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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: Health Worker *(Community-Based)***

**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 sexual and reproductive health and HIV-testing, treatment and care for adolescents and young people within the community that you work. Specifically, I would like to learn about your experiences providing sexual and reproductive health services and HIV testing and care for adolescents and young people, and what kinds of activities you conduct in your job. I am also interested in learning about the challenges that adolescents and young people face trying to access HIV and sexual and reproductive health services, and how you think their access to, and use of these types of services can be improved.

The interview will take about 30-45 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 community health care provider does** | Initially we want the respondent to feel comfortable talking to us, and to provide some information about both the community where they work, and also their role within the organisation they work. It will be important to understand anything specific to HIV / SHR *AND* adolescents and young people that they do within their role.  | 1. Tell me about the type of work that you do in the community:
	1. Is your work attached to a clinic or to another organisation?
		1. If another organisation, what does that organisation do within the community
	2. What are the different health services that you provide in the community?
	3. What types of services do you provide for SRH and HIV?
	4. What types of health services do you provide for adolescents and young people?
	5. Do you link / liaise with other HIV or SRH services that are provided locally for adolescents and young people?
 | This is useful to get people talking and to get some context of the facility they work in, and their role within the facility (which will be useful for helping you frame your questions during the interview) - 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 AND their use of services in the community** | 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). We would also like to understand more about adolescents’ and young peoples’ use of SRH and HIV services in the community- drawing specifically on the participant’s experience.  | 1. What type of interaction do you have with adolescents and young people?
	1. When you interact with adolescents and young people, what are the most common reasons that they are seeking health services, or what types of services or products do they most often ask for?
	2. Are you able to address these concerns? Provide them with products that they’re seeking? If not, why? What would help you be able to do so?
	3. What sorts of questions or concerns do adolescents and young people raise while they’re interacting with you?
	4. Are you able to address these questions or concerns? If not, why? What would help you be able to do so?
	5. Is your interaction different with different ages or with male adolescents and young people? Why is that do you think?
	6. Is your interaction different depending on the type of service they’re seeking, or their HIV status (if relevant)?
	7. Are there types of adolescents or young people that you think don’t want to use community health services? Why do you think that is?
	8. What could be done to encourage these adolescents and young people to access SRH and HIV services?
	9. Are there any adolescents or young people who you think shouldn’t be accessing services in the community? Why is that?
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 community health care provider), 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?
2. What types of SRH services/ products 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. Which ones do you think are the most effective for young people? Why?
	3. What are the gaps in the types of services / products that are available?
	4. What types of services / products should be added?
3. What do adolescents and young people most commonly access these services for?
	1. Is this different for different ages, for male adolescents or for unmarried adolescents and young people?
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?
5. What could be done to make it easier for adolescents and young people to access SRH services /products?
6. What do you think that they most need? Why do you think that?
 | 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 health care provider), 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. What types of HIV testing and counselling services are available for adolescents and young people in the community?
2. What approaches / services, in your experience and opinion, works in getting adolescents and young people counselled and tested well?
	1. (what about this approach or service makes it satisfactory)?
3. Is this different to what is needed and works best for adults?
4. What do you think might be the reasons that are affecting adolescents and young people’s access to and uptake of HIV?
	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?
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| **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. Do you have any role in getting HIV positive adolescents and young people linked into treatment and care? If yes, please describe how.
2. We know that some young people don’t link into treatment and care after a positive test result. What do you think is happening there?
	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?
	4. What does work?
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?
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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 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. If yes, what aspects of these work well, and what 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 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 (since they are a community-based health care provider). 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, 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?
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