared to that in the clinic. **Sub-Theme 1.4:** Relatives with specified identity documents allowed to collect on your behalf
Theme 2: The institutional arrangement of the PuP enhances the easy treatment collection	**Sub-Theme 2.1:** Treatment always available on set days **Sub-Theme 2.2:** Packaging of treatment frequently correct for individual prescription **Sub-Theme 2.3:** Reminders sent via SMS: enhance ability not to miss treatment
Theme 3: Identified PuP's are patient centred	**Sub-Theme 3.1:** Individual patient participates in choice of relevant PuP **Sub-Theme 3.2:** Collection of treatment is easy at any time of the day **Sub-Theme .3.3:** Services friendly and confidential **Sub-Theme 3.4:** Integration of CCMDD into PHC services

4.2.1. THEME 1: GEOGRAPHIC LOCATION WITHIN THE COMMUNITY IMPROVE COLLECTION OF TREATMENT

In this theme related to the theme, 4 subthemes emerged, namely (name the as they appear). Study participants indicate that PuPs have improved their individual access to collect treatment. Five (5) out of eight (8) participants indicated that they are within walking distance and if they have to use transport, it is not expensive for them to pay. This majority

also indicates that every time based on the return date, they are able to find and collect treatment without waiting for a long time at the external PUPs as compared to when they then have to visit the clinic for script renewal. In the event that they cannot attend they are allowed to send in relatives to collect on their behalf. The following are quotes from participants who shared their experiences with the researcher. Table 4,3 illustrates the summary of theme 1 and its sub-themes.

Table 4,3: Summary of theme 1 and its subthemes

Themes	SubThemes
Theme 1: G**eographic location within the community improve collection of treatment**	**Sub-Theme 1.1**: PuPs are affordable for individuals, as they walk less than 10 km to collect treatment. **Sub-Theme 1.2**: Available on set dates for collection **Sub-Theme 1.3:** Waiting time in PuP is shorter compared to that in the clinic. **Sub-Theme 1.4:** Relatives with specified identity documents allowed to collect on your behalf

4.2.1.1. Sub-Theme 1.1: PuPs are affordable for individuals, as they walk less than 10 km to collect treatment

Participants use taxis or walk to PuPs to collect treatment, and it is easy to do so.

***'Participant** 1: Yes, I use taxis, R40 in total (R20 for each trip), but coming here for my script renewal I walk. '*

***'Participant 3**: I use my car to the mall, but my wife takes a taxi most of the time when she goes and collects on my behalf. '*

***'Participant 5**: Yes, I use Taxi to go to the mall, but to get here to the clinic I walk '*

However, some participants indicate that due to the rising cost of transport, it has also become more expensive for them to use taxis.

***'Participant 7**: I use the taxi every time to click and it is so expensive lately. '*

Some participants indicate to the researcher that they walk to the PuP's and that does not incur costs for them to collect treatment at the PuP's they identified as accessible for them to collect treatment.

***'Participant 2:** Yes, but I do not use a taxi. I just walk. I collect here at the clinic. '*

***'Participant 6**: No, I walk every time."*

4.2.1.2. Sub-Theme 1.2: Available on set dates for collection

Participants indicate that they are provided with return dates and that, mainly each time they arrive at the PuPs, they can collect their treatment The following are the quotes from conversation with the researcher as participants share their experiences in relation to the collection of CCMDD treatment.

Participants were able to collect treatment even when they missed the appointment.

***'Participant 3**: I miss it, especially if I am working on my appointment date. I take a morning and an evening bus. If that day my shift calls me in, then I will not come here. But last time this other male nurse renewed my script on a weekend using his cellophane. '*

***'Participant 8**: Like I said, sometimes my shift work clashes with clinic appointment dates. Whenever my clinic date arrives while my shift is still on, obviously I know I will miss the clinic set appointment. But as soon as I get home, I come.*

***'Participant 2**: Sometimes you would find that I do not have anyone to take care of my grandson who stays with me, and I hated to bring a young child to a crowded place like this because he would not sleep well that night. "*

4.2.1.3. Sub-Theme 1.3: The waiting time in PuPs is shorter compared to that in the clinic

The challenge of waiting time is when participants must renew the script and be evaluated by the nurse/doctor. The following are some of the experiences shared by some participants.

***'Participant 8**: Yoooh, my brother! The clinic is annoying, believe me. It is always full and slow. You would spend the whole day at the clinic. Script renewal visits are not bad at all. '*

***Participant 1**: Yoh! When we come for that, we wait hey. We wait for hours. But I understand that the nurse has a lot of work such as collecting blood, writing files, and pressing the computer.*

***'Participant 3**: Clicks are the best. You don't worry about queueing and getting up early. You can go anywhere during the week. The problem becomes here whenever we come for renewal of our prescription from Clicks pharmacy, here we wait for long hey. "*

***Participant 5**: Whenever you come here, you should know that you will be here all day. And other patients will continue to look at you and gossip in the community.*

However, some of the participants reported receiving good and fast service at external PUPs whenever they collected their treatment. This is what they shared with the researcher:

Participant 3*: No, they work money at clicks [Laughing]. They do not have time to waste because they know that time is money. We get in, collect, and then we are out.*

Participant 5*: No, they just give you your treatment at Clicks and you go. Only here do they give us information about our health. And that itself wastes time [Laughing].*

Some of the participants found waiting time to not be a challenge even in the clinic. This is what they had to say:

Participant 2*: Yes, it is, for me, any time is okay****. I have no problem waiting. '***

4.2.1.4. Sub-Theme 1.4: Relatives with specified identity documents allowed to collect on your behalf

Some of the working participants who had difficulty collecting for themselves reported having sent their close relatives to collect in the PUPs on their behalf. Here is what they had to say:

'Participant 3: *I used to miss my appointments back then before joining CCMDD and when I was still collecting here at the clinic. But ever since I started collecting at Clicks Pharmacy, I have also given my wife my identity document to collect on my behalf whenever I am at work. '*

Among patients who find it difficult to collect treatment due to health reasons, even grandchildren and children can collect in PuPs on their behalf without challenges.

'Participant 6*: I used to send my younger daughter to Clicks, but she got a job in Pretoria. I would give my identity document and appointment card to Clicks to collect for me. '*

'Participant 4: *Yes, my sister has collected me twice so far. I give her my identity card and clinic appointment card, then he gives me my treatment. '*

'Participant 2*: Yes, my daughter-in-law sometimes comes to collect for me. '*

4.2.2. THEME 2: INSTITUTIONAL ARRANGEMENT OF THE PUP TO ENHANCE EASY TREATMENT COLLECTION

This theme refers to how the CCMDD programme developed strategies to improve the accessibility of medicines. It focused on the institutional arrangement of the PUPs to make it easy for the clients. Three (3) subthemes emerged as this theme was analysed. The sub-themes include treatment accessibility at all times, treatment packaging frequently correct for individual prescriptions and reminders sent to participants to prevent missed appointments. Table 4,4 below illustrates the summary of theme 2 and its subthemes.

Barriers to accessing CCMDD treatment as conducted by Naidoo (2019), in KZN, it was found that clients who failed to collect their treatment on set dates had fewer, follow-up dates were unclear, including information on what is expected from CCMDD, on the first day of treatment collection. The study exposed that health workers set the targets of decanting clients to CCMDD. The decanting of clients to identified CCMDD points was also, without individual participation, somehow coerced by health workers, and some nurses to reduce their workload at the clinics.

- **Collection of treatment is easy at any time of the day.**

The results of this study indicate that the clients did not find that the time allocated for CCMDD was not convenient for them. It was found that the clinics had a separate/dedicated consultation room where they attended to CCMDD only/ In this room a nurse was delegated to every day to attend to CCMDD patients. The study exposed that on script renewal days clients were asked to arrive in the morning for them to renew scripts. Some clients reported that the CCMDD service was rendered in the morning. They shared that a nurse would leave the allocated room after assisting the last client with script renewal. Clients further state that it became a problem whenever they arrived at any time of the day to renew scripts..

The study also found that some clients could not arrive in the morning due to several issues such as work and social responsibilities at home. Clients were not satisfied with

the way CCMDD services are provided in clinics. The selected clinics in Thembisile Hani Subdistrict are all operating twenty-four (24) hours a day and seven (7) days a week, but it was found in the study that the CCMDD services were not offered on weekends, Clients who are available to attend clinic on weekends were unable to renew their scripts on then. Clients exposed that nurse told them that, the CCMDD service is only offered on weekdays. In addition, the study revealed that at external PUP, clients are not treated on weekends even though these sites opened on those days. Clients wanted the external PUP to allow them to collect their treatment even on weekends.

According to WHO (2018) to improve the accessibility and quality of primary health services for patients, health facilities should provide services without limitation to time, days of the week, race, gender, and social standing of those in use. This is in alignment with the South African 'Batho Pele' access principle, which emphasizes access to healthcare services for all people regardless of their gender, age, race, and any social aspect.

- **Services are friendly and confidential**

According to the policy on National Core Standards on Health (YEAR), health workers should at all times portray good and positive to clients to improve access to healthcare services and improve the quality of services provided. The study findings showed that most of the clients complained about the attitude of the staff at the facilities. Some clients revealed that the service from administration staff to clinicians was not good. The study revealed that administration clerks would not address the queue and that some of the people would sometimes shout at them. Some of the clients revealed that nurses should be with them whenever they missed their appointments. They felt that some nurses did not treat them with respect as adults. The study showed that nurses sometimes did not address clients' concerns, but instead shouted at them. Some clients reported that they did not report the bad attitude of clinic staff because they did not want to get them into trouble. Patients who experienced poor service from the health facility staff were more likely to miss their appointments and / or miss their chronic treatment (Fernandez-Lazaro et al., 2019).

