PARTICIPANT INFORMATION SHEET (PROVIDER)

Title: Assessing Healthcare Providers' Knowledge, Attitude and Practiced Behaviors (KAP) relevant to the future implementation of PrEP services in South Africa

Sponsor: USAID

Principal Investigators: XXX

Address: XXX

Dear Healthcare Provider,

You are being invited to consider participating in a research study exploring the knowledge, attitudes and practices of healthcare providers involved in the provision of sexual and reproductive health (SRH) services in South Africa. This study falls under the OPTIONS program which stands for Optimizing Prevention Technology Introduction ON Schedule. This program provides technical assistance to the National Department of Health (DoH) for the roll-out of ARV-based prevention methods such as oral pre-exposure prophylaxis (PrEP). The program specifically aims to create a platform that optimizes the portfolio mix of ARV-based prevention and related products to meet local needs and achieve global prevention goals in the most cost effective way possible.

What is the purpose of this study?

As a healthcare provider, you are being asked to participate in a survey to gather input about introduction of oral PrEP into existing health services here in South Africa. We are talking to health care providers involved in the delivery of HIV prevention and other SRH services to help inform the introduction of ARV-based HIV prevention. Your knowledge and experiences of HIV testing and prevention and other SRH services will be important to understanding what services are available. For the purposes of this study we will focus on gathering information from providers who work in the She Conquers campaign priority districts, as it is anticipated that these districts will be prioritized for oral PrEP provision in the future, as these districts are most affected by HIV. The She Conquers campaign is a national campaign aimed at providing a targeted approach to scale up and fast track efforts to empower young people, especially adolescent girls and young women,

What will be involved in taking part in the study?

If you agree to take part in the study, we will ask you to sign this form indicating that you agree to be part of the study. The survey will take approximately 45 to 60 minutes to complete. You will participate once-off in the survey, but may also be asked to later participate in a once-off in-depth interview. It is important to note that this study does not provide treatment or payment.

Voluntary participation

Providers working in 9 selected facilities within the She Conquers campaign districts will be approached by data collectors at the facility at which they work at for participation in the study. Participation in this research study is voluntary and you may refuse participation or withdraw participation at any point. Participation is not a requirement of your employment. Participants have a right to make an informed decision whether or not to participate. You may also refuse to answer questions that you feel uncomfortable with. In the event of refusal/withdrawal of participation or not answering all questions, your employment at this facility or any other facility will not be affected. Equally, choosing to participate will not entitle you any benefits. The information you provide to us will not be shared to your manager or any facility staff. Participation or non-participation will not be disclosed to any of your colleagues.

It must be noted that there will be no costs incurred by you as a result of your participation in the study. The survey will take place at the facility in a private space at a mutually agreed upon time, at the convenience of the provider.

Benefits and Risks

There are minimal risks associated with participation in this study which may include risk of breach of confidentiality or that others may learn of your participation in the study and discriminate against you. We will make every effort to engage with your health facility in order to inform the facility about the purpose of this study in order to prevent this from occurring. The benefits hoped for from this study, through your participation, is for researchers to better understand your views regarding the PrEP service package and the provision of PrEP to adolescent girls and young women as well as other populations, drawing on your experiences delivering other sexual reproductive health and HIV services.

Privacy and Confidentiality

Any information we collect which clearly identifies you (for example, your name) will be kept confidential to the best of our ability. This information will only be shared with those working on this study. At no point in time will your information be shared with other health care providers or managers at this facility or other facilities or any non-study personnel. Other information you provide that does not directly identify you may be shared with others.

Once the study has been completed, the information obtained will be made available by Wits RHI in the form of a research report and will be presented to the healthcare facilities. The information may be developed into academic papers or presented at seminars or conferences.

This study has been ethically reviewed and approved by the University of Witwatersrand Human Research Ethics Committee and the FHI 360 Protection of Human Subjects Committee.

In the event of any problems or concerns/questions you may contact the Project Leader, XXXX, at:
Tel.: XXXX
Chairman of the University of Witwatersrand, Human Research Ethics Committee, XXX the following contact details: XXXX

INFORMED CONSENT

I _____ (participant name) have been informed about the study entitled: *Assessing Healthcare Providers' Knowledge, Attitudes,and Practiced Behaviors relevant to the future implementation of PrEP services in South Africa* by _____ (name of researcher/fieldworker).

I understand the purpose and procedures of the study as per the Participant Information Sheet.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting my employment at this facility or any other facility.

If I have any further questions/concerns or queries related to the study I understand that I may contact the Project Leader at XXXX.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact the University of Witwatersrand, Human Research Ethics Committee, contact details as follows:

Physical Address: XXXX
Tel.: XXXX
Email: XXXX

I hereby consent to the following procedures (mark with an x):

Yes	No	
		Participation in a survey

_____ _____

Signature or Thumbprint of Participant **Date**

_____ _____

Signature of Data Collector **Date**

_____ _____

Signature of Witness
(Where applicable) **Date**

Investigator or person who conducted Informed Consent discussion: I confirm that I have personally explained the nature and extent of the planned research, study procedures, potential risks and benefits, and confidentiality of personal information.

Name of person obtaining consent: _____

Signature of person obtaining consent: _____ Date:_____