R4S
Assessment of the Scale, Reach, Quality, and Cost
of Service Delivery High Impact Practices in Family Planning
Informed Consent Form
KII guide for Managing Authorities regarding
Vertical Scale

Interviewer's Name: _____ Date: _____
Time of interview: _____ Organization: _____

Purpose of Research

This interview is part of a research study to assess the scale, reach, quality, and cost of service delivery high impact practices in family planning. Sometimes these high impact practices are called HIPs. The goal of this research study is to apply an approach to measure the scale, reach, quality, and cost of HIPs, which will help countries improve their family planning programs. We hope this will help more women and their families access the family planning services they want and need.

Your Involvement

You have been selected to take part in this interview because you have important information about the policies and guidelines related to high impact practices in your country. If you decide to take part in this interview, I will ask you questions for about 90 minutes. We will conduct the interview in a quiet and private place. I will ask you questions about a number of topics. Most questions I will ask are about the organization you work for but are not about you personally. For example, we will talk about the vertical scale of certain HIPs. This means we will talk about national policies or guidelines related to these practices. We will also talk about training programs and information management systems.

As I ask you these questions, our conversation will be recorded so that I can be sure I capture what you say accurately. If you do not wish to be recorded, you will not be able to take part in this interview. I will also take some notes during our discussion. I will share the recording and my notes with your answers with my study team. You can choose to participate or not to participate in this interview. Your choice to participate, or not, will not affect your job in any way. The results of this interview will not be shared directly with your supervisor or anyone with whom you work.

Confidentiality

The research team will keep what you say in this interview private to the best of our ability. Only members of our study team will be able to hear the recording or read the notes from this interview. Besides asking you to introduce yourself and provide your job title and responsibilities, I will not ask you any personal information about yourself. Instead, the questions we will talk about will focus on the work

your organization is doing. Your job title will be saved apart from your answers. Your name will not be used in any reports or publication about this research. Any information we collect which clearly identifies you (for example, your name) will be kept confidential to the best of our ability. This information will only be shared with those working on this study. Other information you provide that does not directly identify you may be shared with others, including the funder of this study.

We will keep all recordings on password protected computers, and we will destroy the recording when the study is completed. All typed versions of our notes will be stored on computers that are protected by a password. They will be kept this way for up to three years after the end of the study.

Risks and/or Discomforts

We think there is minimal risk from participating in this research study. The main risk is that someone may find out you participated in this research study or may find out some information about your organization. You can choose how much information about yourself you want to share. You can always refuse to answer any question and choose to stop participating at any time.

The study team may need to contact you to schedule a follow-up interview. We will ask for your permission to contact you and a safe way for us to do so. For your privacy, we will only contact you in ways you agree to be contacted.

Benefits

There are no direct benefits from taking part in this survey. Your answers will help us improve family planning programs in your country.

Compensation

We are thankful for your time, but you will not be paid to take part in this interview.

Contact Information

If you have any questions about this study, there are people who can help answer them. You can contact the following people at any time.

Name	Role	Phone	Email

If you have any questions about how you are being treated or your rights as a study participant, you can contact the Institutional Review Board at Makerere University School of Public Health in Uganda at:

Institutional Review Board
Makerere University School of Public Health
New Mulago Hill Road, Mulago, Kampala, Uganda
Phone:
Email:

You may also contact the Protection of Human Subjects Committee at FHI 360 at:
Phone:
Email:

These committees reviewed and approved this research.

Do you have any questions?

Please know you can have a copy of this form, if you want one.

Verification of Consent

I would like to remind you that participating in this survey is voluntary. You can decide not to participate. You can also stop taking part in this interview at any point without penalty.

Do you agree to be audio-recorded?	Yes	No
Do you agree to take part in this interview?		
If you agree to participate, do you agree to have the study team follow up with you?	Yes	No
If yes, what is the best method for contacting you?	Phone: Email:	

_____
Participant name

_____
Participant signature or e-signature

STUDY STAFF: You need to sign below before this person can continue with the survey. Your signature confirms that this consent form has been read by or to the participant. It confirms that you answered all the questions that the participant had about this study component. It also confirms that the individual has agreed to take part in the survey and the selected agreements (Yes/No) are correct.

_____	_____	_____
Name of Study Staff	Signature of Study Staff	Date