R4S

Assessment of the Scale, Reach, Quality, and Cost
of Service Delivery High Impact Practices in Family Planning

Informed Consent Form

Readiness Assessments

Data Collector's Name: _____ Date: _____

Time of survey: _____ Site/Facility: _____

Purpose of Research

This survey 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 implement one of these high impact practices, and we can learn from your experience. If you decide to take part in this survey, I will ask you questions for about 90 minutes. We will conduct the survey 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 and the work that you each day. For example, we will talk about the types of family planning services that you offer to women and their families. We will also talk about any supplies or equipment you use to offer these services. We will also talk about any training you have taken part in and supervision you get to offer these services. As I ask you these questions, I will write your answers on a tablet. I will also make some notes about your surroundings and daily tasks as we take the survey. I will share your answers and my notes with my study team.

You can choose to participate or not to participate in this survey. Your choice to participate, or not, will not affect your job in any way. We will not share your answers with your direct supervisors.

Confidentiality

The research team will keep what you say in this survey private to the best of our ability. Only members of our study team will be able to see your responses to this survey and the notes that I have taken. Your name or personal information 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 your responses on tablets or 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 know something about you or the work that you do. Some questions we ask in this study may make you feel uncomfortable. You can choose how much information about yourself and your work that you want to share. You can always refuse to answer any question and choose to stop participating at any time.

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 survey.

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.
If you have any questions about how you are being treated or your rights as a study participant, you can contact the [local IRB] in Uganda at:

You may also contact the Protection of Human Subjects Committee at FHI 360 at:
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 survey at any point without penalty.

Do you agree to take part in this activity? Yes No

_____
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