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**CHIEDZA Formative Research Topic Guide**

 **(Community based interventions to improve HIV outcomes in adolescents: a cluster randomised trial in Zimbabwe)**

**Participant: Adolescents *(HIV positive)***

**Reminder to RAs:**

The overall purpose of the qualitative component of the formative research is to understand:

* the types of HIV and SRH services and products that are currently available to adolescents and young people in their communities
* what the gaps in these services and products are
* how these services and products are delivered, and by whom
* adolescents’ and young peoples’ access to, and acceptability and uptake of, these services;
* the feasibility and acceptability of delivering community-based HIV and SRH services to young people
* what HIV and SRH services / products could and should be delivered to young people in communities, and mode of delivery to do so

***The ultimate goal of the data collection is to inform: what services and products the intervention package delivered in the CHEIDZA study will contain- and by whom, and how it will be delivered.***

The questions included here are not exhaustive and they are not prescriptive. This means that as the interview progresses, you may ask questions that are not included below, and similarly, it may not be appropriate or necessary to ask all of the questions included in this topic guide- *the discussion should be guided by what your participant says, NOT by the topic guide.* For that to happen, you should make sure that you’re familiar with the guide so that so that you can engage more fully in the discussion, and be responsive to what the participant is telling you, by exploring these responses further. Try to integrate some of the information that they have told you into your subsequent questions – this will demonstrate that you’re listening, and give participants a chance to clarify anything you might be misunderstanding. It is important for you to show that you are interested in what they are saying, and that you are there to learn from them.

**Introduction to Participants**

***(note: this is an example so that you can see how we’d like the interview and the process to be explained, but you will likely want to adapt this to your own style)***

Thank you for taking the time to speak with me today.

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am working with the CHIEDZA research project to learn more about sexual and reproductive health and HIV testing and treatment services for adolescents and young people aged 16-24 in Zimbabwe. ***We are very interested in learning about young people’s experiences - including yours- but it’s up to you whether or not you want to talk about your own experiences, or draw on experiences you might know of about other young people in your community, or your friends.***

The interview will take about 60 minutes. I appreciate you spending this time with me.

I am going to audio record the interview to make sure that I capture all the valuable information that you share with me. I may also write things down while we’re talking so that I don’t forget anything. Participation is voluntary- you do not have to answer any question that you don’t want to, and you can choose to stop the interview at any time.

Everything you say is confidential, so please feel free to talk about your experiences and ideas. We will not record your name anywhere, and no one else will hear the tape or see the notes besides the people who are working on this research project. We may use some of what you say in reports or publications, but will never use your name.

If you have any questions about this study, you can ask me now, or at any time during our conversation ***(RA: make sure you have collected signed consent form and answered any questions.)***

Start the ***tape recorder***.