The study findings are that some clients found that the arrangement of the CCMDD programme compromising their confidentiality. Some clients raised concerns that they were separated from other clients and that community members thought that the CCMDD is for HIV positive people only. It was found that whenever nurses shouted at clients, other clients would be close and hear everything discussed, including medical diagnoses. In a study conducted by Giandimoto & Stephenson (2018) found that work-related stressors would sometimes cause health workers to unintentionally violate patients' rights to privacy and confidentiality.

However, the study exposed that a minority of clients did not find any problem with the attitude of the staff. The clients had many years of use of the clinic and they never had any problem with the nurses. This minority believed that the CCMDD does not compromise confidentiality and that nurses will never violate their right to confidentiality.

The study showed that the facility staff needed to always show a good attitude towards clients. Facility managers had to ensure that clients knew how to identify and report bad attitude from staff without fear.

- **Integration of CCMDD into PHC services**

The study findings revealed that there was no integration of the CCMDD service with other PHC services The study found that in the selected clinics, CCMDD was carried out separate rooms and clients using this service had different queues and waiting areas, Clients on this programme were not forced to queue with other chronic clients at the clinics. The study found that every time clients came to renew their scripts, had to wait in a specific queue at the clinic. The study exposed that one professional nurse was allocated to see all CCMDD clients who came to the clinic on that day. The study revealed that in some facilities clients were seen in rooms that did not have) an examination bed. This was found to be against the NDoH policy guideline (2020) on Ideal clinic, which states that all PHC services should be integrated together and that only three service streams, namely, acute, mother and child, as well as chronic, should exist in all public clinics in South Africa.

The study found that this isolation of CCMDD from other PHC services further compromised the quality of services. The waiting time was found to be prolonged as a result of isolating CCMDD from other PHC services. Clients complained that the isolation of CCMDD compromised their access to chronic medications because they could not use this service at different times of the day. The study findings show that clients using CCMDD programme in some clinics had to queue outside the clinic where there is no shelter and chairs. Clients had to wait for long hours to be attended by one professional nurse assigned that day. In a study conducted by Tshililo, Netshikweta, Nemathaga, & Maluleke (2019), the integration of health care services yield good results in improving quality comprehensive healthcare services. Integration of services reduces waiting time, improves access, reduces stigma, and protects patients' rights to privacy and confidentiality.

The study found that clinics have an urgent need to integrate CCMDD with all PHC services. The integration will not only improve accessibility to CCMDD but to all services rendered.

4.4. CONCLUSION

In this chapter, the study findings were discussed using the themes and subtheme identified and emerged during the exploration and description of the views of the participants on the accessibility of chronic medications and the challenges they faced through the CCMDD program. Participants in the Thembisile Hani subdistrict displayed their experiences in accessibility of their treatment through CCMDD. They also shared their experiences of the challenges they faced when using this programme to get their chronic treatment. The concept of accessibility was viewed in different aspects, including geographical element for accessing PUP, institutional arrangements to enhance accessibility, and whether PUPs are patient-centred to meet participants' needs Affordability to get to PUPs, distance travelled, availability of medication on set dates, methods to remind patients, service friendliness and how staff members at the PUPs treated them every time they accessed PuPs. Some participants indicate that the return

dates at internal PUPs at six (6) months intervals alongside clinical assessment, are inconvenient. Participants suggest integration of CCMDD into other PHC services to improve accessibility and reduce inherent challenges.

Barriers to CCMDD access conducted by Naidoo (2019) in KZN, found that clients who failed to collect their treatment packs on set dates were unclear, or even no relevant information on CCMDD. The study exposed that health workers set targets of decanting clients to CCMDD. The decanting of clients to DMoC without their participation was found to be done by health workers, nurses in particular, to reduce their workload at the clinics.

- **Collection of treatment is easy at any time of the day.**

The results of this study indicate that the clients did not find that the time allocated for CCMDD was not convenient for the. It was found that the clinics had a separate / dedicated consultation room where they attend to CCMDD only/ In this room a nurse was delegated to every day to attend to CCMDD patients. The study exposed that on script renewal days clients were asked to arrive in the morning for them to renew scripts. Some clients reported that the CCMDD service was rendered in the morning. They shared that a nurse would leave the allocated room after assisting the last client with script renewal. Clients further state that it became a problem whenever they arrive at any time of the day to renew scripts. The clients shared that they would be told to come the next day and that they should arrive in the morning.

The study also found that some clients could not arrive in the morning due to several issues such as work and social responsibilities at home. Clients were not satisfied with the way CCMDD services are provided in clinics. The selected clinics in Thembisile Hani Subdistrict are all operating twenty four (24) hours a day and seven (7) days a week, but it was found in the study that the CCMDD services was not offered on weekends, Clients who are available to attend clinic on weekends were unable to renew their scripts on then. Clients exposed that nursea told them that the CCMDD service is only offered on weekdays. In addition, the study revealed that at external PUP, clients are not treated on

weekends even though these sites opened on those days. Clients wanted the external PUP to allow them to collect their treatment even on weekends.

According to WHO (2018) to improve the accessibility and quality of primary health services for patients, health facilities should provide services without limitation to time, days of the week, race, gender, and social standing of those in use. This is in alignment with the South African 'Batho Pele' access principle, which emphasizes access to healthcare services for all people regardless of their gender, age, race, and any social aspect.

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The study findings are that some clients found that the arrangement of the CCMDD programme compromising their confidentiality. Some clients raised concerns that they were separated from other clients and that community members thought that the CCMDD is for HIV positive people only. It was found that whenever nurses shouted at clients, other clients would be close and hear everything discussed, including medical diagnoses. In a study conducted by Giandimoto & Stephenson (2018) found that work-related stressors

would sometimes cause health workers to unintentionally violate patients' rights to privacy and confidentiality.

However, the study exposed that a minority of clients did not find any problem with the attitude of the staff. The clients had many years of use of the clinic and they never had any problem with the nurses. This minority believed that the CCMDD does not compromise confidentiality and that nurses will never violate their right to confidentiality.

The study showed that the facility staff needed to always show a good attitude towards clients. Facility managers had to ensure that clients knew how to identify and report bad attitude from staff without fear.

- **Integration of CCMDD into PHC services**

The study findings revealed that there was no integration of the CCMDD service with other PHC services. The study found that in the selected clinics, CCMDD was carried out in separate rooms and clients using this service had different queues and waiting areas, Clients on this programme were not forced to queue with other chronic clients at the clinics. The study found that every time clients came to renew their scripts they had to wait in a specific queue at the clinic. The study exposed that a professional nurse was assigned to see all CCMDD clients who came to the clinic on that day. The study revealed that in some facilities clients were seen in rooms that did not have)an examination bed. This was found to be against the NDoH policy guideline (2020) on Ideal clinic, which states that all PHC services should be integrated together and that only three service streams, namely acute, mother and child, as well as chronic, should exist in all public clinics in South Africa.

The study found that this isolation of CCMDD from other PHC services further compromised the quality of services. The waiting time was found to be prolonged as a result of isolating CCMDD from other PHC services. Clients complained that the isolation of CCMDD compromised their access to chronic medications because they could not use this service at different times of the day. The study findings show that clients using the CCMDD programme in some clinics had to queue outside the clinic where there is no shelter or chairs. Clients had to wait for long hours to be attended by a single professional

nurse assigned that day. In a study conducted by Tshililo, Netshikweta, Nemathaga, & Maluleke (2019), the integration of health care services yields good results in improving quality comprehensive healthcare services. Integration of services reduces waiting time, improves access, reduces stigma, and protects patients' rights to privacy and confidentiality.

The study found that clinics have an urgent need to integrate CCMDD with all PHC services. Integration will not only improve accessibility to CCMDD but to all services rendered.

4.4. CONCLUSION

In this chapter, the study findings were discussed using the themes and subthemes identified and emerged during the exploration and description of the views of the participants on the accessibility of chronic medications and the challenges they faced through the CCMDD program. Participants in the Thembisile Hani subdistrict displayed their experiences in accessibility of their treatment through CCMDD. They also shared their experiences of the challenges they faced when using this programme to get their chronic treatment. The concept of accessibility was viewed in different aspects, including geographical element for accessing PUP, institutional arrangement to enhance accessibility, and whether PUPs are patient-cantered to meet participants' needs. Affordability to get to PUPs, distance travelled, availability of medication on set dates, methods to remind patients, service friendliness and how staff members at the PUPs treated them every time they accessed PUPs. Most of the participants found the time allocated to collect treatment at internal PUPs and when they come for the Six (6) monthly assessment to be inconvenient for them. Participants saw an need for integration of CCMDD into other PHC services to improve accessibility and reduce challenges they faced.

CHAPTER 5

SUMMARY, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSIONS

5.1. INTRODUCTION

Chapter 4 presents a discussion of the study findings. This chapter will indicate the extent to which the objectives of the study have been met and make recommendations reflecting the findings of the study in Chapter 4.

5.2. SUMMARY OF THE STUDY

The objective of the study

The current study aimed to determine the challenges that individual clients faced in accessing chronic medications through the CCMDD program at selected clinics in Thembisile Hani Health Subdistrict, in Mpumalanga, South Africa.

Objectives of the Study

The objectives of the study were evaluated as follows:

Explore the challenges regarding the accessibility of chronic medications through the CCMDD program in selected clinics in the Thembisile Hani Health Subdistrict, South Africa.

