2. Informed Consent Form for Longitudinal Provider Survey

Summary of Key Information Regarding the Study

Hello! My name is _____ and I am here on behalf of Breakthrough-RESEARCH. We are conducting provider surveys 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 provider education and experience, working conditions and experience with supervision as well as performance-related norms and attitudes.

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.

We estimate that participation in this survey will take no longer than 30 minutes. 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 survey is to understand your education and experience, working conditions and experience with supervision as well as performance-related norms and attitudes.

This study seeks to build the evidence base by evaluating activities implemented by the West Africa Breakthrough ACTION (WABA) initiative which 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 or overseeing 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 and we will arrange for you to participate in a survey that will no longer

than 30 minutes. This survey will be guided by **[name of moderator/facilitator]**. The survey will start with the facilitator, making sure that you are comfortable. We can also answer questions about the research that you might have.

You do not have to answer any questions that make you uncomfortable.

If you agree to participate, we will try to contact you after 10 months to repeat the procedures and survey from this initial baseline survey.

How long will survey last? This survey will take no longer than 30 minutes to complete.

We may contact you again to assess how things may have changed because of WABA and Amplify-FP activities in the next year.

Risks

What are the risks of the study?

A risk may be a breach of confidentiality (something you say is accidentally provided to others) but we will take precautions to see that this does not happen.

You may find one or more questions that we ask to be upsetting or emotionally sensitive. You do not have to respond to any question that makes you uncomfortable.

You may end the survey 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? There are no direct benefits to you for participating in the study. You may find an indirect benefit in knowing you have participated in an important study that could help others in the future.

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. Per the USAID Open Data Policy, we are required to submit all de-identified datasets to USAID, which will be made open access to the public. No personal identifier information will be included in this dataset that is submitted to USAID. In addition, public health journals now require de-identified data to be included in manuscript submissions.

To minimize the risks to confidentiality, all surveys will be conducted in a private spot at the facility out of earshot of anyone else. After survey respondents have signed an informed consent form, all further survey questionnaire responses will be recorded on password protected handheld electronic devices.

Interviewers will have the record that includes the facility ID number along with the person's name and phone number for follow-up. The survey responses will be recorded with the facility and study ID number of the participant, but not their names. A separate secure electronic database will provide a link between the study ID, and contact information. A final de-identified survey questionnaire database will be produced. All informed consent forms will be kept in locked file cabinets in a secure office with the in-country research partner. Only research staff will have access to these forms.

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 survey.

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:**_____