PZAT
PANGAEA ZIMBABWE AIDS TRUST

MRCZ No. _A/2227_

INFORMED CONSENT FORM

ASSESSING HEALTH CARE PROVIDERS' KNOWLEDGE, ATTITUDES AND PRACTICES RELEVANT TO PREP SERVICE PROVISION

Principal Investigator: XXX

Phone number(s): XXX

What you should know about this research study:

- We give you this consent so that you may read about the purpose, risks, and benefits of this research study.
- Routine care is based upon the best known treatment and is provided with the main goal of helping the individual patient. The main goal of research studies is to gain knowledge that may help future patients.
- We cannot promise that this research will benefit you.
- You have the right to refuse to take part, or agree to take part now and change your mind later.
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your participation is voluntary.

PURPOSE

We are conducting a survey to explore healthcare providers' views regarding the PrEP service package, drawing on your experiences delivering PrEP services and or other reproductive health and HIV services.

The study is designed to meet the following objectives concerning provision of PrEP:

1. Evaluate providers' familiarity and knowledge of PrEP: effectiveness, safety, side-effects, eligibility criteria, screening, initiation and follow-up requirements
2. Explore providers' attitudes and beliefs towards PrEP delivery to target populations, with focus on adolescent girls and young women.
3. Explore providers' views on whether it would be feasible and acceptable to add PrEP delivery to HIV and reproductive health services, based on their experiences delivering those services.

You are being asked to participate in this research study which assesses health care providers' knowledge, attitudes and practices relevant to PrEP service provision. Up to 124 providers will participate in this survey. The purpose of the study is to explore healthcare providers' views regarding the PrEP service package, drawing on your experiences in delivering PrEP services and or other reproductive health and HIV services. You were selected as a possible participant in this study because you are a health service provider.

PROCEDURES AND DURATION

If you decide to participate, you will be asked to participate in a survey. The purpose of the survey is to gather information to help us understand more about what needs to happen for successful PrEP roll out to take place. We will also collect demographic information, including your gender and age, and information about your job. The interview will take place in a private room and will take an hour.

RISKS AND DISCOMFORTS

- There may be some questions that make you feel embarrassed or awkward, but you are free to decline to answer any questions you do not wish to answer.
- We will protect anything you tell us during the discussion to the best of our ability, so your information will not be shared with anyone outside of the study.
- There are no direct benefits or costs to you for participating in this study.
- However, you will be helping us collect information that could help improve PrEP and other reproductive health service delivery.

REIMBURSEMENT:

You will be reimbursed for the time spent for the study interview. A reimbursement amount of not more than US$5 or the Zimbabwe equivalent will be provided at completion of the interview.

CONFIDENTIALITY

All the information you provide which clearly identifies you (for example, your name) will be kept confidential to the best of our ability and will only be disclosed with your permission. The information will only be shared with those working on the study. Other information you provide that does not directly identify you may be shared with others. The information will be used to enhance service delivery in PrEP and other reproductive health services.

ADDITIONAL COSTS

There will no additional costs incurred by participating in this study.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. Participation is not a requirement of your employment. Your supervisor knows that participation is voluntary, and your supervisor will not be told who participates and who does not. If you decide not to participate in this study, your decision will not affect your future relations with Pangaea study staff. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. You are free to skip any question you do not want to answer.

IRBNo. A/2227_

SIGNATURE PAGE

ASSESSING HEALTH CARE PROVIDERS' KNOWLEDGE, ATTITUDES AND PRACTICES RELEVANT TO PREP SERVICE PROVISION
Protocol Version Number 1.0 / 01 March 2017

OFFER TO ANSWER QUESTIONS
Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

_____	_____
Name of Research Participant (please print)	Date
_____	_____
Signature of Participant	Time

_____	_____	_____
Name of Staff Obtaining Consent	Signature	Date
_____	_____	_____
Name of Witness (*if required)*	Signature	Date

YOU WILL BE OFFERED A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, today you may contact XXX, phone:XXX, email: XXXX
If you have questions about your rights as a research participant or research-related harm; or if you feel that you have been treated unfairly, please feel free to contact the Medical Research Council of Zimbabwe (MRCZ) on telephone XXX and cell phone lines XXX. The MRCZ Offices are located at the National Institute of Health Research premises at Corner Josiah Tongogara and Mazowe Avenue in Harare.