Participant ID Number: _____

PARTICIPANTS INFORMATION SHEET
Survey with providers

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 join 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 interviewing about 115 providers like you at health facilities. For about 100 providers, the interview is a survey and for 15 other providers, it is an in-depth interview. You were randomly selected for a survey. If you agree to participate, it will take about 30 minutes. I will ask you questions about your experiences offering implants and IUDs to clients and about your training. We will also talk about how confident you feel with different procedures and about your experiences with difficult removals.

Confidentiality
We will not tell anyone if you participate. The information you tell us will be included in our report and that report will be shared with others, but we will not share any information that can be linked to you. We think that there is a small chance someone can find out what you told us. We will do all we can so that does not happen.

Possible Benefits
There is no direct benefit to you. The information that you and other providers 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. This interview gives you a chance to share your experiences with decision makers.

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, your decision will not get you in trouble with your employer.

Payment
You will not receive any payment for your participation in this study.

Withdrawing from the Study

You may end your participation without any penalty at any time and data from this interview will not be used. If you do withdraw, it will not affect your employment in any way.

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**

Participant 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