

1 **APPENDIX 3 HCW In-Depth Interview Guide**

2 **INSTRUCTIONS FOR INTERVIEWER**

3 Your job as an interviewer is to facilitate honest and detailed responses about what the
4 interviewee actually believes about any particular response to the questions below. This is
5 not an exam for participants agreeing to be interviewed. There are no “right” or “wrong”
6 answers. It is permissible to ask a participant to clarify a response if you do not understand.
7 However, do not seek unnecessary clarification, causing the nature of the original response to
8 change substantively. While the discussion should feel natural, avoid providing too much of
9 your own personal insight, which may lead or sway a participant to reach your own pre-
10 determined conclusion. Your job is to motivate the participant to expand on their own ideas,
11 and allow them to reach conclusions on their own.

12
13 The questions below have been designed as to not solicit simple “yes” and “no” answers, but
14 are open-ended in such a way that participants can answer them as they see fit, given their
15 own experience and knowledge of the question. Your role as a guide is to keep participants
16 from straying off topic. To accomplish this, you may ask for details, stories, anecdotes,
17 descriptions of setting, opinions, attitudes, and perceptions about responses to answers that
18 are already on topic. Avoid repeating a question, which, you feel, has already been
19 adequately addressed. Thus, **it is not necessary to ask each and every question in the IDI**
20 **guide in the sequence that has been provided.**

21
22 **INTRODUCTION FOR PARTICIPANT**

23 You (*the healthcare worker*) have been identified as a key
24 stakeholder who can provide information and perspectives on mother-infant pair clinics, and
25 maternal and paediatric HIV care at (*name of facility*). Please help us

26 by answering the following questions based on your experiences, expertise and opinions
27 learned through your work.

28

29 The questions are intended to help us identify reasons why some mothers and infants
30 disengage or dropout from PMTCT care. The discussion will focus on the following factors:

- 31 • Personal or family factor
- 32 • Community Factors
- 33 • Health System factors

34

35 Please indicate whether you are willing to answer the questions below, as well as the extent
36 to which you require your participation in this process to be confidential, by answering the
37 following questions.

38

39 Are willing for your name and organization to be identified as a key informant in our final
40 report?

41

42 YES NO

43

44 Are willing for your opinions and perspectives to be accredited to you and your organization
45 in our final report?

46

47 YES NO

48

49 Do you understand that if you answered “NO” to both of the above questions, that we will
50 keep all identifiable information about you anonymous?

51 YES NO

52 _____

53 _____

54

55 **1. DEMOGRAPHIC DATA**

56 Age : years

57 Gender : _____

58 Marital Status : _____

59 Education Level : _____

60 Occupation : _____

61 For how long have you been working at this facility? days/weeks/months/years

62 (*tick applicable*)

63 _____

64 _____

65

66 **2. BACKGROUND**

67 • What sort of HIV care services do you provide to HIV-positive mothers and their
68 children at this health facility?

69 • Over what period have you, personally, been providing the HIV services?

70 • On which days of the week do you provide HIV care services?

71 • On a typical clinic, how many HIV-positive mothers and their infants receive HIV
72 care services?

73

74 **3. WOMEN'S ACCEPTANCE OF HIV TESTING AND TREATMENT PROGRAM**

- 75 • When women test positive for HIV, what information do you give them about their
76 pregnancy and being HIV+?
- 77 • In general, to what extent do you think HIV-positive mothers understand the
78 information that you provide them regarding HIV testing and the treatment?
- 79 • Are there specific areas that HIV-positive mothers appear not to understand well
80 about their HIV care program?
- 81 • In general, to what extent do you think HIV-positive mothers and their infants adhere
82 to the advice that you provide them?
- 83 • In general, do women find it easy/ difficult to start treatment? Why?

84

85 **4. EXPERIENCES WITH HIV TREATMENT PROGRAM**

- 86 • In your own view, what challenges do HIV-positive mothers face in accessing HIV
87 care for themselves and their babies?
- 88 • In your own views, at what time point does most of the HIV positive mothers usually
89 stop coming to the health facility to receive HIV care for themselves and their
90 children?
- 91 • What are the main reasons why they stop accessing care for themselves and their
92 children?

93

94 **A. Health Facility Experiences**

- 95 • To what extent does this **health facility and health care providers** contribute to the
96 problem of mothers stopping accessing HIV care? Please explain?
- 97 ○ *Probe: access to the facility*
- 98 ○ *Probe: any shortages of health commodities and staff*

99 ○ *Probe: any problems with the way health services were delivered (staff*
100 *attitude, long waiting times, privacy, poor tracing etc)*

101 • How well are **health care providers** performing in providing support to HIV-positive
102 mothers and their children to get care and to minimize the numbers who default from
103 care? Please clarify.

104 • In what ways can the **health care providers** improve in delivery of health care to
105 HIV-positive women and their children and prevent them from defaulting?

106

107 **B. Household Experiences**

108 • To what extent do the **family and/or spouses of HIV-positive mothers** contribute to
109 the problem of mothers stopping accessing HIV care? Please explain?

110 ○ *Probe: any family discord?*

111 ○ *Probe: any disclosure problems?*

112 ○ *Probe: any abuse from spouses and relations*

113 ○ *Probe: any lack of home support*

114 ○ *Probe: too busy with other household activities*

115 • How well are **spouses/families** performing in supporting HIV-positive mothers and
116 their children to get HIV care and to minimize the numbers who default from care?
117 Please clarify.

118 • In what ways can **spouses/families** improve in supporting HIV-positive women and
119 their children to get HIV care at health facilities and prevent them from defaulting?

120

121 **C. Community Experiences**

122 • To what extent do **members of the general community** contribute to the problem of
123 mothers stopping accessing HIV care?

- 124 ○ *Probe: any stigma or discrimination*
- 125 ○ *Probe: any negative rumors*
- 126 ○ *Probe: any competing advise about HIV management (eg from healers or*
- 127 *religious leaders)*
- 128 ● How well is the **community** (community leaders, religious leaders, local politicians)
- 129 performing in supporting HIV-positive mothers and their children to get care and to
- 130 minimize the numbers who default from care? *Please clarify.*
- 131 ● In what ways can **the community** improve in supporting HIV-positive women and
- 132 their children to get HIV care and prevent them from defaulting? *Please clarify*

133

134 5. SUGGESTIONS FOR IMPROVEMENT

- 135 ● What program could be put in place to minimize the numbers of HIV-positive
- 136 mothers and their children who default from care? *Please clarify*

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138

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