Title - Supporting Measurement and Replication Techniques for Family Planning High Impact Practices: An Assessment of the Scale, Reach, Quality and Cost of Implementation

Informed Consent Form

Interviews with Managing Authorities regarding Activity-Based Costing

INFORMATION NOTE

I work for _____ and in collaboration with the Ministry of Health and FHI 360, we are conducting a study funded by USAID on a high impact practice in family planning - Post-abortion Family Planning. This research aims to measure the current status of implementation and scale-up of this practice, and to inform the development of measurement standards to support further monitoring. You were selected because you have information on the activities and resources involved in implementing post-abortion family planning. This study will help inform decisions to improve family planning programs in Mozambique. We want to be sure that you understand the purpose and your responsibilities in the research before you decide if you want to be in it. Feel free to ask me to explain any information.

CONSENT

Research Information

What is the objective of this study? The objective of this study is to assess the scale, reach, quality, and cost of implementing specific family planning practices called High Impact Practices (HIPs). In Mozambique, we are interested in post-abortion family planning.

Why was I invited to participate? As part of this work, we are documenting the different activities that organizations like yours take part in to deliver post-abortion family planning and the resources used to conduct these activities. This information will help assess the costs of implementing high impact practices in family planning. We would like to speak with you today because you have important information about the activities or costs related to high impact practices supported by your organization. Please know participation is not a work requirement.

What will happen if I participate? I will use the information you share with me to complete an Excel-based template recording the activities and resources needed to implement these high impact practices. I may ask you to look at these templates or even to add to it yourself if it is easier, and we may decide to have a follow-up conversation to capture all the details.

You can choose to participate or not to participate in this discussion. If you decide not to participate, your decision will not affect your position. You are not required to answer any question that you do not want to. In addition, you can stop the discussion at any time

How long will the interview last? Today's interview will last approximately 90 minutes.

What are the risks of the study? There is minimal risk to you from participating in this research. No information about you will be collected. We will only be asking questions about some of your organization's activities and their costs. You are not required to answer any question that you do not want to. In addition, you can stop the interview at any time.

Benefits

What are the benefits of participating? There are no direct benefits from taking part in this study. Your answers will help improve family planning programs in Mozambique.

Voluntary Participation

Is participation voluntary? Participation in this study is strictly voluntary and is not a work requirement. Someone at your workplace may have recommended to include you in this study because of your work knowledge, but they know participation is voluntary. If you refuse to participate your employment will not be adversely affected.

Your decision about whether to participate in this interview will not be shared with anyone. If you decide not to participate, this will not be reported to anyone. 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 end your participation without any penalty at any time.

Are there other alternatives to participate? If you do not want to be interviewed there are no other ways to participate in this research study.

Confidentiality and Privacy

Will my participation in the study be confidential? The interview will be conducted in private. The information you provide will be kept confidential to the best of our ability. Your name and contact information will be kept in our study records to arrange your participation but your name will not be linked to what you tell us in the interview. Information from the interview will be provided to the study team for analysis. We may share information collected in this study with others, but the information will be provided in such a way that neither you nor your organization can be identified. Our reports will be written by combining information provided by many study participants and many facilities. We will not link any results directly to you or your organization.

Additional information

What will I receive to participate? You will not receive any compensation for your participation in this study.

Where will the results of this study be presented? The results of the study will be discussed with the Ministry of Health, with family planning implementers and with donors in Mozambique. They will also be presented in global consultations on high impact practices to help inform decisions on measurement for high impact practices in family planning. The results can be published in scientific reports or manuscripts and presented at scientific conferences.

Who reviewed the study for ethical reasons? This study was reviewed and approved by Comité Nacional de Bioetica and FHI 360's Protection of Human Subjects Committee.

What if I need more information? If you have any questions about the research, contact:

If you have questions about your rights in this study, contact:

Do you have any questions for me?

STATEMENT OF CONSENT

PARTICIPANT AGREEMENT

I certify that the nature, purpose, and potential benefits and 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.

Interviewer verification of participant agreement:

☐ YES, participant agreed

☐ NO, participant did not agree → **STOP**

_____ _____

Signature / Mark of Participant Date

INTERVIEWER AGREEMENT

To the interviewer: You must sign below before proceeding. Your signature certifies that the information on this consent form for this study has been read to the participant and all questions were answered.

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to the participant and they have voluntarily agreed to participate in the study.

_____ _____

Signature of Person who Obtained Consent Date