Participant ID: _____

Research for Scalable Solutions (R4S)

How does integration of PrEP affect family planning service delivery? An exploratory assessment in Kenya

Informed consent form: Interviews with managing authorities regarding activity-based costing

Interviewer's Name: _____ Date & Time: _____

Purpose of Research

This interview is part of a research study to assess how family planning (FP) services are affected when pre-exposure prophylaxis (PrEP) is integrated into FP services. We will survey about 13 facilities like yours.

Your Involvement

You have been selected to take part in this interview because you have important information about the activities or costs related to the integration of PrEP services at your FP facility. If you decide to take part in this interview, I will ask you questions for about 90 minutes. We will conduct the interview in a quiet and private place. I will ask you questions about a number of topics. Most questions I will ask are about the facility you work at and are not about you personally. For example, we will talk about the different activities that your facility does to provide PrEP services. We will also talk about the value or cost of those activities.

You can choose to participate or not to participate in this interview. If you decide to participate, you are free to discontinue participation at any time without penalty. If you do not want to answer a particular question, you can ask me to skip it and we will continue to the next question. Participation in this research is not a work requirement so your choice to participate, or not, will not affect your job in any way.

Confidentiality

The research team will keep what you say in this interview private to the best of our ability. Only members of our study team will be able to read the notes from this interview. Besides asking you to introduce yourself and provide your job title and responsibilities, I will not ask you any personal information about yourself. Instead, the questions we will talk about will focus on the work your facility is doing. Your name will not be used in any reports or publication about this research and we will not connect your facility's name to any data you share. 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. Other information you provide that does not directly identify you may be shared with others, including the funder of this study. All typed transcripts and notes will be stored on computers that are protected by a password.

Risks and/or Discomforts

We think there is minimal risk from participating in this research study. The main risk is that someone may find out you participated in this research study or may find out some information about you or what you said about your organization. You can choose how much information you want to share. You can always refuse to answer any question and choose to stop participating at any time – without penalty.

Benefits

There are no direct benefits from taking part in this survey. Your answers could help program managers improve family planning services in Kenya.

COVID-19 Plan

For our safety, we will comply with local guidance on COVID-19 prevention. We will sanitize or wash hands before the interview and keep distance between us. If local officials recommend mask use, we will wear masks throughout the interview.

Alternatives to participation

The only other option to participation in this study is to choose not to participate.

Contact Information

If you have any questions about this study, there are people who can help answer them. You can contact the following people at any time.
[Contact information here]

If you have any questions about how you are being treated or your rights as a study participant, you can contact the [IRB] at:
[Contact information here)
You may also contact the [IRB] at:
[Contact information here]

These committees reviewed and approved this research.

Do you have any questions? Please know you can have a copy of this form, if you want one.

Consent

If you agree to participate in this research study, please say so.

Participant ID: _____

Consent Verification

STUDY STAFF: The person who obtained consent needs to sign below before this person can continue with the interview or research activity. Your signature confirms that the proper consent form has been read by or to the participant. It confirms that you answered all the questions that the participant had about this study component. It also confirms that the individual has agreed to take part in the interview or research activity.

_____	_____	_____
Name of Study Staff	Signature of Study Staff	Date