1. Informed Consent Form for Facility Assessment

Summary of Key Information Regarding the Study

Hello! My name is _____ and I am here on behalf of Breakthrough-RESEARCH. We are conducting facility assessments 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 the FP service delivery environment.
The study team has received an introductory letter from the appropriate Ministries and district health offices to inform you of the research activities.
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 facility assessment is to assess the FP service delivery environment.

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 as the **[manager/officer in charge]** you are in a position to provide consent for this assessment which will provide valuable insights into provision of FP services at this facility.

What will happen if I take part? If you agree to take part in the assessment, we will ask you to sign this form and we will arrange for you to support the facility assessment. We can also answer questions about the research that you might have.

How long will survey last? This facility assessment will take approximately 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?

There are minimal risks for this activity. Personal information will not be collected during the facility assessment. However, information collected through this data activity be shared with the Ministry of Health and regional partners including WABA, Amplify-FP to improve FP service delivery.

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? No confidential information will be collected during this assessment. 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.

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.

Facility assessment data will be recorded on password protected handheld electronic devices. The study team will have the record that includes the facility study ID number along with the facility's name and the address. Responses will be recorded with the facility study ID number, but not the facility name. A separate secure electronic database will provide a link between the facility study ID and GPS data. A final de-identified facility assessment database will be produced. 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.

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:**_____