ID Number: _____

PARTICIPANTS INFORMATION SHEET
Health facility assessment

Title: Client and provider experiences with removal of long-acting contraceptive methods in Senegal

Sponsor: Bill and Melinda Gates Foundation

Introduction
Hello. I am _____and I am representing FHI 360, IntraHealth Senegal, ASBEF, and the Ministry of Health.

We would like you to gather information on services at this facility for a research study on removal of long-acting contraceptive methods in Senegal. I will describe the study. Then you can decide if you want to join or not.

Information About the Study
We are collecting information on services at 74 public sector facilities. You are being asked to answer some questions about the services at this facility. You can ask other people at this facility to help you with some of the information. If you agree to participate, the interview will take about 30 minutes. If you agree to participate, I will ask you questions about family planning services at this facility, especially for insertion and removal of long-acting contraceptive methods. I will also ask about the equipment, supplies and referral mechanisms at this health facility. I would also like to record some information from recent monthly activity reports.

Confidentiality
Information will be kept confidential. Your name will not be recorded. Information from the interview will be provided to researchers for analyses and may be shared with others but the information will be provided in such a way that neither you nor this facility can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality.

Possible Benefits
There is no direct benefit to you. The information that you share with us will help the Ministry of Health and other program managers in Senegal and global funders understand the issues providers and women face with implant and IUD removals.

Possible Risks
We think that your participation in this research study poses little risk to you. You are not required to answer any question that you do not want to. You can stop the interview at any time. There are no professional risks anticipated from participating in this study, as we will not share your answers with colleagues or supervisors. This is a research study and if you refuse to participate your employment will not be adversely affected.

If You Decide Not to Be in the Study
You are free to decide if you want to be in this study or not. If you decide not to participate, this will not be reported to anyone.

Payment

We will not offer you any payment for participation in this study.

If You Have Questions About the Study
If you have any questions about the study, you can contact [contact removed].

Your rights as a Participant
This study has been reviewed and approved by two ethical review boards:

- The Institutional Review Board of FHI 360
- Comité National d'Ethique pour la Recherche en Santé (CNERS)

If you have any questions about how you are being treated by the study or your rights as a participant you may contact:

[contact 1 removed].

[contact 2 removed].

Do you have any questions?

Do you want a copy of this form?

Do you agree to participate in this research study?

☐ YES, participant agreed

☐ NO, participant did not agree **-> END**

ID Number: _____

CONSENT FORM

PARTICIPANT AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to me. I have been given an opportunity to have any questions about the study answered to my satisfaction. I agree to participate as a volunteer in this study study and understand that I have the right to withdraw from the study study at any time.

_____ _____

Signature / Thumbprint of Participant Date

INTERVIEWER AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to the above individual.

_____ _____

Signature of Person Who Obtained Consent Date