- The study findings indicate that the majority of clients who use external PUP travel more than five (5) kilometers to collect their treatment. Clients must pay for public transport or use their own cars to get to the external PUP for treatment collection.
- The study findings reveal that clients wait in long queues for many hours every time they go to renew their six (6) monthly scrips in the clinic.

- In this study, it was found that clients sometimes did not find their medication available in the PUP. Clients would have to move from external PUP back to the clinic to get their treatment.
- The study finding indicates that despite the measures to send SMSs to clients as reminders, some clients were unable to read and interpret them.
- Some clients were found to have less knowledge about CCMDD and that they did not participate in a decision to enrol them in the program.
- The study findings revealed that in all three selected clinics, the CCMDD programme is offered to clients only in the morning and that clients had difficulty accessing the service at any time of the day. All selected clinics operated for seven (7) days a week, but the CCMDD service was not offered on weekends.
- Most clients found the staff at the clinics not friendly and that the arrangement of CCMDD compromised their right to confidentiality.
- The study findings exposed that the CCMDD programme/service is isolated from other PHC services and that its integration with all PHC services is needed.

Describe the challenges of clients with respect to the accessibility of chronic medications through the CCMDD program in the selected clinics in the Thembisile Hani Health Subdistrict, South Africa.

- Distance to healthcare facilities is very important in the treatment of chronic diseases. The distance travelled to PUP is important not only to get the client there, but also to improve and enhance treatment adherence. Clients who travel long distances or have to pay for expensive public transport or fuel prices often miss their dates and have poor adherence to treatment.
- The long queues that clients wait in the facilities hinder access to chronic medications through CCMDD. Clients waited long hours at the clinics to renew scripts. Long queues and the need to wait for many hours have a negative impact on the quality of services and further, compromise the client's adherence to chronic medications. Many clients did not want to wait long in the clinics as others rushed to work, while others had to return to their personal/social responsibilities.
- Availability of treatment always is very important to ensure accessibility and adherence to treatment. At times, clients did not find their parcels ready for

collection at PUP, others sent their relatives to collect on their behalf, clients would still be forced to go back to the clinics for treatment collection whenever their medication is not available at an external PUP. This negatively affected the financial and social life of the clients. It is therefore important that clients receive their chronic medications in PUP every time.

- Although there is an institutional measure to remind clients of their collection and script renewal dates, some clients are unable to read and interpret the SMSs received on their phones. Due to their level of education and inability to read, some clients did not find it beneficial for them to receive SMS reminders. They had to rely on the assistance of relatives to read and interpret SMS reminders on their cell phones.
- The study found that some participants had less knowledge about CCMDD and did not participate in a decision to enroll them in this programme. Some clients were enrolled in the CCMDD programme without having information. As a result, these clients did not give their informed consent to join CCMDD. However, they ended up being comfortable because they benefited from CCMDD. It is very important to provide information to clients and allow them to make an informed decision about everything.
- Accessibility of healthcare services is compromised when clients cannot access services at any time during the day. The study exposed that clients could not access the CCMDD service throughout the day. The CCMDD service is provided in the morning and clients were unable to use it in the afternoon. The selected clinics operated seven (7) days a week; however, CCMDD service was not offered on weekends. Clients had to only use this service on weekdays.
- Some staff members were found to be unfriendly to clients. Unfriendliness ranged from not helping clients with what they wanted to shout at them. Clients found it unfriendly whenever nurses shouted at them for missing dates. Some clients, as adults, required respect from nurses. The isolation of CCMDD from other services posed a threat to confidentiality. Clients felt that the arrangement of CCMDD compromised their right to confidentiality because they believed that other community members knew that the program was that of HIV positive people.

- The study found that the CCMDD programme was managed separately from other PHC programs. Clients on CCMDD had separate consultation rooms and questions. There is no integration of the CCMDD service with other services in clinics. The clients had to assign one professional nurse for the day. All clients who came that day had to be attended by one allocated nurse. CCMDD in all clinics is not managed like one of the PHC services. Clients on this program felt uncomfortable with their isolation from other clients because this arrangement increased unnecessary stigma, increased waiting time, and compromised quality of care offered.

5.3. LIMITATIONS OF THE STUDY

When the study was conducted the researcher planned to interview at least twenty (20) participants. Data saturation was reached at the 8th study participants from all three (3) selected clinics. Based on the qualitative nature and the number of participants interviewed, the number is minute by the research methodology in-depth study revealed findings that may be considered and implemented for policy and further research.

5.4. RECOMMENDATIONS

Based on the findings of this study, the researcher wishes to make the following recommendations to address the gaps and challenges experienced by clients in accessing chronic medications through CCMDD, to improve and strengthen access to chronic medications:

Reducing distance and costs to external PUP

The results indicate that clients travel long distances to external PUPs and that it is expensive there. This results in impaired accessibility and adherence to chronic medications. The researcher therefore recommends that:

- There should be more external CCMDD PUP within the communities where clients stay;
- Get vending machines and ride them around the communities where clients stay;
- For working clients, allow them to choose PUP near where they work even if it is in other provinces, and
- Strengthen the home delivery service for those clients who need it.
-

Integration of CCMDD with other PHC services

The study findings indicate that there is no integration of CCMDD with other PHC services and that this resulted in prolonged waiting time, stigma, and limited access to the service. Therefore, the researcher recommends that:

- CCMDD should be integrated with other PHC services to reduce waiting time, reduce stigma, and reduce the threat to patient right to confidentiality.
- The CCMDD service must be always provided during the day.
- For clinics operating seven (7) days a week, CCMDD service should be provided even on weekends to allow those clients who cannot attend to their appointment dates on weekends.
- Clients should be allowed to give cell phone numbers of relatives who will receive and interpret SMS reminders on their behalf.
- Train more professional nurses in CCMDD to ensure successful integration of this service with other PHC services and
- Procure more electronical devices such as computers and smartphones to ensure that CCMDD can be rendered in all consulting rooms.

Training and support for health care workers

The study exposed that staff members sometimes showed a negative attitude toward clients and that some clients were enrolled in CCMDD without information and their permission. Therefore, the researcher recommends that:

- Regular training for nurses and other clinic staff involved in patient care *on the Patients' Rights Charter and Batho Pele* principles to increase service friendliness should be provided.
- Arrange regular Debriefing of Healthcare workers to reduce work-related stress so to avoid negative attitudes on clients and
- In-service training on CCMDD for nurses should be done regularly and always monitored by operational managers.

5.5. CONCLUSION

The focus of this chapter was on the summary of the study results, limitations, and recommendations of the study. The study has explored and described the challenges concerning the accessibility of chronic medications through the CCMDD program. Based on its findings, it managed to determine and develop measures to address the gaps and challenges experienced by clients in accessing chronic medications through CCMDD, to improve and strengthen access to chronic medications in the Thembesile Hani health subdistrict, South Africa.

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APPENDICES

Appendix A: Consent Form (English)

University of Limpopo: English consent form

Statement concerning participation in a Research Project

Name of Study: **ACCESSIBILITY OF CHRONIC MEDICATIONS AND CHALLENGES FACED BY CLIENTS THROUGH THE CENTRAL CHRONIC MEDICATIONS DISPENSING AND DISTRIBUTION PROGRAMME AT THE SELECTED CLINICS IN THEMBISILE HANI HEALTH SUB-DISTRICT, SOUTH AFRICA**

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that sound recordings scientific publications which will be electronically available throughout the world. I consent to this provided that my name is not revealed. I understand that participation in this Study is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this Trial / Study / Project have been approved by the Turfloop Research and Ethics Committee (TREC), University of Limpopo (Turfloop Campus) and Limpopo Department of Health. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

.....	.....
Name of the volunteer	Signature of volunteer
……..	……
Place	Date
……	……..
Name of the researcher	Signature of the researcher
……	……..
Place	Date

Statement by the Researcher

I provided verbal and/or written information regarding this study.

I agree to answer any future questions concerning the study as best as I am able.

Appendix B: Consent Form (IsiNdebele)

University of Limpopo: IsiNdebele Consent Form

Isitatimende esiphathelene ukuzibandakanya erhubhululweni.

IIntjhijilo ezihlangabezana neengulani ezinamalwelwe wasafuthi nakufanele zifinyelele ukutholakala kwemitjhoga yabo ngehlelo le CCMDD emitholampilo emithathu ekhethiweko kumaspala we-Thembisile Hani, eMpumalanga e-Sewula Afrika.

Ngiyizwile iminqopho neenhloso zerhubhululo elihlongozwako begodu nginikelwe ithuba lokuthi ngibuze imibuzo benganikelwa isikhathi sokuqabangisisa lendaba. Iminqopho neenhloso yerhubhululo ahlathululwe ngokwaneleko kimi. Angikakatelelwa nanganyana ngiyiphi indlela ukuzibandakanya kileli irhubhululo.

Ngiyazi ukuthi imigadangiso yamaphimbo izokuba semabuthelelweni wamarhubhululo azakutholakala ebantwini iphasi mazombe. Nginikela imvumo yokuzibandakanya kilokhu kwaphela nakukuthi ibizo lami alivezwa. Ngiyazwisisa ukuthi ukuzibandakanya kilelirhubhululo kukuzinikela begodu ngingazirhoqisa kilo kunanyana ngisiphi isikhathi ngaphandle kokunikela iizathu zokurhoqa.

