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

Informed Consent Form
Health Facility Assessment
Immediate Postpartum Family Planning

INFORMATION NOTE

I work for the Higher Institute of Population Sciences (ISSP). We would like to invite you to participate in a research study conducted in collaboration with the Ministry of Health and FHI 360 and funded by the Bill & Melinda Gates Foundation. The purpose of this research is to assess the implementation and scale-up of specific family planning practices, including immediate postpartum family planning and mass media. You were selected because you work at a health facility that provides services relevant to this research. This study will help inform decisions to improve family planning programs in Burkina Faso. 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), including immediate postpartum family planning.

Why was I invited to participate? We will interview about 40 program implementers and policy makers in Burkina Faso. We will also interview about 70 units chiefs and between 70 and 140 providers at about 70 health facilities who provide immediate postpartum family planning. We will speak with about 40 technical or financial staff who are qualified to provide information about activities and resources involved in program implementation. We are asking you to participate in this study because you work at a health facility that offers immediate postpartum family planning services.

What will happen if I participate? If you decide to take part in this interview, I will ask you questions in French or Mooré or Dioula about the services at this health facility. You can ask other people at this facility to help you with some of the information. If you agree to participate, the interview will take about 60 minutes. I will ask you questions about family planning services, especially for immediate postpartum family planning. I will ask about the equipment, supplies and staff at this health facility, and about how you keep records.

Risks and discomforts

What are the risks of this study? Your participation in this research poses little risk to you. We will not share your answers with colleagues or supervisors.

You are free to decide if you want to be in this research. 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. Your employment will not be affected. 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. If you do not want to be interviewed, there are no other ways to participate in this research study.

Benefits

What are the benefits of participating? There are no direct benefits to you from taking part in this research. The information you share with us will help the Ministry of Health and other program managers in Burkina Faso and global funders and implementers understand how to improve immediate postpartum family planning programs.

Confidentiality and Privacy

Will my participation in the study be confidential? This interview will be conducted in private. The information you provide will be kept confidential to the best of our ability. If you ask other people at this facility to help you with some of the information, we will ask them not to share that you participated in this survey or what you said. But we cannot guarantee that they will keep the discussion private. We kept your name and contact information to arrange this interview, but your name will not be linked to what you tell us. Information from the interview will be provided to the study team for analysis. We will share information collected in this study with others, but the information will be provided in such a way that neither you nor this facility can be identified. We will not link any results directly to you or this facility.

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 Burkina Faso. 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 Burkina Faso's Ethical Committee for Health Research (CERS) and the FHI 360's Protection of Human Subjects Committee.

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

- Higher Institute of Population Sciences (ISSP)

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

- Ethics Committee for Health Research (CERS) of Burkina Faso
- The Protection of Human Subjects Committee of FHI 360 in the United States

Do you have any questions for me?

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 without penalty.

_____ _____

Signature / Mark of Participant Date

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 and they have voluntarily agreed to participate.

_____ _____

Signature of Person Who Obtained Consent Date