**FGD GUIDE FOR PROFESSIONAL HEALTH WORKERS**

**Introduction and aim of the discussion:**

My name is………………………………….

We are conducting interviews on behalf of [Name of organization], MOH.

[Name of organization] and the Government of the [Name of country] have been implementing xxx different models in xxx [Name of places] for over a year now to try and find more efficient ways to improve patient retention into care.

For this study, discussions are conducted with different groups involved in HIV care, such as policy makers, lay health workers and ART patients. We also feel it is extremely important to hear the experiences of professional health workers, and understand their opinions on the activities that have been going on in their facilities. That is why we have asked to speak with you; we would like to hear your opinion on the operation of these alternative models of ART care so far.

The interview will take between thirty minutes and one hour. The information we collect will be confidential.

*[NB: informed consent forms should be signed and collected]*

**Introduction**

1. Kindly introduce your role and how it relates to HIV/AIDS care at this facility?
2. Why do you think this model was being tried out by the government/[Name of organization]?

**Retention**

1. The X (CAG, UAG, START, FAST TRACK) model has been at your facility for the past year now, How do you think this model has worked in helping ART patients get care and stay on treatment?

**Probe** (intended and unintended consequences of the model)

**Model implementation**

1. How has the implementation of this model affected the day to day operations of the facility? **Probe** (stigma, logistics, resistance to model, long queues-informal payments, non-disclosure, and drug reactions)
2. How would you rate the impact of this model on patient retention at your facility?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very good | good | No effect | Bad | Very bad |

**Probe** (work overload, competing programs, data capturing, data management)

1. What do you think made it possible for the model to be effectively implemented?

**Probe contextual factors**

a) *Health facility* (Location, opening times, residence, patient load, other services)

b) *Health providers* (Attitude, workload, numbers, facility in-charge-leadership)

c) *Lay health workers* (Motivation, numbers, Commitment, incentives, competition, HIV status of lay workers)

d) *Patients* (Number of patients, loss to follow-up, education, commitment)

e) Norms and values, relationships and power, ideas and interests, supplies)

1. In your opinion what do you think were the barriers to effective implementation of the model, if any?

**Probe** **contextual factors**

a) *Health facility* (Location, opening times, residence, patient load, other services)

b) *Health providers* (Attitude, workload, numbers, facility in-charge)

c) *Lay health workers* (Motivation, numbers, Commitment, incentives, competition, HIV status of lay workers)

d) *Patients* (Number of patients, loss to follow-up, education, commitment/ownership)

e) Norms and values, relationships and power, ideas and interests

1. How much of an impact do you think this model has had on patient retention (if any)?

**Probe** (negative and/or positive impacts)

1. What if any, are some of the concerns you have in relation to the model?

**Probe** (patient related, service related, community related)

1. Given an opportunity, to what extent would you want to see this model continue at this facility and/or scaled up to other facilities?
2. How satisfied are you with this model?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied |  |

1. From your experience what do you think would be needed if this model was to be effectively replicated to other health facilities?
2. Is there anything else you want to discuss on how the model performed at this facility generally?

**Additional questions (success Factors)**

1. How do you think that implementing the x model is helping patients? Are there any ways you think it might not be good for patients?
2. How do you think that implementing the x model is helping the clinic? Are there any ways you think it might not be good for the clinic?

**Probe** (How much of an impact has this had?)

1. How does implementing the CAG make your job easier or harder?

**Probe** (Patient load, workload, workflow)

1. How has the model changed the way you think about patients and their healthcare, if at all?

**Probe** (patient’s ability to manage their own care, their capability, opportunity, and motivation to stay retained in care)

5. What do you think would need to be changed (modified/adapted) in this model before they are scaled-up in order to make the model either easier to implement or more effective?

6. What do you think would motivate clinic staff to adopt these new models? Do something different than what they have been doing?

**Probe**: Capability (training skills), Opportunity (other competing requirements), Motivation (what motivates the clinic staff? consequences for not participating or rewards for participating)

**Thank you very much for your time and contribution to this discussion**