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: Client exit interview

Interviewer's Name: _____ Date & Time: _____

Purpose of Research

This interview is part of a research study to assess how family planning services are affected when pre-exposure prophylaxis (PrEP) is integrated into family planning services. We will survey up to 780 family planning clients like you.

Your Involvement

You have been selected to take part in this interview because we want to better understand family planning clients' perspectives on the integration of PrEP services in family planning facilities. If you decide to take part in this interview, I will ask you questions for about 30 minutes. We will conduct the interview in a quiet and private place. I will ask you questions about a number of topics, such as your perceived risk of HIV and your use of HIV prevention services. I will ask you about the type of services you received today and your opinion of those services. You are free to skip any question you do not want to answer. You can stop the interview at any time.

I will type your responses to the interview questions using an electronic device. I will share your responses with my study team. No one outside of this research will be told of your participation. If you decide not to participate, your decision will not affect your ability to obtain health care at this facility. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

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 your responses from this interview. The information we collect will be kept confidential to the best of our ability. I will not ask you to tell me your name. Other information about you, such as the services you receive from the health facility, will not be disclosed to facility staff. 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, and may be used for other research studies. We will keep your responses on password protected computers.

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. If you choose to participate in the interview, there may be some questions that may make you feel embarrassed or awkward. 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 to improve family planning services in Kenya.

Compensation
We will provide a small token of appreciation for the time you spend participating.

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 Scientific and Ethics Review Unit at Kenya Medical Research Institute (KEMRI) at:
[Contact information here]

You may also contact the Protection of Human Subjects Committee at FHI 360 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