3. Informed Consent Form for Client-Provider Observations (PROVIDER)

Summary of Key Information Regarding the Study

Hello! My name is _____ and I am here on behalf of Breakthrough-RESEARCH. We are conducting client provider observations as part of a research study to assess the effectiveness of social accountability and provider behavior change (PBC) approaches on the provision of quality family planning (FP) services and to understand the barriers and enabling factors associated with implementation. We would like to assess process attributes including interpersonal communication, and FP counseling provided by health care providers to clients.

You are invited to take part in a research study and your participation is completely voluntary. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take the time to read or to listen as I read the following information.

There are no serious risks or benefits to your participation in the study. We will take precautions to protect confidentiality.

You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you wish to participate in the study, and if yes to sign this Informed Consent form. You will be given a signed copy to keep.

Purpose of the Study and Study Requirements

What is the study? The purpose of this observation is to capture information on attributes of provider interpersonal communication during FP consultations at this facility which is implementing service delivery improvement activities supported by the West Africa Breakthrough ACTION (WABA) initiative. WABA aims to strengthen service delivery by implementing community engagement, social accountability and PBC approaches in targeted Amplify FP/SRH (Amplify-FP) Integrated Learning Networks (ILN) and communities (catchment areas) in priority countries. The study is being conducted by Breakthrough-RESEARCH and is funded by USAID.

Why have I been invited to take part? You have been invited to take part because you are a clinical provider who is currently providing FP services in a facility included in this study.

What will happen if I take part? If you agree to take part in the study, we will ask you to sign this form agreeing that a member of the study team will sit in on your consultation with the client and will be making observations using an electronic

checklist. The observation will start with the facilitator, making sure that you are comfortable. We can also answer questions about the research that you might have.

How long will interview last? This observation will last for the duration of your FP consultation or until you request that the observation stop.

We may contact you again if you are selected to take part in a subsequent interview administered to FP providers.

Risks

What are the risks of the study?

The primary risks associated with this study are 1) possible breaches of participant confidentiality.

Breaches of confidentiality could occur if provider actions or responses were inadvertently disclosed.

Participation in this study presents some risk to respondents in the form of emotional distress. This research covers a broad range of issues that could be sensitive, such as information related to sexual behavior, and contraceptive use.

You may end the observation at any time without penalty or loss of any benefits to which you are entitled.

An inconvenience may be the time and effort you take to participate.

Benefits

What are the benefits of participating? Participants will not benefit directly from taking part in this study and participants will not receive any compensation for their participation. All participants will also assist in furthering our research aims that will help improve health outcomes in Togo.

Confidentiality

Will my participation in the study be kept confidential? During the study, personally identifying information and study information that is collected will be kept confidential. No one will be told that you have participated in the study. Your name or other identifiers will not be included in reports from this study. This data will be securely stored at the local partner offices in Lomé, physically separate from informed consent forms or other personal identification information; only the study team can access.

The study team will make every effort to protect your privacy and maintain the confidentiality of all the information that you provide.

How will you protect the information you collect about me, and how will that information be shared?

When your participation ends, results of this study may be used in publications and presentations. Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used.

The electronic data files will be kept indefinitely.

Voluntariness

What are my rights as a research participant/subject? Your participation in this study is completely voluntary. If you decide not to participate, you will not lose any existing benefits to which you are entitled. If you agree to participate in this study, you may end your participation at any time without penalty or loss of existing benefits to which you are entitled. If you decide to take part, you are free to skip any questions. You are free to withdraw at any time without affecting your relationship with the study or your health facility.

Additional Information

What will I receive for participating? You will not receive compensation for your participation in this interview.

What will happen to the results of the research study? The results of the study will be discussed in a final report and may be presented at national and international meetings or conferences and published in journals.

Who has reviewed the study for ethical issues? This study has been reviewed by the Population Council Institutional Review Board and Committee for Bioethical Health Research in Togo.

What if I need more information? If you have a concern about any aspect of the study, you should ask to speak to the researchers who will do their best to answer your questions.

You may call Sethson Kassegne at this number +22822254461 or kasethson@yahoo.com.

What if there is a problem? Any complaint about the way you have been treated during the study or any possible harm you might suffer will be addressed.
Please contact Cyrill Assonde, at +22890181143 or assondecyrille@yahoo.fr.

Subject Statement: I have read the Informed Consent for this study. I have received an explanation of the planned research, procedures, risks and benefits and privacy of my personal information. I agree to take part in this study. I understand that my participation in this study is voluntary.

Your name:_____

Your signature:_____**Date:**_____

Investigator or person who conducted Informed Consent discussion: I confirm that I have personally explained the nature and extent of the planned research, study procedures, potential risks and benefits, and confidentiality of personal information.

Name of person obtaining consent:_____

Signature of person obtaining consent:_____**Date:**_____