PARTICIPANTS INFORMATION SHEET
In-depth Interview – Health Providers

Title:	An exploratory study of family planning self-care in Nepal, Niger, and Uganda
Protocol number:	1806810
Principal Investigators:	
Site(s):	Nepal: Province 1, Province 5 Niger: Dosso, Zinder, Niamey Uganda: Buyende, Mbale, Mukono
Study contact:	[local contact information]

Introduction

- Hello my name is [____]. I am part of a team looking for people to take part in a research study.
- You were selected as a potential participant because you are currently serving clients with family planning or other sexual and reproductive health services.
- Taking part in this research study is voluntary. This is not a work requirement, and your supervisors know it is your choice to be in the study, or not. You don't have to participate if you do not want to, and you can stop your participation at any time.

Information about the study

- This research study is about how women and men take care of their personal health and make health decisions both on their own and with the help of a provider or community health worker. We call that "self-care." For this study, we are focused on family planning. This means controlling the number of children in a family and how much time there is between pregnancies. So, we will ask what women and men are doing for their family planning self-care. We will also ask what they are willing to do. Also, we will explore how providers are willing to offer family planning to clients who are practicing self-care.
- If you choose to participate, you will be asked to answer interview questions about the types of information and products your patients access, your perception around their capacity for greater self-care, and the risks and benefits to patients as well as health system processes by expanding self-care. The interviewer will also ask some personal information like your age and education. Your participation in the research will last about one hour.
- We will use this information to generate evidence on understanding of, perceptions of, and experiences with self-care in family planning amongst women, men, and providers to inform the development or refinement of self-care guidelines in Nepal and other study countries.
- The discussion will be audio recorded, and I will be taking notes. The findings from the recordings and the notes will later be summarized and shared with others, but your name will not be linked to what you said during the discussion. If you do not agree to be audio recorded, you cannot participate.
- About 500 women, 250 men, [Niger only: "12 community leaders,"] and 30 health care providers (up to three from your facility) will take part in this research in [your country].

Possible risks

- There is a small risk that someone outside the study will see your information. We will do our best to keep your information safe.

- You may be uncomfortable answering some questions. You do not have to answer all the questions and you may stop at any time.
- We will obey local guidance on COVID-19 prevention during this entire interview. This is to protect you. We will sanitize or wash hands before the discussion, keep distance between us, and wear masks the whole time.

Possible benefits

- Although you will not directly benefit from being in this study, we hope the findings improve sexual and reproductive health services in {insert country}.

Voluntary participation

- You are free to decide if you want to be part of this research. You do not have to answer any questions you do not want to answer. You can stop the interview at any time.
- If you agree to participate and then you change your mind, you may stop. If you do not take part or decide to stop, it will not affect your job or any health care that you normally receive.

Confidentiality

- We will protect information about you and your taking part in this research to the best of our ability. We will not link your name to your responses in any reports.
- Any information we collect which clearly identifies you (such as a phone number, or if you sign this form) will be kept secret to the best of our ability. If we do collect any of this information, it will only be shared with those working on this study for scheduling purposes, and then destroyed when the study is over. Other information you provide that does not directly identify you will be shared with others.
- To protect you, this form with your signature will be kept separate from your answers to our questions so your name will not be linked to what you say.
- The information we collect from you may be transferred to countries outside [your country], and their data laws may be different, but this information will not identify you in any way.

Payment

- For the time it takes to answer my questions, you will receive [*NPR 500/2000 CFA/UGX 20,000*] for your time.

If you have a question about the study

If you have any questions about the research, call [*name and number*].

Your rights as a participant

This research has been reviewed and approved by the Institutional Review Board of FHI 360 and the [*local IRB*]. If you have any questions about how you are being treated by the study or your rights as a participant you may contact [*name and contact info for local IRB and/or FHI 360 Protection of Human Subjects Committee]*

Do you have any questions?

Do you want a copy of this form?

STATEMENT OF CONSENT

PARTICIPANT AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to me. I have been given an opportunity to have any questions about the study answered to my satisfaction. I agree to participate as a volunteer in this study and understand that I have the right to withdraw from the study at any time.

_____ _____

Signature of Participant Date

- ❑ I understand that in order to participate in this study, personal information will be collected about me.

- ❑ I understand that in order to participate in this study, my personal information will be transferred to a different country.

I give the researchers permission to audio record our discussion. YES ☐

INTERVIEWER AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Signature of Person Who Obtained Consent Date