**IN-DEPTH INTERVIEW GUIDE FOR POLICY MAKERS**

(National, Provincial and district level)

**Introduction and aim of the interview:**

My name is………………………………….

We are conducting interviews on behalf of [NAME OF ORGANIZATION], MOH.

[NAME OF ORGANIZATION] and the Government of [Name of Country] have been implementing four different models in three provinces of [Name of Country] (southern, Lusaka and eastern) for over a year now to try and find more efficient ways to improve patient retention into care.

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

We also feel it is extremely important to hear from the experiences of policy makers at the national, provincial and district level, and understand their opinions on the activities that have been going on.

That is why we have asked to speak with you; we would like to hear your opinion on the operation of these alternative ART models and differentiated 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 in [Name of Country] ?

**Retention**

1. There are four (CAG, UAG, START, FAST TRACK) models that have been tried out in three provinces for the past year now, How do you think these models have worked in helping ART patients get care and stay on treatment?

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

**Model description**

1. What do you think are the facilitators to effective implementation of differentiated models of care?

**Probe** (human resource, infrastructure, supplies, leadership)

1. In your opinion what do you think were the barriers to effective implementation of the models?

**Probe** (norms and values, relationships and power, ideas and interests)

1. What is your general view of the differentiated care models being implemented by [NAME OF ORGANIZATION] and MoH?
2. How much of an impact do you think these models have had on patient retention (if any)?
3. What if any, are some of the concerns you have in relation to any or all the models?

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

1. Given an opportunity to what extent would you want to see these models scaled up?
2. What do you think would be needed if these models were to be effectively replicated in other health facilities?
3. Who do you think should be responsible for implementing these alternative ART models?

**Probe:** national, provincial, district, site level (sister in charge, clinical officer, lay health care workers; what levels above the site-level are responsible (if no mention is made by the interviewee)

1. What management structure needs to be implemented / put in place to ensure that these alternative ART models are successful?

**Probe:** mid-level management, clinic level model supervisors? additional HCW?

1. How does this differ from the current management structure?
2. How feasible do you think it will be to implement these alternative ART models? Do you think one or some of these models will be easier or harder to implement?
3. Is there anything else you want to discuss on differentiated care models in [Name of Country] ?

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