**Focus Group Discussion Guide for Family members/non-HIV community\_English**

***Introduction***

* *Introduction of facilitator/research assistant/group members*
* *Explanation of study and informed consent:* *informed consent forms should be distributed*
* *Thank you for agreeing to participate in this focus group. [NAME OF ORGANIZATION] and the Government of [Name of Country] are evaluating other ways of delivering antiretroviral therapy (ART) that may be more efficient and may improve how many patients to stay in care.*
* *We are very interested in learning about how ART services are delivered and what service-related factors might encourage or discourage patients to stay in care. We are conducting focus groups and interviews with different stakeholders – including health workers, Ministry Officials, and community leaders. But as the family or friends of people on ART, your opinions about these things are extremely important. I am going to be leading a discussion for between one and a half and two hours.*
* *I am now going to talk to you more about the details of the study and your rights as a participant. [NB: Review informed consent form.]*
* *Does anyone have any questions?*

***Explanation of focus group rules***

* *We want everyone to feel comfortable being honest in this discussion. There are no right or wrong answers: we just would like to hear your opinion. Although the things we are going to discuss are not necessarily private issues, it is important that we all agree that our conversation will remain confidential. This means that no one here should tell friends, family, or other people about things that are said during this discussion so that everyone may talk freely.*
* *During the discussion please keep in mind a few other things: It is important to respect each other even if you don’t agree with what someone else is saying. Only one person should talk at a time. In case you disagree with someone, do not interrupt but give your opinion afterwards in a respectful way.*
* *Does anyone have any questions?*
* *Informed consent forms should be signed and collected*

**Introduction**

1. Could you please all introduce yourselves with your name, age and your experience of living with or supporting someone with HIV?
2. Based on your experience or interaction with people on ART, what do you think are the major challenges facing HIV treatment or ART services in [Name of Country]?

**Retention**

1. As you know, for ART patients staying in care can be very challenging. In [Name of Country], we know that a large number of patients have left care after only a short time. Based on your experience, what do you think are some ways to improve the staying in care for patients both before and after they start ART?

**Model description**

As I mentioned above, the MOH and [NAME OF ORGANIZATION] are working together to test some different ways to deliver ART, in order to try to improve staying in care and to decongest clinics. I would like to describe four different approaches that the MOH wants to try out, and then ask some questions about each one. Are we OK to continue?

1. Model 1: Rural Community Based ART Adherence Group (CAG)
	1. What would you see as the major strengths of this model?
	2. What would see as the major challenges of this model?
	3. What do you think about patients only having to visit the clinic once every six months?
	4. What do you think about patients meeting in a group in the community each month?
	5. What do you think about having a lay or community health worker provide supervision and support to these groups? (Explain)
	6. In general do you think it is feasible to form these groups? [Probe: trust, group dynamics, distances]
	7. Stigma is a common concern for patients accessing HIV services. What, if any, concerns do you have relating to stigma for this model?
	8. What factors would you see as the biggest challenge to this approach, from the patient perspective (Probe: community acceptance; trust; support from CHW; places to meet, etc.)
2. Model 2 Urban Facility Based Adherence Groups (UAG)
	1. What would you see as the major strengths of this model?
	2. What would you see as the major challenges of this model?
	3. An important part of this model is having adherence counselling and drug pick-ups available outside of regular clinic hours. What do you think a) patients and b) family members, would feel about this?
	4. What, if any concerns would you have relating to stigma for this model?
	5. What factors would be most important for making this model work?? (Probe: material resources; human resources/capacity; training; supervision; policy guidance, etc.)

*[Issues to probe as appropriate: human resource issues; stigma; clinic security and accountability for drug dispensation; intra-group trust; monitoring and data collection]*

1. Model 3 Urban Facility Based Fast-tracking (FAST-TRACK)
	1. Overall, what do you think are the strengths of this model?
	2. Overall, what do you think are the challenges?
	3. The model allows lay health workers to perform symptom screening. What do you think patients would feel about this?
	4. What factors would be most important for making this model work? (Probe: material resources; human resources/capacity; training; supervision; policy guidance, etc.)

*[Issues to probe as appropriate: human resource issues; accountability for drug dispensation; logistics; data collection]*

1. Model 4 Streamlined ART Start strategy (START)
	1. What would you see as the major strengths of this model?
	2. What would see as the major challenges of this model?
	3. How do you think patients who have just tested HIV positive will feel about starting ART straight away? [Explain]
	4. What factors would be most important for making this model work? (Probe: material resources; human resources/capacity; training; supervision; policy guidance, etc.)

*[Issues to probe where appropriate: provision of counselling; referral systems, patient readiness; human resource issues; training; logistics]*

**Alternative models**

1. We have described and asked your opinion about these four models. Do you have any ideas or suggestions for different models (or changes to the above models) that might help keep patients in care and also reduce clinic congestion?

**Closing**

1. Any other issues we did not mention that you would like to discuss?

**Thank you very much for your cooperation and contribution.**