Ngiyazi bonyana nelirhubhululo livunyelwe ukuthi lenzeke yi-Komiti ye-Turfloop egunyaza ukwenzeka kwamargubhululo (TREC), iUnivesithi ye-Limpopo begodu nomnyango wezamaphilo esifundeni se-Mpumalanga. Ngiyelele ngokupheleleko ukuthi imiphumela yalelirhubhululo iyokusetjenziswa ukungezelela elwazini lesayensi begodu lingakhutjhwa tjhatjhalazi. Ngivumelana nacho lokhu, kwaphela ilwazi ngami lizokuba burhorhomeja.

Ngaleyondlela nginekela imvumo yokuzibandakanya kilelirhubhululo.

…….

……

Igama lozibandakanya ngokuzinikela Umtlikitlo wozibandakanya ngokuzinikela

…….

……

Indawo Ilanga

_____

……

……

Igama lomrhubhululi Umtlikitlo womrhubhululi

……..

……..

Indawo Ilanga

Appendix C: Interview Guide

A, IMININGWANA YOMAZISI

A1.

15 – 24	
25 – 34	
35 – 44	
45 – 60	
60+	

A2. IHLOBO LOKUQATJHWA

Ukuqatjhwa kwasafuthi embusweni	
Ukuqatjhwa kwasafuthi kwangeqadi	
Awusebenzi	
Okhunye (naba ngenzasi)	

Specify:

Naba:

A3. IZINGA LEFUNDO

Ngaphasi kwebanga letjhumi	
Ibanga letjhumi	

Umfundi emazikweni aphakemeko wefundo	
Uneziqu zemazikweni aphakemeko	

B. UKUFINYELELEKA KWEENSIZA ZEPILO

B1. Indawo othatha kiyo imitjhoga

Ngaphakathi emtholapilo	
Ekhemisi yangeqadi	
Etlabhini yokuhlengana ngepilo	
Home Delivery	
Ulethelwa emsebenzini	

Kukubiza kuthi ukhambe ibanga nawuyokuthatha imitjhoga? Bekisa ama-khilomitha owakhambako.

Usebenzisa isithuthi somphakathi ukuyokuthatha imitjhoga?

IInsiza ozifunyana lapha uthatha khona imitjhoga: ukufundiswa ngobumbi bomtjhoga nofana ukululekwa?

C. ZEHLALAKUHLE

Ilanga lokubuya – Ubuyela kayingakhi ukuyokuthatha imitjhoga?

Ngasosoke isikhathi ufika, uyayifumana imitjhoga yakho?

Ukwazi amalanga wokuthatha imitjhoga, uyifumana njani imilayezo ekukhumbuzako?

Ukuthola kulula ukuthola nokufunda ngokuzwisisa imilayezo skhumbuzo?

Kuyenzeka ukhukhohlwe bewuphundwe kukuyothatha imitjhoga?

Kungaba yini isizathu sokukhohlwa?

Navane ukhohlwe ukuthatha, ubona wenzeni ukufunyana imitjhoga?

Zikhona iinkathi la ungafunyani khona imitjhoga ngalelilanga elibekiweko?

Kukhe kwenzeke uzithole unganayo imitjhoga?

Lokha uphelelwe mitjhoga wenzani?

Lokha wena ungakghoni ukuzithathela imitjhoga, uyakghona ukuthumela isihlobo nofana umngani ukuyokuthathela?

Nangabe uphendule ngo iye ngehla, ukwenza njani lokho?

D. UMOYA WOKUZIPHATHA KWABASEBENZI

Lokha uyokuthatha imitjhoga yakho, ngiliphi ilwazi olifunyanako mayelana nemitjhoga oyithathako?

Baqinisekisa njani bonyana kwamambala ngeyakho imitjhoga leyo?

Bayakubuza bona usela njani imitjhoga yakho?

Bayawabala amapilisi ukuqinisekisa bona usela kuhle?

Uyabuzwa ngokuthi ngibuphi ubumbi obulethwa mitkjhoga yakho?

Do you have a support group in your area?

Unayo ihlangano la nikhuthazana ngokusela imitjhoga?

Nawuphendule ngo iye ngehla, isebenza njani ihlangano leyo?

What type of conversation do you enter with your point of collection person?

Ngikuphi ukuqoqa obanakho nabasebenzi balapha uthatha khona imitjhoga?

Kuyenzeka uphundwe lilanga lokuhlolwa lokhu okwenzeka qobe ngemva kweenyanga ezisithandathu?

Nakwenzekile uphundwe kuhlolwa okubalwengehla, uvumelekile ukuya ngelinye ilanga?

E. ILWAZI NGE CCMDD

Walifunyana njani ilwazi nge CCMDD?

Usahlaliseke kuhle la uthatha khona imitjhoga?

Lokha ufisa ukutjhugulula la uthatha khona, uyazi uzokwenza njani lokho?

Lokha kukhona okungakuphathi kuhle ngemitjhoga yakho, uyayazi indlela yokubika lokho?

Lokha ulahle ikarada lakho lamapoymende, ulithola njani elinye ukubalekela ukuphundwa lilanga elibekiweko?

Ukhe walilahla ikarada lakho?

Nangabe uphendule ngo iye ngehla, walithola njani elitjha?

Wathola buphi ubudisi bokuthola elinye?

F. IHLALAKUHLE EKHANDELA UKUTHOLA IINSIZA

Ukufihleka kwelwazi ngemitjhoga nesifo onaso

Kufanele uveze isifo sakho qobe uthatha imitjhoga?

How do they check if it is correct medication

Bahlola njani bona mitjhoga efaneleko?

Nakwenzeka uthola imitjhoga ekungasiyo, ithini ikambiso yokulungisa lokho?

Ngasosoke isikhathi kuhlala kumitjhoga ekungiyo?

People knowing that you are collecting treatment - is it easily identifiable

Njengoba abantu bazi bona kuthathwa imitjhoga lapho, kulula kangangani bona babone ukuthi uthatha imitjhoga yani?

Imibuzo engezelelweko

Nfiyabona uthatha imitjhoga yakho kilethndawo, wakhuthazwa yini ukuyithatha lapho?

Sekusikhathi esingangani uthatha imitjhoga la uyithatha khona?

Ngaphambi kobana uthunyelwe la uthatha khona nje, besele unesikhathi esingangani uthatha imitjhoga emtholampilo wakho lo?

Watjelwa njani ngalendawo othatha kiyo nje?

Utjelwa njani bona imitjhoga yakho sele ifikile lapha uthatha khona?

Nawufika khona uhlala uyithola ikhona imitjhoga yakho?

Appendix D: Permission Letter from TREC

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: **22 August 2022**

PROJECT NUMBER: **TREC/374/2022: PG**

PROJECT:

Title:	Accessibility of Chronic Medications and Challenges faced by Clients through the Central Chronic Medications Dispensing and Distribution Programme at the Selected Clinics in Thembisile Hani Health Sub-District, South Africa.
Researcher:	MB Mabhena
Supervisor:	Dr. PM Mamogobo
Co-Supervisor/s:	N/A
School:	Health Care Sciences
Degree:	Master of Nursing Science

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

Finding solutions for Africa

Appendix E: Permission Letter from MPDoH

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Indwe Building, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200, Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
Tel I: +27 (13) 766 3429, Fax: +27 (13) 766 3458

Litiko Letemphilo | Departement van Gesondheid | UmNyango WezeMaphilo

Enq: 013 766 3766
Ref: MP_202209_007

Research Permission Letter

MR M MABHENA
PRINCIPAL INVESTIGATOR
PO BOX 887
SIYABUSWA, 0472

Dear Mr Mabhena

STUDY TITLE: ***ACCESSIBILITY OF CHRONIC MEDICATIONS AND CHALLENGES FACED BY CLIENTS THROUGH THE CENTRAL CHRONIC MEDICATIONS DISPENSING AND DISTRIBUTION PROGRAMME AT THE SELECTED CLINICS IN THEMBISILE HANI HEALTH SUB-DISTRICT, SOUTH AFRICA***

The Mpumalanga Provincial Health Research and Ethics Committee (MPHREC) has approved your research proposal in the latest format you sent, and hereby grant you permission to conduct your research as detailed below.

- Approval Reference Number: **MP_202209_007**
- Data Collection Period: **15/02/2023 to 20/11/2023**
- Approved Data Collection Facilities:

* **KWAGGAFONTEIN C CHC; KWAMHLANGA CLINIC & VLAKLAAGTE 2 CHC**

Kindly ensure that conditions mentioned below are adhered to, and that the study is conducted with minimal disruption and impact on our staff, and also ensure that you provide us with a soft or hard copy of the report once your research project has been completed.

Conditions:
- *Researchers not allowed to make copies or take pictures of medical records.*
- *Kindly notify the facility manager* ***a week BEFORE*** *you start with data collection to ensure that conditions are conducive in the facility.*
- *The FINAL RESEARCH FINDINGS must be uploaded on the NHRD website*

Kind regards

DR C NELSON
MPHREC CHAIRPERSON
DATE: 20/02/2023

MPUMALANGA
THE PLACE OF THE RISING SUN

Appendix F: Interview transcript

Transcript for interview

Date:17/07/2023 – 18/07/2023

Vlaklaagte CHC

20/08/2023 - 22/08/2023

Kwaggafontein CHC

25/08/2023 – 27/.08/2023

KwaMhlanga CHC

Researcher – Researcher

Participant – Participant 1 to 8

Introduction.

The researches introduced herself to all the participants. The purpose of the study was explained thoroughly to the participants and written consent form were issued to the participants and it was voluntary. Participants were reminded about all ethical considerations which was adhered to. They were informed that audio taping (records) will be used to record the interview so that they won't be surprised or afraid and participants were given chance to ask questions or withdraw from participating in the study if they wish to do so.

