APPENDIX 6: SUB-STUDY 3: KEY INFORMANT INTERVIEW GUIDE FOR HEALTH WORKERS AND HIV PROGRAM MANAGERS

Study Title: Retention in Intensive Adherence Counselling as a Pathway to Viral Suppression among Virally Non-Suppressed Adolescents and Young People Living with HIV in East-Central Uganda: A Sequential Explanatory Mixed-Methods Study

Introduction

Thank you for taking the time to participate in this interview.

My name is …….. and I am part of a research team from Makerere University conducting a study entitled "Retention in Intensive Adherence Counselling as a Pathway to Viral Suppression among Virally Non-Suppressed Adolescents and Young People Living with HIV in East-Central Uganda."

As a health worker/HIV programme manager involved in providing HIV care services, your experiences are important in helping us understand why some adolescents and young people remain engaged throughout Intensive Adherence Counselling (IAC) and achieve viral suppression, while others discontinue IAC or remain virally unsuppressed. We are particularly interested in your experiences with implementing IAC services, the challenges affecting retention in IAC, factors that facilitate successful completion of IAC, and recommendations for strengthening adolescent HIV services.

The interview will take approximately 45-60 minutes. With your permission, the discussion will be audio-recorded to ensure that your views are accurately captured. All information shared will remain confidential and will only be used for research purposes. Participation is voluntary, and you are free to decline answering any question or withdraw from the interview at any time without any consequences.

Do you have any questions before we begin?

Are you willing to participate in this interview?

Participant Signature _____

Interviewer Signature _____

Date _____

Interview Guide

Domain	Main Questions	Probes (COM-B)
Opening Questions	❖ Please tell us about your current role in HIV care. ❖ How long have you been involved in providing HIV services for adolescents and young people living with HIV? ❖ What is your experience implementing Intensive Adherence Counselling?	➢ Professional role. ➢ Years of experience. ➢ Responsibilities in adolescent HIV care. ➢ Experience with IAC implementation. ➢ Training received on IAC.
Introduction to IAC Implementation	❖ Can you describe how IAC is implemented for virally non-suppressed adolescents and young people in your facility? ❖ What happens from the time an adolescent receives an unsuppressed viral load result until completion of IAC?	➢ Referral process. ➢ Counselling sessions. ➢ Follow-up mechanisms. ➢ Viral load monitoring. ➢ Documentation. ➢ Standard operating procedures.
Psychological Capability	❖ From your experience, what individual factors influence adolescents' ability to remain in IAC until completion?	➢ Understanding of HIV and viral suppression. ➢ Knowledge of IAC. ➢ Health literacy. ➢ Decision-making skills. ➢ Memory and forgetfulness. ➢ Planning ability. ➢ Treatment literacy. ➢ Self-management skills.
Physical Capability	❖ Are there any physical or health-related factors that affect adolescents' retention in IAC?	➢ Illness. ➢ ART side effects. ➢ Mental health conditions. ➢ Disabilities. ➢ Fatigue. ➢ Co-existing illnesses. ➢ Treatment burden.

Social Opportunity	❖ How do families, caregivers, peers, schools and communities influence adolescents' retention in IAC?	➢ Family involvement. ➢ Caregiver support. ➢ Peer support groups. ➢ School environment. ➢ Community support ➢ Disclosure. ➢ HIV stigma. ➢ Cultural beliefs. ➢ Religious influences.
Reflective Motivation	❖ What motivates adolescents to remain engaged in IAC until completion? ❖ What motivates health workers to continue providing IAC services?	Reflect on: ➢ Perceived benefits of IAC. ➢ Desire for viral suppression. ➢ Self-efficacy. ➢ Hope. ➢ Future aspirations. ➢ Treatment beliefs. ➢ Professional commitment. ➢ Client-provider relationships.
Automatic Motivation	❖ How do emotions influence adolescents' participation in IAC?	Reflect on: ➢ Fear of HIV. ➢ Anxiety. ➢ Depression. ➢ Shame. ➢ Treatment fatigue. ➢ Hopelessness. ➢ Trust in health workers ➢ Emotional resilience.
Physical Opportunity	❖ What health-system and environmental factors influence retention in IAC?	➢ Distance to health facility ➢ Transport costs. ➢ Waiting time. ➢ Appointment scheduling. ➢ Clinic workload. ➢ Human resources. ➢ Drug availability. ➢ Privacy and confidentiality. ➢ Youth-friendly services. ➢ Clinic infrastructure. ➢ Appointment reminder systems.

Retention in IAC and Viral Suppression	❖ Based on your experience, how does retention in IAC contribute to viral suppression? ❖ Why do some adolescents complete IAC while others fail to complete? ❖ What explains why some adolescents remain virally unsuppressed despite completing IAC?	➢ ART adherence ➢ Quality of counselling. ➢ Drug resistance. ➢ Missed appointments. ➢ Treatment fatigue. ➢ Caregiver involvement ➢ Persistent barriers. ➢ Clinical management. ➢ Adherence monitoring.
Health System Implementation	❖ What health-system challenges affect implementation of IAC for adolescents? ❖ What strategies have worked well in improving retention in IAC?	➢ Staffing. ➢ Training. ➢ Supervision. ➢ Data systems. ➢ Supply chain. ➢ Multi-disciplinary teams. ➢ Community linkage. ➢ Differentiated service delivery. ➢ Quality improvement initiatives.
Facilitators of Retention in IAC	❖ What interventions have been most successful in improving retention among adolescents enrolled in IAC?	➢ Peer supporters. ➢ Family-centred care. ➢ Appointment reminders. ➢ Community follow-up. ➢ Home visits. ➢ Telephone follow-up. ➢ Youth-friendly services. ➢ Psychosocial support. ➢ Case management. ➢ Differentiated ART delivery models.
Recommendations	❖ What changes would you recommend to improve retention in IAC and viral suppression among adolescents and young people living with HIV?	Consider: ➢ Community-based IAC. ➢ Peer-led models. ➢ Family engagement. ➢ Digital reminders. ➢ School-based support

	❖ What policy or programme changes are needed?	➢ Additional staffing. ➢ Continuous mentorship. ➢ Strengthening referral systems. ➢ Integration of mental health services. ➢ Quality improvement collaboratives.
Conclusion	❖ Is there anything else you would like to add regarding retention in Intensive Adherence Counselling or viral suppression among adolescents and young people living with HIV?	➢ Thank the participant for their valuable contribution and explain that the findings will inform improvements in adolescent HIV care and IAC implementation.