Hi, my name is_______________________________ I am working for the Anova Health Institute. I would like to invite you to participate in an evaluation that we are conducting. The study is called “Evaluation of Ward-Based Outreach Teams.” Before you decide whether or not to participate, I would like to tell you about the study and answer any questions that you have. If you agree to participate, you will be asked to sign a consent form. You will be given a copy of the information sheet to keep. Please note that your participation is voluntary, and you may choose to withdraw from the study at any time. There will be no negative consequences if you choose not to participate, and your choice will not affect any of the health services that you access.

**Why are we doing the study?**

We are interested in understanding how you, the community health workers operate in the community and whether or not your efforts are helping people access medical care. It is important for us to collect this information in order for us to address any challenges and improve systems that will in turn improve the community’s access to medical care. If you agree to participate in this evaluation, you will participate in a focus group discussion with other CHWs. A focus group discussion is a method of qualitative data collection from participants with similar backgrounds and experiences. The focus group discussion will be guided by a facilitator who will introduce the topics for discussion and assist the group to participate in a natural discussion. Participants are allowed to agree or disagree with each other. Please feel free to discuss any issues that you feel are important for you.

**What will happen during the study?**

If you agree to participate, we will use a standard questionnaire to discuss the work of CHWs in your community. The questionnaire includes questions about your experiences as community health workers.

**What will happen if I agree to participate in the study?**

You will be given time to consider participation and all your questions will be answered before you make your decision. If you agree to participate in the evaluation, you will be asked to sign a consent form. If you sign the consent form this will mean that you have read this document, that the evaluation has been explained to you, that all your questions were answered and that you agree to participate in the evaluation. If you agree to participate in the evaluation, the discussion will be audio recorded. You may withdraw consent from participating in the evaluation at any time and this
will not affect your access to medical care or your role as a community health worker. In that case, all information collected will be destroyed with no negative consequences to you.

**Risks**

We do not think that there is any risk to you from completing the survey. We will treat your answers with confidentiality but because this is a group discussion we cannot guarantee that other participants will not share what you have said. We will not share or discuss your answers with your team leader or other community health workers, and we ask that you also do not share anything that other participants say in this group with anybody else.

**Benefit**

There is no direct personal benefit to you from participating in this evaluation. However, findings of this evaluation will be used to optimize the CHW system and this may benefit you and the community in future.

**Confidentiality**

All the information that you provide to us will be kept confidential. We will not mention your name in any of the reports from this evaluation.

If you need more information or you have any questions regarding the evaluation, please feel free to contact

Prof. Remco Peters at 011 581 5011 or Dr. Jean Railton at 015 307 4893.

or

Human Research Ethics Committee
Prof. Cleaton-Jones
Administrator and Chair
University of the Witwatersrand
Wits Research Office
10th Floor Senate House
East Campus
Johannesburg
Tel: 011 717 1234
Fax: 011 717 1265
Focus Group Discussion – CHWs

Do you understand what you have read/has been read to you? Please cross an answer below?

☐ Yes  ☐ No

Do you agree to participate in this study? Please cross an answer below?

☐ Yes  ☐ No

_______________________   _________________________ ______
Participant Name    Date

_______________________                   _________ ______________________
Participant Signature    Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

_______________________   ________________________ _______
Witness Name     Date

_______________________                    ________ _______________________
Witness Signature                  Date

_______________________                                        Date   _________-_________-20_________
Interviewer Name                                                            Interviewer Surname

_______________________                        Date   ____-____-20_____
Interviewer Signature

Version 1
Do you understand what you have read/has been read to you? Please cross an answer below?

☐ Yes  ☐ No

Do you agree to participate in this study? Please cross an answer below?

☐ Yes  ☐ No

_________________________   _________________________ ______
Participant Name    Date

_________________________   _________________________ ______
Participant Signature    Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

_________________________   _________________________ ______
Witness Name     Date

_________________________   _________________________ ______
Witness Signature                  Date

_________________________   _________________________ ______
Interviewer Name                                                            Interviewer Surname

_________________________   _________________________ ______
Date    _________-_________-20_________
Interviewer Signature
EVALUATION OF WARD-BASED OUTREACH TEAMS

Formal Signed Consent Form for Audio Recording

The researchers have my permission to audio record this interview/ focus group discussion (circle as appropriate) in order to include all important information. This has been explained to me in the participant information sheet. The evaluation has been explained to me and all my questions were answered to my satisfaction.

Participant Name ___________________________ Date ___________________________

Participant Signature ___________________________ Date ___________________________

Please obtain a signature from an adult witness if the participant is unable to read and write.

Witness Name ___________________________ Date ___________________________

Witness Signature ___________________________ Date ___________________________

Interviewer Name ___________________________ Interviewer Surname ___________________________

Date __________-________-20_________
Focus Group Discussion – CHWs

EVALUATION OF WARD-BASED OUTREACH TEAMS

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_______________________   _________________________
Participant Name          Date

_______________________   _________________________
Participant Signature     Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

_______________________   _________________________
Witness Name              Date

_______________________   _________________________
Witness Signature         Date

_______________________   _________________________
Interviewer Name          Interviewer Surname

_______________________   _________________________
Date   __________-________-20________
Interviewer Signature
LAY GROUND RULES

The facilitator, with the participation of the group, will lay ground rules for the discussion

- Turn off cell phones
- Respect for the views of others
- Respect others’ confidentiality – meaning not to reveal what others have said here today
- Try not to interrupt each other—give everyone a chance to speak their mind, and respect opinions that are different from your own.
- Everyone should feel free to participate as much as they would like.
- You should feel free to use the language you use with each other in normal, everyday discussion. However, please refrain from language that is insulting or offensive to one another.
- Do you have any other suggestions for ground rules?
**Interviewer Script**: It is important for us to understand the daily work that you do, so first I would like to ask you about making household visits.

- Is there anything that you find very rewarding or interesting about doing household visits?
- Is there anything that you find very difficult or challenging about doing household visits?
- [probe]: What could be done to overcome these challenges?
- How do people in the community treat you when you come to visit them?
- Do you think people listen to you when you discuss HIV and other health issues with them?
- [probe]: Why or why not?

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| ▪ How much training did you receive before you had to visit households? |
| ▪ How well did the training prepare you for visiting households in the community? |
| ▪ What should be added to the training to make it better? |
| ▪ What other training do you think CHWs need? |

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**Interviewer Script**: I will now ask you about your workload and challenges.

- What is your workload like?
- [probe]: What should change to help you reach more people in the community?
Do you experience any challenges follow up on patients who do not visit the clinic to collect their medication?
[probe]: Is it easy or difficult to get a list of defaulters? Why?
[probe]: What do you find is the best way to contact patients?

Do you experience any challenges following upon TB patients?

Do you experience any challenges following up on pregnant women?

Interviewer Script: I will now ask you a few questions about your experience with social workers.

How do you work with the social workers in your ward? What do you think about the social workers in your ward?
[probe]: What do you think is the role of social workers?
[probe]: How does interacting with social workers benefit your role as a CHW?
[probe]: Do you encounter challenges with social workers?
[probe]: What could be done to overcome these?
**Interviewer Script:** I will now ask you a few questions about your community.

- What do you think of community leaders?
- How do you deal with negative influences of community leaders?
- What do you think of traditional healers?
- How do you deal with negative influences of traditional healers?

**Interviewer Script:** Thank you very much for your time.