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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: Community Based Organisation**

**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.

I would like to talk to you about your own experiences, ideas and opinions regarding HIV-testing, treatment and care for children in the communities that you work. Specifically, I would like to learn about your experiences supporting HIV testing and care for children and their families at a community and household level, and what kinds of activities your organisation conducts. I am also interested in learning about the challenges that are faced and how you think communities, households, and someone like yourself could better be supported to ensure the children you care for are able to more easily access HIV testing and manage children’s HIV care.

The interview will take about 30 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** |
| **Understanding the type and scope of work that the CBO does, and what the participants’ role within the CBO is** | Initially we want the respondent to feel comfortable talking to us, and to provide some information about both what the CBO that they work for does, and also what the participants’ role within the CBO is.  It will be important to understand what the CBO does general, AS WELL as anything specific to adolescents and young people. | 1. Tell me about the organisation that you work for    1. What do they do in general?    2. What do they do for adolescents and young people specifically?    3. What types of services are offered for adolescents and young people?    4. How does this organisation link / liaise with other HIV or SRH services that are provided locally for adolescents and young people? 2. Please describe the nature of your own involvement within the organisation    1. What are your responsibilities?    2. What types of activities are you involved in- both generally and for adolescents and young people? | This is useful to get people talking and to get some context of their individual organisation- but we don’t want it to take too long. The risk here is that it absorbs 10-15 minutes of what we have already suggested is going to be about a 30 minute interview- which isn’t useful for 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.* |
| **Contact with adolescents and young people** | Next we would like to learn a bit more about the extent of the participants’ interaction working with adolescents and young people, what their general experience has been, and how working with adolescents and young people is unique (if it is). | 1. What type of interaction do you have with adolescents and young people?    1. Is your interaction different with different ages or with male adolescents and young people? Why is that do you think?    2. Who don’t you get to see? Why?    3. Is it different dependent on the type of service they’re seeking, or their HIV status (if relevant) 2. How is working with adolescents or young people different than working with adults or children? | 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. |
| **Sexual and Reproductive Health Services for adolescents and young people:** | Here we are interested in getting a more general idea (based on the experience and point of view of the CBO respondent), what the main SRH issues affecting adolescents and young people in the community are, what types of services are offered in the community (including in clinics, through other 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? 2. What types of SRH services/ products are available for adolescents and young people in the community?    1. Where / how are the services / products delivered?    2. What are the gaps in the types of services / products that are available?    3. What types of services / products should be added? 3. What do adolescents and young most commonly access these services for?    1. Is this different depending on the age, sex, relationship status etc. of the adolescent or young person? 4. 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? Why is that do you think?    2. 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? | Again 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 (based on the experience and point of view of the CBO respondent), what the main issues related to HIV testing for adolescents and young people in the community are, what types of HIV services are offered in the community (including in clinics, through other 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. How is HIV testing done for adolescents and young people? 2. What approaches / services, in your experience and opinion, works in getting them counselled and tested well?    1. (what about this approach or service makes it satisfactory? 3. How is HIV testing for adolescents and young people different than for adults or children? 4. What types of HIV testing and counselling services are available for adolescents and young people in this community?    1. What barriers or challenges do young people and adolescents face accessing HIV testing?    2. What could be done to improve access?    3. What could be done to improve uptake? |  |
| **HIV positive young people linking into 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 linking into treatment and remaining in care, and how these challenges could be mitigated. | 1. Are you involved in supporting HIV positive adolescents and young people linking into treatment and care? If yes, please describe how. 2. What do you think are their experiences linking into treatment and care?    1. What barriers do HIV positive adolescents and young people face linking into treatment and care?    2. How could adolescents and young people be better supported to link into treatment and care?    3. What are the differences between adolescents and young people that are able to sustain treatment and care, and those that “drop out”, miss appointments or do not maintain ART adherence? 3. Are you involved in supporting adolescents’ and young peoples’ adherence to their prescribed treatment? If yes, please describe how.    1. What are some of the main challenges or barriers to adolescents and young people adhering to their treatment?    2. Do you notice any groups which 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 better support adolescents and young people adhering to their treatment?    5. Should this support differ depending on the age, sex, relationship status etc. of the adolescent of young person? If yes, describe how.    6. How do you think we can bring in important people in individuals’ lives who may help support their adherence? |  |
| **Community-based HIV and SRH services and products for adolescents and young people** | Finally, we would like to get an understanding of the participants’ views of community-delivered HIV and SRH services and products 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 a community-based approach for delivering HIV testing / treatment and other SRH services to adolescents and young people?    1. Are there any that already exist in your community? 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 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? |  |
| **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, and your expertise 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? |  |