PARTICIPANT 1

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	
35 - 44	✓
45 - 60	
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	
Full Time in Private Sector	
Unemployed	
Other, (Specify below)	✓

Specify : Domestic worker

A3. LEVEL OF EDUCATION

Below Matric	

Matric	
Tertiary Student	
Tertiary/College Qualification	✓

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	
External – PRIVATE PHARMACY	✓
Adherence Club	
Home Delivery	
Work Delivery	

B.2

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 1: Yes I use transport. Even though I may not be able to estimate exact kilometres, but its not a walking distance from home to the mall.

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 1: Yes I use taxis, R40 in total (R20 each trip)

Researcher: Education on effects and side effects of treatment, establish adherence?

Participant 1: No, they never said anything. They just give me treatment.

C. SOCIAL

Researcher: Return dates – how often do you collect treatment?

Participant 1: I go twice before I come renew my script.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 1: Yes I always find it.

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 1: I receive SMS reminders few days before I go collect my treatment

Researcher: Do you find it easy to receive messages and interpret them?

Participant 1: Yes its simple to read them.

Researcher: Do you ever miss dates?

Participant 1: No.

Researcher: Do you ever go without treatment?

Participant 1: Lately no. That used to happen long ago when I was still working in Pretoria.

Researcher: Where you are out of treatment what do you do?

Participant 1: Now its simple, I just send someone I trust to go collect treatment for me.

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 1: Yes

Researcher: What is the procedure for doing so?

Participant 1: I give them my ID document and my clinic card. When they get to Clicks they go to the queue. They will want the ID and the clinic card. They scan the ID then go in the storeroom and come back with the treatment. Yeeey, you will struggle sometimes when there is poor network caused by Loadshedding.

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 1: At Clicks they do not give any information there. At the clinic they do give some information sometimes

Researcher: What would be that information about?

Participant 1: About viral load results, Covid-19 Vaccine and TB

Researcher: Do you have a support group in your area?

Participant 1: No

Researcher: Do you ever miss your 6 monthly assessments with your doctor/clinic?

Participant 1: I did that once and I never did ever again.

Researcher: Once you have missed it are you allowed to continue with treatment?

Participant 1: Yes, I came the other day when I was free, but the nurse that day shouted at me as if I was a child. But because I want to live healthy, I just kept quiet.

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 1: Yoh! When we come for that we wait hey. We wait for hours. But I understand that the nurse has lot of work like collecting bloods, writing files and pressing the computer.

KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 1: I remember Sr. Mahamba one day told me that my viral load is normal and that I qualify for CCMDD. She then gave me information.

Researcher: Are you still comfortable with this point?

Participant 1: Yes I am.

Researcher: In the event that you want to change, how would you do it?

Participant 1: I do not know how. But I do not think I would ever want to change.

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 1: Whenever I have them, I go to the clinic to ask. Like the other time they gave me these white pills that made me feel dizzy, I took them back to the clinic.

Researcher: Once you lose your card, how do get a new one and make sure that you don't miss and skip your treatment?

Participant 1: I think I can come get a new one here at the clinic.

Researcher: Have you ever lost one?

Participant 1: Yes I did, but lucky enough I found it before my appointment date

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 1: I think if it was not because of this program most people including myself would have long defaulted treatment. It's not nice to be here every month, that time its full and slow!

SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 1: No, I just take and go.

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 1: I think they can notice some of them. Some even think this program is for ONLY HIV positive people.

Researcher: How do they check if it is correct medication?

Participant 1: I think Clicks communicate with the clinic through computers. But at Clicks they check if the name on the box is correct.

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 1: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 1: Yes.

Additional probing questions to add

Researcher: I realise that you are taking treatment from this point of treatment collection – What motivated you to choose this point?

Participant 1: A nurse told me about the benefits of this PUP and I tried it.

Researcher: For how long have you been collecting this treatment from this point?

Participant 1: I am having more than two years. I started before Covid-19

Researcher: Tell me about your experience at the clinic before you were referred to this PuP

Participant 1: Yoooh! It was not good at all. You would stay for hours here at the clinic, then worse get one pack of treatment.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 1: I get an SMS every time, few days before my appointment/collection date

PARTICIPANT 2

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	
35 - 44	
45 - 60	✓
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	
Full Time in Private Sector	
Unemployed	✓
Other, (Specify below)	

Specify :

A3. LEVEL OF EDUCATION

Below Matric	✓
Matric	
Tertiary Student	
Tertiary/College Qualification	

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	✓
External – PRIVATE PHARMACY	
Adherence Club	
Home Delivery	
Work Delivery	

B.2 DISTANCE AND COSTS TO ACCESS SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 2: Yes, but I do not use taxi. I just walk. I collect here at the clinic.

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 2: No. I told the nurses I will not be able to go outside the clinic.

Researcher: Services provided in the pick up point : education on effects **a**nd side effects of treatment, establish adherence?

Participant 2: Yes, here we get educated about a lot of things here.

C. SOCIAL

C.1 Return dates

Researcher: How often do you collect treatment?

Participant 2: I go twice before I come renew my script.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 2: Yes I always find it.

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 2: One day my nephew told me there is a message from the clinic on my phone reminding me about my collection date.

Researcher: Do you find it easy to receive messages and interpret them?

Participant 2: I cannot read messages from the phone. My grand-children do read the. But one nurse said I should not worry about the messages but look at the collection dates on my phone.

Researcher: Did the nurse explain ehy you should ignore the messages from CCMDD

Participant 2: She said if I do not have problem with forgetting my appointment dates then I do not need to bother myself with those messages.

Researcher: Do you ever miss dates?

Participant 2: I used to back then when my grand-son was still young.

Researcher: What could be the cause of missed date?

Participant 2: Sometimes you would find that I do not have anyone to take care of him, and I hated to bring a young child to a crowded like this one because he would not sleep well that night.

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 2: Yes I do come collect. But hey, one nurse once talked bad with me because of missing dates.

Researcher: Do you mind sharing what she said?

Participant 2: No. I do not want to get the other child fired. I did not even report her to the former manager. One day she helped me again and I told her that I did not like how she talked to me the other day. She apologised shame.

Researcher: Do you ever go without treatment?

Participant 2: Yoooh! No! I do not want to die without even getting old age pension [Laughing]

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 2: Yes, my daughter-in-Law do come collect for me sometimes.

Researcher: What is the procedure for doing so?

Participant 2: I give her my appointment card. She then come early in the morning; queue then get treatment.

Researcher: Does she not complain about the process?

Participant: You know young people are impatient. She always complains that its slow here and they do not have chairs to sit on.

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 2: They tell us many things. Like last time they told me that the pill we take at night will change and that now we will be able to take it even during the day if we want to.

Researcher: Do you have a support group in your area?

Participant 2: No

Researcher: Do you ever miss your 6 monthly assessment with your doctor/clinic?

Participant: I don't miss it.

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 2: Yes it is, For me any time is okay.

E: KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 2: One day Sr. Ledwaba (former manager) educated us about it in the morning.

Researcher: Are you still comfortable with this point?

Participant 2: Yes, I don't want these things them at the mall.

Researcher: In the event that you want to change, how would you do it?

Participant 2: I do not know how. But I do not think I would ever want to change. My life is here.

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 2: Whenever I have them, I come to the clinic to ask.

Researcher: Once you lose your card, how do get a new one and make sure that you don't miss and skip your treatment?

Participant 2: I think I can come get a new one here at the clinic.

Researcher: Have you ever lost one?

Participant 2: Yes I did

Researcher: How did you go about to get a new one?

Participant 2: I asked the receptionists, but they refused to give me. The nurse then gave me in the consulting room

Researcher: What were some of the difficulties to get the new card?

Participant 2: Like I just said, those girls said the cards are finished.

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 2: Wow, this program helped everyone in it. This clinic used to be FULL! Imagine we got to come here every month for treatment. Sometimes I would feel so tired of this clinic thing. But look now, we come few times a year.

F: SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 2: No, but I think people know when you come this side you have everyday treatment.

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 2: People think everyone this side have AIDS. But Sister Ledwaba always educated them that this program is for everyone on chronic treatment.

Researcher: How do they check if it is correct medication?

Participant 2: I do not know but it is never wrong [Laughing]

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 2: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 2: Yes, but the other day my treatment did not come from CCMDD. However, the sister gave me from the clinic stock.

Additional questions

Researcher: I realise that you are taking treatment from this point of treatment collection – What motivated you to choose this point?

Participant 2: It is close from my home. I don't have to use any money to come here. And I like it here because when you feel sick they can write something for you.

Researcher: For how long have you been collecting this treatment from this point?

Participant 2: Mhmmm, I think a year. By the way when was the Corona year?

Researcher: 2020

Participant 2: Yes! Towards the end of that year.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 2: I just look at my card.

PARTICIPANT 3

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	
35 - 44	✓
45 - 60	
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	
Full Time in Private Sector	✓
Unemployed	
Other, (Specify below)	

Specify :

A3. LEVEL OF EDUCATION

Below Matric	
Matric	
Tertiary Student	
Tertiary/College Qualification	✓

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	
External – PRIVATE PHARMACY	✓
Adherence Club	
Home Delivery	
Work Delivery	

B.2 DISTANCE AND COSTS TO ACCESS SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 3: Yes, from my house coming here is about 1 to 2 kilometres and from my house to the mall is about 10km

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 3: I use my car to the mall, but my wife catches a taxi most of the time

Researcher: Services provided in the pick-up point : education on effects and side effects of treatment, establish adherence?