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| **General Topics** | **Rationale**  | **Suggested Questions** | **Notes**  |
| **Getting to know them and the context of their lives**  | Initially we want the respondent to feel comfortable talking to us- these questions are meant to ease them into the discussion. This will also help us get a sense of their world and what their priorities are.  | 1. Tell me about how you’ve been spending your time this week:
	1. What were the high points?
	2. What were the low points?
	3. Have you got a favourite activity?
	4. What don’t you like doing? Why?
	5. Who do you spend your time with?
	6. Who do you live with?
	7. Is there anything that is troubling or worrying you?
	8. Is there anyone that you feel you can talk to about your problems?
 | This is useful to get people talking- this will be the first time you’re meeting participants and we don’t know yet how comfortable they’ll feel talking about their experiences of living with HIV, or about SRH more generally. This may be the first time that they’ve been asked questions about it, so we need to build their confidence, trust and comfort in talking to us. *You could do some of this talking even before the audio recorder is turned on, but this information should still be captured within the interview summary.*  |
| **Sexual and reproductive health services for adolescents and young people:** | Here we are interested in getting a more general idea what the main sexual and reproductive health issues affecting adolescents and young people are, what types of services are offered in the community (including in facilities, through CBOs etc.), how these are delivered, and what the barriers and facilitators related to access are, and how services and access to them can be improved.  | 1. What do you think are the main issues affecting young people’s SRH in your community?
	1. What do you think are stopping these from being dealt with? Or what are making these problems worse?
2. What types of SRH services/ products do you know of that are available for adolescents and young people in the community- either through health facilities, CBOs etc.?
	1. Where / how are the services / products delivered?
	2. Have you ever used any of these? What was your experience like?
	3. Which ones do young people like or use the most? What about these makes them liked or used?
	4. Are services used differently by different ages, by male adolescents or by unmarried adolescents and young people?
	5. What are the gaps in the types of services / products that are available?
	6. What types of services / products should be added?
3. What type of challenges or barriers do adolescents and young people face in terms of accessing SRH services /products?
	1. Are these challenges or barriers different with different ages or with male adolescents and young people, or with unmarried young people? Why is that do you think?
4. What could be done to make it easier for adolescents and young people to access SRH services /products?
5. What do you think that they most need? Why do you think that?
 | Here, the question asks about men because it is sometimes easier to answer a specific question. So, you could ask the same question, just about young women. We are interested between the differences between young men and women, but if we ask about one specifically we normally learn about both. Ask people to compare and contrast and then ask for the reasons they think might underpin these differences.   |
| **Adolescents and young people accessing HIV testing**  | Here we are interested in getting a more general idea what the main issues related to HIV testing for adolescents and young people are, what types of HIV services are offered in the community (including in other facilities, through CBOs etc.), how these are delivered, and what the barriers and facilitators related to access are, and how services and access to them can be improved.  | 1. Do you know if there are any HIV testing services for young people here in your community?
2. What do you think of that service? What do other young people say about it?
3. How did you come to know about it?
4. Do you know any young people who have used it?
5. What do you think might encourage young people to go to get tested there?
6. Is there anything that would make you want to go?
7. You don’t have to answer, but if you’d like, can you tell me if you have ever been and what your experience was?
	1. Why did you get tested?
	2. Where did the testing occur?
	3. What could have made testing more accessible / easier?
8. What might be the reasons that young people don’t go get tested? (How about you?) Do you have any ideas on what could be done to change that?
9. What would a really good testing service for young people look like?
	1. What needs to be done differently for young people compared to adults?
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| **HIV positive young people linking into treatment**  | In this section, we would like to learn more about the experiences and challenges that adolescents and young people face linking into treatment and how these challenges could be mitigated.  |  1. So, we know that there are quite a few young people who may get a positive test result but then don’t go on to start treatment. I wonder if you have ever heard of that happening?
	1. Can you tell me about your experience of starting on treatment?
	2. Where do you go for treatment? How is that?
	3. If you were giving an HIV positive friend advice on where to go for treatment, where would you advise them to go? Why?
2. Why do you think a young person might not want to start treatment?
	1. What might be making it difficult or challenging for them?
	2. Did you face any challenges or difficulties in starting treatment? Can you tell me about those?
3. What do you think might help encourage them, to start treatment?
	1. What might make it easier for them?
	2. Was there anything that encouraged or made it easier for you to start treatment?
4. What do you think that the advantages of getting onto treatment might be?
	1. Have you experienced any advantages of starting treatment?
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| **HIV positive young people adhering to treatment and remaining in care** | In this section, we would like to learn more about the experiences and challenges that adolescents and young people face adhering to treatment and remaining in care, and how these challenges could be mitigated.  | 1. We also know that some adolescents and young people that begin treatment can find it difficult to keep taking their medication every day. Why do you think that is?
	1. What are some of the things that make it difficult for adolescents and young people to adhere to their treatment? Is there anything that makes it difficult for you to adhere to your treatment?
	2. Do you think there are any groups of adolescents and young people that find it particularly difficult to adhere? Why?
	3. Are there events or stages during adolescence that you think has a significant impact on an individual’s adherence?
	4. What could be done to make it easier for adolescents and young people to adhere to their treatment? Has there been anything that has made it easier for you?
	5. Should this support differ depending on the age, sex, relationship status etc. of the adolescent of young person? If yes, describe how.
	6. Are you a member of any support groups? If **YES,** which one? Can you tell me about what you do there? How do you feel about it? If **NO,** why not? Would you like to be part of one?
	7. What might cause young people to miss their clinic visits? What about you?
	8. What might help young people regularly attend their clinic visits? Has anything helped you?
	9. How do you think we can bring in important people in individuals’ lives who may help support their adherence? Has there been anyone in your life that has helped support you adhere to your treatment? Can you tell me about them, and what about them or what they’ve done that has been helpful for you?
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| **Community-based HIV and SRH services and products for adolescents and young people**  | Finally, we would like to get an understanding of young peoples’ views and opinions of delivering HIV and SRH services and products in the community for young people – whether this would be a feasible and acceptable approach, what the package of services and products should contain, and by whom and how it should be delivered. It is also important to ascertain here whether or not any other similar services already exist in the community, and details about what they contain, and what their mode of delivery is.  | 1. What do you think about an approach where we would deliver HIV testing / treatment and other SRH services to adolescents and young people in communities?
	1. Are there any that ***already exist*** in your community?
	2. If yes, do you or any of your friends use these?
	3. What aspects of these do you and your friends like?
	4. What aspects could be improved?
2. What ***should*** this community-based approach look like?
	1. What services /products should be included?
	2. How should they be delivered?
	3. Who should deliver them?
	4. Is there anything other than HIV / SRH services /products that would make it more attractive to adolescents and young people?
3. What do you think the reaction from other people in the community would be to HIV / SRH services for adolescents and young people being delivered in the community?
4. What would be some of the barriers to delivering HIV / SRH services for adolescents and young people in the community?
	1. Is there anything that could be done to overcome these barriers?
 | Adapt this section, as necessary, based on what the participant has already told you about community-based services. Essentially, here we’re interested in what they think ***should*** be done- what is the ideal package, how it should be delivered etc. and by who, ***rather*** than details of what is ***currently*** being done… which is what likely what the focus of what they have told you up to this point in the interview  |
| **Wrapping up** | This is to ensure that we haven’t missed anything, but also to help people revisit points that they would expand on now since they have been thinking about it throughout the interview process. It also leaves people feeling that they have made a valuable contribution. ***We should make sure that we are expressing gratitude to them and appreciate learning about their ideas and experiences.***  | 1. Given our focus, as we chatted about at the beginning, we’d really like to hear any other thoughts that you have that haven’t been covered in this interview or that you’d like to give more emphasis to. Is there anything that we need to know do you think to help us design this intervention?
2. If you were designing an intervention what would it look like, or what do you think it should definitely contain?
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