**IDI guide for community leaders \_English**

**Introduction and aim of the interview:**

My name is…..

I am conducting interviews on behalf of [NAME OF ORGANIZATION] and MOH.

[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 who are started on ART continue to stay in care.

For this study, interviews are conducted with different groups involved in HIV care, such as health care workers, community leaders and ART patients.

That is why we have asked to speak with you; we would like to hear your opinion, as a community leader, on these new models of ART care.

The interview will take about one hour. Your information will be confidential.

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

**Introduction**

1. Could you briefly describe your position / role in the community and any experience you have had with the clinic / health services? [probe personal or professional (e.g. working the clinic as lay health worker) experience]
2. Based on your experience, what do you think are some of the challenges with HIV treatment services?

**Retention**

1. As you are probably aware, keeping HIV patients in care can be very challenging. In [Name of Country], we know that a large number of patients (some estimates suggest 40%) drop out of care after 12 months. What do you think are the best ways to improve and keep people in care for longer?

**Model description**

[NB: Description of models should be selective; for rural leaders focus on CAG questions only; for urban leaders UAG / Fast-track / START only]

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 retention in care and decongest clinics. Rural: I would like to describe a model and ask some questions about it

Urban: I would like to describe three models and ask some questions about each one.

1. Model 1: Rural Community Based ART Adherence Group (CAG)
	1. In general, do you think that this type of service would be considered acceptable by a) ART patients b) their families c) the wider community?
	2. What do you think about the rotating medication pick-up?
	3. This model relies heavily on ART patients to support each other to meet regularly and pick up medications for each other. What do you think about this? [Probe: trust between ART patients; perception of reliability]
	4. This model relies heavily on support and supervision from lay healthcare workers. Do you feel that it is necessary for the groups to have supervision? (Explain)
	5. Do you feel that lay healthcare workers are the appropriate staff for this task? (Probe: trust, reliability, ability)
	6. In this model, patients would only go to the clinic themselves every six months. What do you think about this?
	7. Stigma is a common concern for patients accessing HIV services. What, if any, concerns would you have relating to stigma for this model?
	8. What would you see as the major strengths of this model?
	9. What would see as the major weaknesses of this model?

*[Issues to probe as appropriate: stigma; supervision & support by & for lay health workers; trust among group members; monitoring and data collection]*

1. Model 2 Urban Facility Based Adherence Groups (UAG)
	1. In general, do you think that this type of service would be considered acceptable by a) ART patients b) their families c) the wider community?
	2. An important part of this model is service delivery outside of regular clinic hours. In your opinion, how do you think HIV patients will react to this?
	3. Stigma is a common concern for patients accessing HIV services. What, if any concerns would you have relating to stigma for this model?
	4. What would you see as the major strengths of this model?
	5. What would see as the major weaknesses of this model?

*[Issues to probe as appropriate: stigma; trust among group members; accountability]*

1. Model 3 Urban Facility Based Fast-tracking (FAST-TRACK)
	1. Overall, what do you think about this approach?
	2. Do you think that people will be willing to access their drugs in this way?
	3. What would you see as the major strengths of this model?
	4. What would see as the major weaknesses of this model?

*[Issues to probe as appropriate: access to clinic or dispensing point, counselling quality; stigma]*

1. Model 4 Streamlined ART Start strategy (START)
	1. Overall, what do you think about this approach?
	2. This model means that health care workers would encourage patients who tested HIV positive to start antiretroviral drugs very quickly. How do you think patients and their families will feel about this? (Explain)
	3. What would you see as the major strengths of this model?
	4. What would see as the major weaknesses of this model?

*[Issues to probe where appropriate: provision of counselling; referral systems, patient readiness;]*

**Alternative models**

1. We have described and asked your opinion about one model (rural)/three models (urban). Do you have any ideas or suggestions for alternative models (or changes to the above models) that might help improve HIV patient care or reduce the crowds at the clinics?

**Closing**

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

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