Participant 3: No, there at clicks they work money [Laughing]

C. SOCIAL

C.1 Return dates

Researcher: How often do you collect treatment?

Participant 3: Previously I used to go collect twice before I renew script but since last year I only go once before I renew script.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 3: Yes always.

Researcher: Knowing your return dates how do you receive **messages** of treatment?

Participant 3: I get SMSs on my phone few days before my collection date.

Researcher: Do you find it easy to receive messages and interpret them?

Participant 3: Yes yes its so easy. I am even used to them

Researcher: Do you ever miss dates?

Participant 3: I used to back then before I joied CCMDD and when I was still collecting here at the clinic. But ever since I started using Clicks I hardly miss dates. When I cannot go collect my wife goes on my behalf.

Researcher: What could be the cause of missed date?

Participant 3: I am a bus driver, I work almost 5 days a week, and sometimes on weekends. Here at the clinic they attend CCMDD clients only in the morning, after that they will send you to the passage.

Researcher: As you said your wife sometimes collects for you, couldn't she do that here at the clinic.

Participant 3: She used to, but mostly she complained about long queue and slow service. And, most of the time she prepares our children to school then come here after.

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 3: At Clicks you can go even after 3 days to collect your medication. But I only missed my date once.

Researcher: Are there times when you don't find treatment on the said date?

Participant 3: There is one time when my wife went to Clicks and they told her my treatment is not there. And you know I noticed something was because I did not receive an SMS before.

Researcher: So what did you do to get your treatment and what was the reason for not getting it at Clicks?

Participant 3: I came to the clinic/ The nurse said she is not sure, maybe its network problems that failed to register me.

Researcher: Do you ever go without treatment?

Participant 3: Back then yes, but since I joined CCMDD I always have enough treatment. And the nurse once told us that if the viral load goes high we go back to the passage.

Researcher: Where you are out of treatment what do you do?

Participant 3: I used to just ignore as if nothing wrong is happening, but after the education about viral load I never make any mistake.

Participant 3: Are you able to send a relative in case you are unable to collect treatment?

Participant 3: Yes, my wife most of the time collects for me.

Researcher: What is the procedure **for** doing so?

Participant 3: I give her my appointment card and ID then she goes. At clicks the direct you according to what you want.

Researcher: Does she not complain about the process?

Participant 3: [Laughing] No woman will complain about going to a mall.

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 3: They educate us about many things during script renewal.

Researcher: What would be that information about?

Participant 3: Many things hey. Like last time they educated me that since I am HIV positive and my wife is still negative, she can take PrEP to prevent HIV infection. I told her and now she is using the. No more worry about her being HIV

Researcher: Do you have a support group in your area?

Participant 3: No

Researcher: Do you ever miss your 6 monthly assessment with your doctor/clinic?

Participant 3: I do, especially if on my date I drive a morning and an evening bus. But last time this other male nurse renewed my script on a weekend using his cellophane.

Researcher: Once you have missed it are you allowed to continue with treatment?

Participant 3: Yes I do when I get time, but I try not to miss many days

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 3: Eish! To be honest, this thing of renewing scripts in the morning is a problem for me. I wish they can work the whole day, and even weekends like that male nurse.

E. KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 3: One day Sr. Skosana told me about this thing after I complained that I cannot always come on my dates and that I need more treatment.

Researcher: Are you still comfortable with this point?

Participant 3: Yes, I am very comfortable with Clicks.

Researcher: In the event that you want to change, how would you do it?

Participant 3: I do not know how. But I do not think I would ever want to change.

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 3: I do come and ask.

Researcher: Once you lose your card, how do get a new one and make sure that you don't miss and skip your treatment?

Participant 3: I think I can come get a new one here at the clinic. Mine stays with my wife most of the time and she is good with keeping things safe.

Researcher: Have you ever lost one?

Participant 3: Yes I did

Researcher: How did you go about to get a new one?

Participant 3: I told the nurse who helped me that day and she gave me a new one. I got lucky because I know my file number by heart.

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 3: Yes hey! Coming to the clinic now and again is not nice my brother believe me. And my supervisor used to complain when I request day off.

F. SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 3: No, the medication is nicely covered.

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 3: We don't care anymore [Laughing]. As long as we live healthy.

Researcher: How do they check if it is correct medication?

Participant 3: I do not know, but I think the computer knows.

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 3: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 3: Yes, it was only that day.

Additional probing questions

Researcher: I realise that you are taking treatment from this point of treatment collection – What motivated you to choose this point?

Participant 3: Its work my brother. Its easy to use Clicks than Clinic.

Researcher: For how long have you been collecting this treatment from this point?

Participant 3: Since 2019 September.

Researcher: Tell me about your experience at the clinic before you were referred to this PuP

Participant 3: Clicks is the best. You don't stress about queue and getting up early. You go anytime you want during the week.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 3: The SMS on my phone tells me that now, its that time.

PARTICIPANT 4

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	
35 - 44	✓
45 - 60	
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	

Full Time in Private Sector	
Unemployed	
Other, (Specify below)	✓

Specify : Part-Time in Public Sector

A3. LEVEL OF EDUCATION

Below Matric	
Matric	
Tertiary Student	
Tertiary/College Qualification	✓

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	
External – PRIVATE PHARMACY/DOCTOR	✓
Adherence Club	
Home Delivery	
Work Delivery	

B.2 DISTANCE AND COSTS TO ACCESS SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 4: Yes, its not a walking distance

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 4: Yes I use Taxi to go to Clicks and even coming here I use Taxi.

Researcher: Services provided in the pick-up point : education on effects and side effects of treatment, establish adherence?

Participant: No, at Clicks they don't do that.

C. SOCIAL

Researcher: How often do you collect treatment?

Participant 4: I only go once to clicks before I renew my script again. They give me Three (3) months packs here and the other Three (3) at Clicks.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 4: Yes always.

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 4: I get SMSs on my phone few days before I collect. But last month I even received a WhatsApp text.

Researcher: Do you find it easy to receive messages and interpret them?

Participant 4: Yes they are easy to read and understand.

Researcher: Do you ever miss dates?

Participant 4: Before I joined CCMDD I missed them a lot. That is why I took transfer from my local Clinic to this one.

Researcher: What could be the cause of missed date?

Participant 4: I work as an Administration Clerk at School, so I knock off at around 15h00. It took me about an hour to get to my local clinic, which most of the time I would find them closed. So I moved to here because it is a 24 hour clinic

Researcher: I get you. So what about at Clicks, do you ever miss a date there?

Participant 4: At Clicks No no.

Researcher: How do you ensure you do not miss a date there?

Participant 4: At Clicks is simple. When I knock off at work I catch a taxi straight to the Mall. I arrive there before they close. So there is no reason I can miss a date.

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 4: At Clicks you can go even after few days to collect your medication. But I only heard that from a nurse here at the clinic

Researcher: Are there times when you don't find treatment on the said date?

Participant 4: Ever since I started, I always get my medication ready.

Researcher: So what did you do to get your treatment and what was the reason for not getting it at Clicks?

Participant 4: Sister Makola from my former clinic told us about CCMDD and registered us, but there we were ONLY collecting at the clinic. When I came here they sent me to Clicks.

Researcher: Do you ever go without treatment?

Participant: Not anymore.

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 4: Yes, my sister did collect for me twice.

Researcher: What is the procedure **for** doing so?

Participant 4: I give her my appointment card and ID then she goes. At clicks the direct you according to what you want.

Researcher: Does she not complain about the process?

Participant 4: She complained that she feels like people see her as HIV Positive, She is just a shy person

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 4: We only get education here during script renewal and blood collection visits.

Researcher: What would be that information about?

Participant 4: A lot of things. Last they told us that there is a new pill that without side-effects and it can be taken even in the morning.

Researcher: Do you have a support group in your area?

Participant 4: No

Researcher: Do you ever miss your 6-monthly assessment with your doctor/clinic?

Participant 4: No I do not anymore. I made friends with one of the Data Captures herein. He always arrange a nurse to assist me even when I arrive in the afternoon. Here they only renew scripts in the morning.

Researcher: Once you have missed it are you allowed to continue with treatment?

Participant 4: I can my friend [Laughing]. But one nurse once gave me attitude and told me that I make myself special!

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 4: I don't think the times are convenient. Imagine if someone can only come here in the afternoon and they are without any friend like myself to do them favours. I think they should just allow us to renew scripts anytime of the day.

E. KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 4: I did not choose, Sr. Makola registered me to it.

Researcher: Are you still comfortable with this point?

Participant 4: Yes, I am very comfortable with Clicks and this clinic.

Researcher: In the event that you want to change, how would you do it?

Participant 4: I think I will have to ask a nurse to change me, I am not sure.

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 4: I do come and ask.

Researcher: Once you lose your card, how do get a new one and make sure that you don't miss and skip your treatment?

Participant 4: Yooh last I lost it, but my friend gave me a new one. Lucky me, I found it Two months later.

Researcher: Have you ever lost one?

Participant 4: Yes I did

Researcher: How did you go about to get a new one?

Participant 4: I asked for a new one and luck enough that day they had them

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 4: You know what, this programme has helped me a lot. Previously I struggled due to work and collecting medication. It was so difficult I do not want to lie to you.

F. SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 4: No, the medication comes in boxes.

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 4: I think people are aware that wjen you come this side you are having HIV. But one day I heard a nurse educating other patients that NOT only HIV positive people collect from this side. She told them that everyone on stable treatment can collect this side.

Researcher: How do you wish things can change in terms of coming this side?

Participant 4: I think we should all be on one side, one queue.

