Verbal informed consent form
Individual interviews with women using the C4C tool

Title: Evaluation of a digital FP chatbot for customers in Côte d'Ivoire

Protocol number: IRBNet Project #1813113

Developer: FHI 360

Principal investigator: Dr. Denise Kpebo

Address: Université Félix Houphouet Boigny, Côte d'Ivoire

Location: Ivory Coast

Study telephone numbers:

[contact information removed]

Study information

We are asking you to participate in a research study. We're asking you because you took a survey on Gabi's chatbot and gave us your contact information to find out more about this study. Around 36 women like you will take part in interviews like this.

We're conducting this research to better understand the people who use the chatbot and what they think of it, so that the chatbot can be improved.

If you choose to take part in this interview, we'll ask you questions about your experience with the chatbot and your opinion of it. We'll also ask you for your ideas on how the tool can be improved. Finally, we'll ask you a few questions about how the tool may have influenced the family planning decisions you've made. The interview will last between 30 and 45 minutes. If you don't have time for the interview now, but would like to take part, we can schedule it at a time that suits you.

If you agree to be interviewed, I will record the interview so that I can remember your answers.

Possible risks

We believe that the risks for women participating in this survey are low. Some of the questions may make you feel uncomfortable. You don't have to answer questions you don't want to answer.

Possible benefits

You may not benefit from participating in this study. The information you share will help us improve the chatbot, which could help people like you get important information about family planning.

Voluntary participation

You are free to decide if you want to participate in this research. You are not obliged to answer any questions you do not wish to answer. You can stop the interview at any time.

Whether or not you participate in this study will not affect your ability to receive health care services.

Privacy

If you participate, we will record the interview and take notes. We will not collect any additional personally identifiable information. The name and telephone number you give us to call you today will in no way be linked to your answers. We will delete your name and telephone number after the interview. The audio recording will

be transcribed into a document and destroyed once all the data has been analyzed. The audio recording will not be shared with anyone outside the study team.

We may share data from this study with others, including researchers. If we do so, we will not share any information that could identify you or others participating in this study.

Compensation

We'll give you 2,000 CFA in communication credit to compensate you for your time if you take part in the interview. Once the interview is over, we'll transfer the communication credit to your phone.

For all questions relating to the study

If you have any questions about the research, you can call Dr Denise Kpebo, the principal investigator, [contact information removed], from 8am to 6pm.

Your rights as a participant

The FHI 360 Ethics Committee and the Comité National d'Ethique des Sciences de la Vie et de la Santé (CNESVS) of Côte d'Ivoire have reviewed and approved this study. If you have any questions or concerns about your rights as a research participant, please contact Dr Louis Penali, Comité National d'Ethique pour les Sciences de la Vie et de la Santé, on [contact information removed].

Do you have any questions?

Are you willing to take part in telephone interviews? YES ☐ NO ☐

Do you agree to be the subject of an audio recording? YES ☐ NO ☐

CONSENT DOCUMENTATION BY THE INVESTIGATOR

I certify that the nature and purpose, potential benefits and possible risks associated with participation in this research have been explained to the above-mentioned person and that he/she has consented to participate AND to be audio recorded.

_____ _____

Signature of the Person who obtained the Consent Date