**Focus Group Discussion Guide for frontline lay CHW\_English**

**START:**

***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 patients, Ministry Officials, and community leaders. We feel your role as lay or community health workers provides an important perspective on these issues. 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 and your role(s) in the clinic.
2. Based on your experiences, what do you think are the major challenges facing HIV treatment or ART services in [Name of Country] today?

**Retention**

1. As you are would all be aware, retention of HIV patients in care can be very challenging. In [Name of Country], we know that a large number of patients (some estimates suggest 40%) do not stay in care beyond 12 months. What do you think are the best ways to improve staying in care for these HIV clients?

**Model description**

As I mentioned above, the MOH and [NAME OF ORGANIZATION] are collaborating to test some alternative ways to deliver ART, in order to try to improve staying in care and to decongest clinics. I would like to describe four models the MOH wants to trial and ask some questions about each one.

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. This model relies heavily on support and supervision from lay healthcare workers like yourselves. What do you think about this? (Explain) (Probe: capacity, need for clinic-support & supervision, transport, M&E tools, time)
   4. In general do you think it is feasible to work with patients to form these groups? [Probe: trust, group dynamics, distances]

Stigma is a common concern for patients accessing HIV services. What, if any, concerns would you have relating to stigma for this model?

* 1. What factors would be most important for making this model work (Probe: material resources; human resources/capacity; training; supervision; policy guidance, etc.)

1. 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. From your experience, how do you think a) health workers generally and b) patients will respond to this?
   4. The model relies on having space and staff to handle large storage and rapid drug-dispensing. What do you think about this? (Explain)
   5. Do you think that lay or community health workers are the appropriate health workers to handle symptom checks as part of the UAG services? [Explain]
   6. Stigma is a common concern for patients accessing HIV services. What, if any concerns would you have relating to stigma for this model?
   7. Do you think introducing this model would impact on your jobs? [Explain]
   8. 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 relies heavily on lay health workers (to perform symptom screening) and pharmacy techs (to dispense medications). What do you think about this?
   4. Do you think introducing this model would impact on your jobs? [Explain]
   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; 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. This model relies heavily on training professional health care workers to start ART earlier in certain patients. What do you feel about this? (Explain) [Probe: patient readiness; referral pathways; patient numbers; adherence counselling]
   4. Do you think having more patients start ART earlier would affect how you work? [Explain]
   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 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 alternative 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.**