Researcher: How do they check if it is correct medication?

Participant 4: They electronically register it on the system.

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 4: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 4: Yes, it is always there.

Additional probing questions to add

Researcher: I realise that you are taking treatment from this point of treatment collection – What motivated you to choose this point?

Participant 4: Like I said, I could not use my local clinic because it closes at 16h00 and clicks because I can go there after work.

Researcher: For how long have you been collecting this treatment from this point?

Participant 4: I started treatment in 2017, but came to this clinic in 2020 September if not October.

Researcher: Tell me about your experience at the clinic before you were referred to this PuP

Participant 4: At Clicks they do not have any problem. Only here where you find other sisters with bad attitude.

Researcher: Tell me about the bad attitude.

Participant 4: Others will keep telling you that you should arrive early and that they will remove me from the program if I think I will arrive whenever I want.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 4: The SMS on my phone.

PARTICIPANT 5

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	✓
35 - 44	
45 - 60	
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	

Full Time in Private Sector	
Unemployed	
Other, (Specify below)	✓

Specify : Part-Time in Private Sector

A3. LEVEL OF EDUCATION

Below Matric	
Matric	✓
Tertiary Student	
Tertiary/College Qualification	

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	
External – PRIVATE PHARMACY/DOCTOR	✓
Adherence Club	
Home Delivery	
Work Delivery	

B.2 SISTANCE AND COSTS TO ACCESS SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 5: Yes

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 5: Yes I use Taxi to go to the mall, but to come here at the clinic I walk.

Researcher: Services provided in the pick-up point : education on effects and side effects of treatment, establish adherence?

Participant 5: No, at Clicks they just give you. Only here where you talk to us

C. SOCIAL

Researcher: How often do you collect treatment?

Participant 5: I only go once to clicks before I renew my script again.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 5: Yes, they make no mistake at Clicks.

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 5: I get SMSs on my phone few days before

Researcher: Do you find it easy to receive messages and interpret them?

Participant 5: Yes I can easily do that

Researcher: Do you ever miss dates?

Participant 5: Yes sometimes I do miss.

Researcher: What could be the cause of missed date?

Participant 5: It would just slip my mind. I sometimes confuse the dates. But I never missed more than a week, its just one or two days then I go.

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 5: At Clicks I do get my treatment even after missing a date.

Researcher: Are there times when you don't find treatment on the said date?

Participant 5: I always get my medication ready.

Researcher: So what did you do to get your treatment and what was the reason for not getting it at Clicks?

Participant 5: The nurse checked my blood results and said I do qualify for CCMDD and I got interested, plus I do not like the clinic [Laughing]

Researcher: Do you ever go without treatment?

Participant 5: No! Yooh I don't want to be removed from the CCMDD

Researcher: What do you mean about that?

Participant 5: The nurse told me that if they collect my bloods and happen to find my viral load high, they will remove me from CCMDD

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 5: The nurse said it is possible but I always collect myself.

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 5: Here at the clinic we learn a lot.

Researcher: What would be that information about?

Participant 5: Like today morning we got educated about PrEP and COVID-19 vaccine

Researcher: Do you have a support group in your area?

Participant 5: No

Researcher: Do you ever miss your 6-monthly assessment with your doctor/clinic?

Participant 5: No I do not

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 5:I do not find the time convenient. The renew scripts in the morning and whenever you come in the afternoon it becomes a problem. So most of the time I just take a day off at work.

KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 5: Like I said, a nurse told me about it and I got interested

Researcher: Are you still comfortable with this point?

Participant 5: Yes, I am very comfortable with Clicks

Researcher: In the event that you want to change, how would you do it?

Participant 5: I am not planning to change, but I think I will have to tell the nurse attending me that I want to change

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 5: I used to come and ask, but that was long ago.

Researcher: Once you lose your card, how do get a new one and make sure that you don't miss and skip your treatment?

Participant 5: I never lost my card

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 5: It has helped me a lot. I actually hate it here at the clinic.

Researcher: What do you hate?

Participant 5: Whenever you come here you should know that you will be here the whole day. And other patients will keep on looking at you and end up gossiping in the community.

SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 5: No, the medication comes in closed boxes

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 5: At first I was uncomfortable to collect this side because they said its for only HIV positive people. But now I do not care anymore.

Researcher: How do you wish things can change in terms of coming this side?

Participant 5: I think we should all be one side, not thing of having CCMDD being one side of the clinic

Researcher: How do they check if it is correct medication?

Participant 5: I think the computer knows

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 5: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 5: Yes, it is always there.

Additional probing questions

Researcher: I realise that you are taking treatment from this point of treatment collection – What motivated you to choose this point?

Participant 5: At Clicks its fast. No one will notice that you are there for chronic medication.

Researcher: For how long have you been collecting this treatment from this point?

Participant 5: I have been on CCMDD since 2021 May.

Researcher: Tell me about your experience at the clinic before you were referred to this PuP

Participant 5: I hated everything here.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 5: The SMS on my phone but I go on my date or after.

PARTICIPANT 6

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	
35 - 44	
45 - 60	
60+	✓

A2. TYPE OF EMPLOYMENT

Full Time in Government	

Full Time in Private Sector	
Unemployed	
Other, (Specify below)	✓

Specify : Pensioner

A3. LEVEL OF EDUCATION

Below Matric	✓
Matric	
Tertiary Student	
Tertiary/College Qualification	

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	✓
External – PRIVATE PHARMACY/DOCTOR	
Adherence Club	
Home Delivery	
Work Delivery	

B.2 DISTANCE AND COSTS TO ACCESS THE SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 6: NO, I collect here at the clinic

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 6: NO, I walk every time.

Researcher: Education on effects and side effects of treatment, establish adherence?

Participant 6: Yes they educate us a lot here.

C. SOCIAL

Researcher: How often do you collect treatment?

Participant 6: I think I come once or twice before I renew my script. Please check in my card to confirm.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 6: Yes, I always do

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 6: My grandchildren often say there is a message from the clinic reminding me about my pills. But you know us we grew up during the old days we cannot reat and write

Researcher: Do you find it easy to receive messages and interpret them?

Participant 6: No, the kids read them

Researcher: Do you ever miss dates?

Participant 6: Yes, sometimes I do miss.

Researcher: What could be the cause of missed date?

Participant 6: I ask my grandchildren to remind me, so if they forget I also forget.

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 6: Yes, I do come here and get my treatment.

Researcher: Are there times when you don't find treatment on the said date?

Participant 6: It has not happened since I collected this side.

Researcher: Do you ever go without treatment?

Participant 6: No, lately they give us many pills. Previously they would be finished before the return date

Researcher*:* Where you are out of treatment what do you do?

Participant 6: I used to come and ask whenever I see they are about to be finished.

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 6: I used to send my younger daughter, but she got a job in Pretoria,

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 6: They talk about many things

Researcher: What would be that information about?

Participant 6: They tell us not to eat too much salt and that we must not miss medication

Researcher: Do you have a support group in your area?

Participant 6: No, I do not have any. We used to have those long ago.

Researcher: Do you ever miss your 6-monthly assessment with your doctor/clinic?

Participant 6: No. I always make sure.

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 6: I do not find any problem. For as long as I get my medication and go

E. KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 6: They said my BP is stable, I should come this side.

Researcher: Are you still comfortable with this point?

Participant 6: Yes I am okay my child.

Researcher: In the event that you want to change, how would you do it?

Participant 6: I will never change. This is the closest clinic. You can see some of us we are old, we cannot go far [Laughing]

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 6: I do come and tell the nurses. Like these pills in red and white box give me dizziness.

Researcher: Once you lose your card, how do you know how to get a new one and make sure that you don't miss and skip your treatment?

Participant 6: I do ask for a new one. But last time they said the new cards are finished, hence you see me using that full card.

Researcher: Have you ever lost one?

Participant 6: No, it stays next to my ID at home

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 6: I think it is easy mow to take medication. We no longer come every month. However, I will never default treatment, it's my life.

F. SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 6: No, I do not have to do that.

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 6: I do not think we know each other's treatment. Only nurses know that.

Researcher: How do you wish things can change in terms of coming this side?

Participant 6: We need enough chairs here. We stand a lot waiting. And this clinic is small, maybe they need to extend it so that we can all fit in.

Researcher: How do they check if it is correct medication?

Participant 6: I think nurses know our treatment,

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 6: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 6: Yes, it is always there.

Additional probing questions

Researcher: For how long have you been collecting this treatment from this point?

Participant 6: I think during that time of the COVID-19, I cannot remember well.

Researcher: Are the staff members always treating you well?

Participant 6: The nurses are always nice. They respect elders.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 6: The SMS on my phone but I go on my date or after.

PARTICIPANT 7

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	

25 - 34	
35 - 44	✓
45 - 60	
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	
Full Time in Private Sector	
Unemployed	✓
Other, (Specify below)	

Specify :

A3. LEVEL OF EDUCATION

Below Matric	
Matric	✓
Tertiary Student	
Tertiary/College Qualification	

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	
External – PRIVATE PHARMACY/DOCTOR	✓
Adherence Club	
Home Delivery	
Work Delivery	

B.2 DISTANCE AND COSTS TO ACCESS THE SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 7: Yes I travel to the mall

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 7: I use Taxi every time to clicks and it is so expensive lately

Researcher: Education on effects and side effects of treatment, establish adherence?

Participant 7: At Clicks they just give you. They do not say anything.

C. SOCIAL

Researcher: How often do you collect treatment?

Participant 7: I go twice at Clicks then after I come here

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 7: Yes, I always do

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 7: I receive SMS on my phone

Researcher: Do you find it easy to receive messages and interpret them?

