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**Formative Research to inform the CHIEDZA trial**

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

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**Principal Investigator:** Chido Dziva Chikwari [MSc, BSc]

**Phone:** #

**What you should know about this research study:**

* We are inviting you to take part in an interview for a research study
* We give you this consent form so that you may read about the purpose, procedures risks and benefits of this research study.
* We cannot promise that this research will benefit you directly. The main goal of research studies is to gain knowledge that may help other people in the future.
* Please review this consent form carefully. Ask any questions before you make a decision.
* Your choice to take part is voluntary, and you can leave the study at any time.

**PURPOSE:**

You are being asked to take part in a research study to learn about how adolescents and young people can be better supported to test for HIV, take their treatment, access care services including sexual and reproductive health services. Although an increasing number of HIV positive adolescents and young people in Zimbabwe are being diagnosed and treated, there are still challenges in this group accessing HIV testing and ensuring adherence and retention in care among those that test HIV positive. Further, adolescents and young people also encounter barriers in using sexual and reproductive health services. We want to learn what adolescents and young people encounter when accessing HIV testing, treatment and care, as well as other sexual and reproductive health services, and the types of strategies or programmes that could help overcome these barriers and increase access.

You have been selected because you are a health care provider providing HIV testing, treatment and/or care, and / or sexual and reproductive health services. We are interested in learning about your experiences and your opinions about how adolescents and young people can more easily access HIV testing, treatment and care and other sexual and reproductive health services.

The research team is made up of scientists from the Biomedical Research and Training Institute, Harare and the London School of Hygiene and Tropical Medicine, UK .The study is supported by the Ministry of Health and Child Care in Zimbabwe.

**PROCEDURES AND DURATION:**

We are inviting health care provider to talk to us to help us understand the challenges adolescents and young people face when accessing HIV testing, treatment and care services. The interview is entirely voluntary, so it is up to you if you wish to take part or not. It will take between 30-60 minutes and you can stop at any time. We will be recording the interview.

**RISKS AND DISCOMFORTS:**

None of the topics that we will talk about will be personal, so the interview should not pose any risks or make you uncomfortable. You can answer as you wish, and there is no obligation to answer any question that you do not want to. Refusing to take part in some or all of this interview will not affect any aspect of your role as a health care provider.

**BENEFITS AND/OR COMPENSATION:**

The study results will help us understand how we can support adolescents and young people to more easily access HIV testing, treatment and care services. There are no immediate benefits to you as an individual or your role as a health care provider. Taking part in the study will not cost you anything. We will not pay you to take part in the study but we will provide you with a drink and snack during the interview. We may reimburse your bus fare if you have come to the clinic or another venue to attend the interview only.

**CONFIDENTIALITY:**

If you agree to take part in this study by signing this document, all information obtained will be stored using a study number (instead of your name), in safe paper and computer files. No one will be able to access the information about you except for the research team and no one will be able to identify you from the information we collect about you.

We would like to record the interview in order to make sure that we capture all of the valuable information. We may also take notes during the interview. No names of participant will be recorded, and we will treat all the information received confidentially. The only people who will hear the recording or see the notes are those who are working directly on this research project. We may use some of what you say in the discussion as an example of the experiences of health care providers in reports and papers about this research, but your name will not be mentioned.

**VOLUNTARY PARTICIPATION:**

Involvement in this study is voluntary. If you decide not to take part in this study, your decision will not affect your role or future responsibilities as a health care provider, or relations with any healthcare facilities and its personnel or with the Biomedical Research and Training Institute or with the London School of Hygiene and Tropical Medicine. You are free to withdraw your consent and stop your involvement at any time without penalty.

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Protocol Version 1.0 Dated: 27 November 2017

**OFFER TO ANSWER QUESTIONS**

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

**AUTHORIZATION**

You are making a decision whether or not to take part in this study. Your signature shows that you have read and understood the information provided above, have had all your questions answered, and have decided to take part.

* I have read the information concerning this study and I understand what will be required
* I understand that at any time I can withdraw from this study without giving a reason

I agree to take part in this interview **YES/NO**

I agree for this interview to be audio recorded **YES/NO**

I agree that what I say may be included in reports and papers **YES/NO**

as anonymous quotes

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff obtaining consent (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**

*If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Medical Research Council of Zimbabwe (MRCZ) on telephone (04)791792 or (04) 791193 and cell phone lines 0784 956 128. The MRCZ Offices are located at the National Institute of Health Research premises at Corner Josiah Tongogara and Mazowe Avenue in Harare.*