

Table 1: Socio-Demographic Characteristics of Study Participants

Characteristics	Health care providers (N=9)	Clients (N=13)
Sex, No (%)		
Male	3(33)	2(15)
Female	6(67)	11(85)
Age (years), No (%)		
18-24	0(0)	0(0)
25-34	4(44)	0(0)
35-44	0(0)	5(38)
45-55	3(33)	4(31)
>55	5(23)	4(31)
Level of education, No (%)		
Primary	2(22)	12(92)
Secondary	4(45)	1(8)
College/University	3(33)	0(0)
Client's Occupation Status, No (%)		
Employed		2(15)
Business		9(70)
Farmer		2(15)
Others specify		0(0)
Clients' duration on ART (years), No (%)		
0-5		3(24)
6-10		6(46)
11-15		2(15)
>15		2(15)
Provider Cadres, No (%)		
Clinician	4(45)	
ART Nurse	2(22)	
Pharmacist	1(11)	
Community Health Worker	2(22)	
Work experience at CTC (years), No (%)		
<1	3(34)	
2-3	4(44)	
4-5	2(22)	

Table 2: Identified Main Themes and Sub-Themes Related to MMD Uptake

Themes	Sub-themes	Codes
Facilitators to the optimum uptake of MMD of ART	Health system factors	Policy and guidelines enable the uptake of MMD. Stakeholders support on MMD uptake
	Health facility factors	Service providers' ability to identify eligible clients for MMD and quality improvement uptake. Ongoing Health Care Providers' moral support to PLHIV. Fast track services of MMD clients Timely collection of HIV Viral load facilitates MMD uptake
	Individual factors	Client's satisfaction/pleasure from MMD service Little interference with client's socio-economic activities Peer clients' motivation increases the uptake of MMD Increasing client's demand for MMD Travel costs reduction Clients' awareness on MMD and its eligibility criteria
Barriers to the optimum uptake of MMD of ART	Health facility factors	Inadequate drug supply of ARVs in the facilities Prolonged turn-around time of HVL results Delayed TPT initiation Staff shortage at CTC
	Individual factors	Self and community stigma hinder MMD uptake Missing appointments and Interruption in treatment