Participant 7: I can read them but I do not even mind them.

Researcher: Do you ever miss dates?

Participant 7: Yes, I do

Researcher: What could be the cause of missed date?

Participant 7: They sent me to Clicks and sometimes I do not have enough money for taxi.

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 7: I came here last time and asked for treatment. But the nurse was so angry that I did not collect at Clicks.

Researcher: Are there times when you don't find treatment on the said date?

Participant 7: At Clicks medication is always there.

Researcher: Do you ever go without treatment?

Participant 7: No, I do not.

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 7: I do not have anyone to send, so most of the time I collect for myself.

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 7: At Clicks they say nothing, you just collect and go. Only here is where you get information

Researcher: What would be that information about?

Participant 7: They tell us about bloods and medication

Researcher: Do you have a support group in your area?

Participant 7: No, I do not have any. Its every man for himself now [Laughing]

Researcher: Do you ever miss your 6-monthly assessment with your doctor/clinic?

Participant 7: I do sometimes

Researcher: Once you have missed it are you allowed to continue with treatment?

Participant 7: I do come whenever I get a chance.

Researcher: When you come late for your missed assessment how do the staff react/treat you?

Participant 7: Hey! Some nurses are rude shame! They often shout at us that we miss dates, we make it difficult for them to work.

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 7: I think we should be allowed to come anytime of the day. This thing of coming in the morning is difficult

Researcher: Can you please explain the difficulty

: We queue here without chairs, we wait for long before getting help

E. KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 7: They just said I qualify to be in here and they sent me herein

Researcher: Are you still comfortable with this point?

Participant 7: No I am not. I just want to come back and collect here. This thing of clicks is for working people and those with cars.

Researcher: In the event that you want to change, how would you do it?

Participant 7: I will never change. Today I will tell the nurse that I do not want to go there again

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 7: I do tell them. I wont keep quit with something that will kill me.

Researcher: Once you lose your card, how do you know how to get a new one and make sure that you don't miss and skip your treatment?

Participant 7: I do know I should ask

Researcher: Have you ever lost one?

Participant 7: Yes, I did

Researcher: How did you go about to get a new one?

Participant 7: I asked a nurse and she said they are finished. She just cut a box for me and wrote my details.

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 7: It has assisted a lot. The problem started when they sent me to Clicks

F. SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 7: No,

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 7: I do not mind what people say, I just want to live my life. People always talk

Researcher: How do you wish things can change in terms of coming this side?

Participant 7: They should just ensure we go home early and buy chairs for us. They should not force us to go to clicks

Researcher: How do they check if it is correct medication?

Participant 7: The nurses know our treatment.

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 7: I never found wrong treatment. Those people make sure.

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 7: Yes, it is always there.

Additional probing questions

Researcher: I realise that you are taking treatment from this point of treatment collection – What motivated you to choose this point?

Participant 7: They chose Clicks for me

Researcher: For how long have you been collecting this treatment from this point?

Participant 7: I have been on CCMDD since 2019, but at Clicks I started last time I came here for script

Researcher: Tell me about your experience at the clinic before you were referred to this PuP

Participant 7: Before CCMDD it was hard. The queues were too long. But since I started CCMDD things got easier

Researcher: Are the staff members always treating you well?

Participant 7: Others are okay but others are disrespectful. They talk rude with other people.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 7: I receive SMSs

PARTICIPANT 8

A, DEMOGRAPHIC DATA OF CLIENT

A1. AGE GROUP

15 - 24	
25 - 34	✓
35 - 44	
45 - 60	
60+	

A2. TYPE OF EMPLOYMENT

Full Time in Government	
Full Time in Private Sector	✓
Unemployed	
Other, (Specify below)	

Specify :

A3. LEVEL OF EDUCATION

Below Matric	

Matric	
Tertiary Student	
Tertiary/College Qualification	✓

B. ACCESSIBILITY OF THE SERVICE

B1. Pick-Up Point

Internal _ CLINIC	
External – PRIVATE PHARMACY/DOCTOR	✓
Adherence Club	
Home Delivery	
Work Delivery	

B.2 DISRANCE AND COSTS TO ACCESS THE SERVICE

Researcher: Do you have to travel to this point? estimate kilometres from home or point of work or school

Participant 8: Yes, I do travel to get my medication

Researcher: Do you have to use transport or pay an amount to catch a bus or taxi to collect treatment?

Participant 8: I use staff bus from where I stay to work, so during my collection date I get off at the mall and go collect. From the mall to where I stay is a walking distance.

Researcher: Education on effects and side effects of treatment, establish adherence?

Participant 8: At Clicks they do not waste time. You collect and go

C. SOCIAL

Researcher: How often do you collect treatment?

Participant 8: I only go once after 3 months then come to the clinic.

Researcher: Each time you arrive are you able to find your treatment each time?

Participant 8: Yes I always do. At Clicks they make no mistake.

Researcher: Knowing your return dates how do you receive messages of treatment?

Participant 8: I receive SMS on my phone.

Researcher: Do you find it easy to receive messages and interpret them?

Participant 8: Yes, its very easy to interpret them.

Researcher: Do you ever miss dates?

Participant 8: Only the clinic dates.

Researcher: What could be the cause of missed date?

Participant 8: You find my when my appointment date arrives my shift is still on the I fail to come

Researcher: When you have missed the date do you find a chance to collect at any time?

Participant 8: Yes as soon as I get time I do come and get treatment.

Researcher: Are there times when you don't find treatment on the said date?

Participant 8: It never happened since I started collecting at Clicks

Researcher: Do you ever go without treatment?

Participant 8: I used to before

Researcher: Where you are out of treatment what do you do?

Participant 8: I remember one time when I ran out of medication I sent my sister to the clinic to collect on my behalf and she sent them to me via PEP Courier method

Researcher: Are you able to send a relative in case you are unable to collect treatment?

Participant 8: They did say I can send someone but I do go myself because it is close to where I work.

D. Attitude of Staff

Researcher: Once you collect treatment what type of information are you given regarding your treatment?

Participant 8: At Clicks they say nothing, you just collect and go

Researcher: Do you have a support group in your area?

Participant 8: No I do not.

Researcher: Do you ever miss your 6-monthly assessment with your doctor/clinic?

Participant 8: I do sometimes

Researcher: What would be the reason for you to miss it then?

Participant 8: Like I said, sometimes my shift work clashes with clinic appointment dates

Researcher: When you have missed your date what do you do?

Participant 8: I do come whenever I get a chance

Researcher: When you come late for your missed assessment how do the staff react/treat you?

Participant 8: They are not the same. Others do shout at me, but majority of them understand my situation

Researcher: When coming for your 6 monthly assessment do you find the time you wait convenient?

Participant 8: I think they should maybe allow us to do it even on weekend or late in the afternoon

E. KNOWLEDGE ON CCMDD

Researcher: How did you choose CCMDD?

Participant 8: I explained how hard it is for me to come to the clinic then one male nurse explained to me about CCMDD

Researcher: Are you still comfortable with this point?

Participant 8: Yes so far I am comfortable

Researcher: If you want to change, how would you do it?

Participant 8: Yes I do. The male nurse explained that I can change every time I want to.

Researcher: When having adverse effects that you suspect are related to treatment, how do you report perhaps still at the 3rd month of collecting treatment?

Participant 8: I think I will have to report. So far I do not have anything.

Researcher: Once you lose your card, how do you know how to get a new one and make sure that you don't miss and skip your treatment?

Participant 8: I do know I should ask

Researcher: Have you ever lost one?

Participant 8: Yes, I did

Researcher: How did you go about to get a new one?

Participant 8: I asked the nurse who was helping me them

Researcher: Tell me about how has this program assisted you NOT to default your chronic medication

Participant 8: Yoh my brother It is hard to work and collecting treatment every month at the clinic. This CCMDD helped me a lot I do not want to lie. Now it's easy. If I default it would be by choice.

F. SOCIAL BARRIERS

The confidentiality of treatment and diagnosis

Researcher: Do you have to reveal your diagnosis as you collect?

Participant 8: No, medication is always covered.

Researcher: Here at this clinic, are people collecting treatment through CCMDD easily identified by other community members and if yes what do you think they say?

Participant 8: I am not sure if they do identify us or not. But I do not think so.

Researcher: How do you wish things can change in terms of coming this side?

Participant 8: I wish it can be fast when we come here. If possible, even allow us to renew our scripts there at Clicks

Researcher: How do they check if it is correct medication?

Participant 8: I think they saved them in the computer

Researcher: In case is wrong treatment what is the procedure to correct and refill?

Participant 8: I never found wrong treatment

Researcher: AS YOU collect treatment each time – do you ALWAYS find treatment available?

Participant 8: Yes, it is always there.

Additional probing questions

Researcher: I realise that you are taking treatment from this point of treatment collection - What motivated you to choose this point?

Participant 8: It's the fact that I will get my medication fast, close and easy. The fact that I will not visit the clinic every month was the most interesting part.

Researcher: For how long have you been collecting this treatment from this point?

Participant 8: I have been on CCMDD since 2021, since the hard times of COVID-19.

Researcher: Tell me about your experience at the clinic before you were referred to this PuP

Participant 8: Yoooh my brother! The clinic is annoying believe me. Its always full and slow. You would spend the whole day at the clinic.

Researcher: Are the staff members always treating you well?

Participant 8: They are not the same. The male nurses are the best.

Researcher: Collecting the treatment from this point how are you informed that your treatment has been delivered and you could come and collect it?

Participant 8: I receive SMSs