R4S

Informed Consent Form/ Assent Form

Interviews with ECP Clients

Interviewer's Name: _____ Date: _____

Time of interview: _____ Organization: _____

Purpose of Research

This interview is part of a research to assess the national emergency contraceptive pill (ECP) strategy and how it has influenced ECP service provision. The goals of this research study are to 1) understand how ECP is being provided in various programs, 2) understand ECP clients' experiences and reasons for seeking services, and 3) to estimate ECP consumption overall, as well as the costs of ECP delivery. Additionally, we will provide recommendations for improving ECP services.

Your Involvement

You have been selected to take part in this interview because you sought ECP at a delivery point in our study. If you decide to take part in this interview, I will ask you questions about the service you received. I will also ask questions about your reasons for seeking ECP. Our interview should take approximately 90 minutes. Participation involves audio recording our conversation, so that I can be sure I capture it accurately. I will also take some notes during our discussion. I will share the recording and my notes with your answers with my study team.

Participation is Voluntary

You can choose to participate or not to participate in this interview. You can change your mind and decide not to participate at any time. You may also refuse to answer any question. Your choice to participate, or not, will not affect any services you receive here or anywhere else.

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 access the recording or read the notes from this interview. The recording will be kept on password protected computers. We will destroy the recording when the study is completed. The typed 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.

Besides asking a few background questions about you, such as your age, I will avoid asking you things that might personally identify you. Your name will be documented on this form only, indicating you consent to being interviewed. Your name will not be on other documents, nor will it be used in any reports or publication about this research. Any information we collect that might identify you will also be kept confidential to the best of our ability. Other information you provide that does not directly identify you may be shared with others, including the funder of this study.

Risks and/or Discomforts

The main risk to participation is that other people will find out you participated in the study. It is also possible something you said will be shared outside the study team. While strong confidentiality and data protections are in place, there is always a risk of disclosure of your participation or of what was said in this conversation.

Benefits
There are no direct benefits from taking part in this survey. Your answers are intended to help 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. [contact information redacted]

If you have any questions about how you are being treated or your rights as a study participant, you can contact one of the review boards who approved this study at:

Name	Address	Phone	Email
Protection of Human Subjects Committee at FHI 360		+1-919-405-1445	PHSC@fhi360.org

Do you have any questions?

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

Signed Consent *
I agree to participate in the research study as described, which includes agreeing to our conversation being audio recorded.

_____
Name Printed Participant

_____
Signature of the Participant

_____
Date Signed

** If interview is conducted by phone, the interviewer and not the participant, should sign and date indicating informed consent was obtained.*