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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: Family Members**

**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 ideas and opinions regarding sexual and reproductive health and HIV-testing, treatment and care for adolescents and young people either in your home or your community. 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**  |
| **1.0 Introduction of the respondent** | Initially we want the respondent to feel comfortable talking to us, and to provide some information about both their household and the community where they live and work. | 1. Please tell me a bit about yourself….:
	1. About your family, and the household that you live in with X
		1. What is your relationship to X?
		2. Do you have any other adolescents in your household?
	2. About your education and occupation
	3. About your marital status and relationship status
2. Can you tell me a bit about your community?
	1. How long have you lived here?
	2. What do you enjoy most about your community?
 | This is useful to get people talking and to get some context of their role within the community (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.*  |
| **2.0 Sexual and Reproductive Health Services for adolescents and young people:** | Here we are interested in getting a more general idea what the respondent thinks 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.  | *I’m going to ask you some questions about adolescents’ health – you can either talk about the adolescent(s) in your household, or the adolescents in your community, but please don’t mention anyone’s names*1. What do you think the ***main health issues*** affecting adolescents and young people today are?
2. What do you think are the ***main issues affecting adolescents’ SRH*** in your community?
3. ***What role do families play in supporting the health of adolescents’ in their household?***
	1. ***Is there anything that you do to support X’s health?***
4. What types of SRH services/ products do you know of that are available for adolescents 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?
	5. ***Has X ever used any of these? What was their experience?***
5. 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 for different adolescents?
	2. ***Has X ever faced any challenges or barriers accessing these services?***
6. What could be done to make it easier for adolescents and young people to access SRH services /products?
7. What do you think that they most need? Why do you think that?
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| **3.0 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. What types of HIV testing and counselling services are available for adolescents and young people in the community?
	1. ***Do you know if X has ever used these? What was their experience?***
2. What approaches / services do you believe work in getting adolescents and young people counselled and tested well?
3. 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 / uptake??
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| **4.0 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. 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?
2. We also know that some adolescents that link into treatment face challenges adhering to their prescribed treatment:
	1. What do you think are some of the main challenges or barriers to adolescents and young people adhering to their treatment?
	2. How could adolescents and young people be better supported to adhere to their treatment?
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| **5.0 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.  | 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. Would this be a good approach- if yes, why? If no, why?
	2. Are there some adolescents that you think this approach would work better for than others? Why?
	3. Are there some adolescents that you think should not be accessing these types of services? Why?
	4. ***Do you think that this is an approach that X would like? Would use?***
	5. ***Would you be supportive of X using this service? Why or why not?***
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. ***Should families of adolescents be involved?***
	1. ***If yes, why? If no, why?***
	2. ***How should they be involved?***
4. What do you think the reaction of families or other community members would be to HIV / SRH services for adolescents and young people being delivered in the community?
	1. Would there be any groups of people that would think that this was a bad or inappropriate idea?
		1. Is there any way that we could work together with them, to increase their acceptance of the service?
	2. Are there some communities that this approach would be better in than others?
		1. What characteristics of a community would make this approach work well? Not so well?
5. What would be some of the things that would make it difficult to deliver 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. Essentially, here we’re interested in what they think ***should*** be done and if this would be accepted- 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  |
| **6.0 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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