

Annex 1: ART co-ops study: focus group discussions: post-intervention perceptions on the ART community group model	
Date: _____	
Participants	<input type="checkbox"/> Male patients
	<input type="checkbox"/> Female patients
	<input type="checkbox"/> Clinic Healthcare Workers
	<input type="checkbox"/> CHWs
Focus group discussions with HIV-infected men and women, healthcare personnel, and community Healthcare Workers for <u>evaluation</u> of the ART Co-op intervention.	
Introductory question	
What have people been saying about the ART Co-ops intervention in your village/s?	
A. Describe the ART Co-ops intervention as rolled out. Discuss all parts sequentially including:	
1) Purpose of developing ART Co-ops	
<i>Let me start by describing to you why we developed the ART Co-ops. Investigators from Moi University School of Medicine and Indiana University School of Medicine would like to know whether patients who are seen in community groups in their community by a Community Health Worker (CHW) on a monthly basis can stay as healthy as those patients coming to the clinic on a monthly basis.</i>	
2) Eligibility criteria to participate in a Co-op group	
- Active AMPATH patients who are ≥ 18 years of age	
- They must live in the catchment area of the Kitale AMPATH clinic in either Trans-Nzoia West or Kwanza	
- They had a CD4 count ≥ 200 cells/ μ L and a viral load that is undetectable	
- They were free of any active infections.	
3) Group meeting times	
<i>The intervention group, meetings were held every three months with HIV-infected peers in the community at a time and place of the group's choosing.</i>	
4) Group direction by a Community Health Worker (CHW)	
<i>We had CHWs direct many group activities. They worked with study personnel, the clinic (including the study's Clinical Officer), and the community groups. They were extensively trained on patient confidentiality, HIV and HIV care, working in the community, and specific study-related details. They met with the community groups every three months in the community at the group's time and place of choice. At the meeting, they conducted the following activities:</i>	
<ul style="list-style-type: none"> • Took weights every visit and vital signs as needed for all participants • Reviewed systems for each patient (ask questions about various systems of the body and if the patient is having any difficulties). • Counted each participant's remaining pills to determine adherence (if patients are taking their pills each day). • Maintained a Log Book recording all of the above information on each group member on a monthly basis. • Distributed a 3-month supply of ART to each participant (the pills given were those that had been prescribed for that patient at the clinic). • Used criteria for identifying any patient that needed a referral to the clinic for evaluation by the study Clinical Officer. • Administered individual questionnaires on patient Quality of Life and Perceptions of Stigma at the initial, 6- and 12-month group meetings. Administered individual Socio-Economic Questionnaires at the initial and 12-month group meetings. 	
Following each community group meeting the CHW was responsible for the following activities:	

<ul style="list-style-type: none"> • Submitted the group's Log Book to the study's Clinical Officer for review.
<ul style="list-style-type: none"> • Talked with the Clinical Officer in regard to any interventions (such as referrals to a clinic for care, adherence counseling, nutrition assistance, or psychosocial assistance).
<ul style="list-style-type: none"> • Collected patient ART from the pharmacy to deliver to group meetings.
<ul style="list-style-type: none"> • Undertook quarterly (every 3 months) evaluations of their work and documentation by the study's Clinical Officer.
<p>Those enrolled in the intervention (implementation of community groups) were followed for one year. Once enrolled in the community groups, patients did not need to be seen in the clinic until their 12-month lab draw unless they met the criteria for referral, as requested by the Clinical Officer or at the patient's request. Once the study ended, patients returned to the clinic's standard of care protocol unless the clinic chose to adopt and continue the community group model.</p>
<p>B. Solicit responses to, and evaluations of, the intervention, and engage them in brainstorming on how to improve the community group model. Discuss each component part of the ART Co-ops sequentially and explore what the community thought of it.</p>
<ul style="list-style-type: none"> - In your opinion, what did community members think of the co-op model? Let's discuss each component part.
<ul style="list-style-type: none"> - In your opinion, what was the value of developing the ART Co-ops in your community?
<ul style="list-style-type: none"> - What were the advantages of belonging to such a group?
<ul style="list-style-type: none"> - What were the disadvantages?
<ul style="list-style-type: none"> - What did people think of the inclusion criteria?
<ul style="list-style-type: none"> - Are there other people you feel should have been eligible to participate in the Co-op group?
<ul style="list-style-type: none"> - If yes, why such a person?
<ul style="list-style-type: none"> - Are there other people you feel should not have been invited to join the Co-op group?
<ul style="list-style-type: none"> - If yes, why such a person?
<ul style="list-style-type: none"> - What did you think of group meetings every three months with HIV-infected peers in your community?
<ul style="list-style-type: none"> - What did you think of this meeting frequency? Was it convenient for group members?
<ul style="list-style-type: none"> - Do you have other proposals?
<ul style="list-style-type: none"> - If yes, how often? Why that often?
<ul style="list-style-type: none"> - What did you think of meeting under the direction of a CHW?
<ul style="list-style-type: none"> - How are CHWs perceived in your community nowadays?
<ul style="list-style-type: none"> - How well did the CHW perform this role?
<ul style="list-style-type: none"> - What were the advantages of having a CHW direct such a group?
<ul style="list-style-type: none"> - What were the disadvantages?
<ul style="list-style-type: none"> - Was the CHW acceptable by the group?
<ul style="list-style-type: none"> - Do you have ideas on other individuals that we could have used to direct the groups?
<ul style="list-style-type: none"> - If yes, who? Why them?
<ul style="list-style-type: none"> - What do you think of the plan for the distribution of ART by the CHW?
<ul style="list-style-type: none"> - How well did the CHW perform this role?
<ul style="list-style-type: none"> - What were the advantages of having a CHW distribute ART at group meetings?
<ul style="list-style-type: none"> - What were the disadvantages?
<ul style="list-style-type: none"> - Do you have ideas on other ways to distribute ART at group meetings?
<ul style="list-style-type: none"> - If yes, share the idea and tell us why you would consider it
<ul style="list-style-type: none"> - How well was adherence reviewed? (Making sure that patients are taking all of their pills at the correct time?)
<ul style="list-style-type: none"> - What is the best way to evaluate whether group members take their medications as expected?
<ul style="list-style-type: none"> - What are the advantages of such a method?
<ul style="list-style-type: none"> - What are the disadvantages?
<ul style="list-style-type: none"> - How well did we identify individuals that needed clinical care?
<ul style="list-style-type: none"> - What signs and symptoms did we look out for?

-	<i>What others should have been included? Why those signs and symptoms?</i>
-	<i>Describe how patients were informed about their condition. Why that option?</i>
-	<i>Is there a better way of informing them?</i>
-	<i>How did patients feel about not having routinely scheduled clinic visits?</i>
-	<i>What were the advantages of not having routine scheduled clinic visits?</i>
-	<i>How did fewer clinic visits impact patients?</i>
-	<i>How did fewer clinic visits impact patients' families?</i>
Closing questions	
i)	<i>What else would you like to report that you observed in the Co-op model that we have not covered?</i>
ii)	<i>How did this intervention motivate people to adhere to care for HIV?</i>
iii)	<i>How did this intervention motivate others to initiate care for HIV?</i>
iv)	<i>What aspects of the intervention were problematic? How can these aspects be improved (Discuss one at a time)?</i>
<i>Thank participants now and offer to answer any final questions. Make sure you fill out the cover sheet before you hand in the field notes and audio recording.</i>	