QSI Consent Form (English)

Study Title	Assessing Health Care Providers' Knowledge, Attitudes, and Practices relevant to PrEP service provision in Kisumu, Homabay, Kitui and Nairobi Counties, Kenya
Investigator(s)	XXX
Study Sponsor(s)	USAID
Collaborators	FHI 360/ OPTIONS; Wizara ya Afya, Kenya

You are being asked to participate in a research study about your knowledge and beliefs about pre-exposure prophylaxis.

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction and Purpose

Good morning/afternoon. My name is …….. I work for LVCT Health, a Kenyan NGO organization that provides HIV services as well as seeks to find solutions to key health-related concerns affecting communities. LVCT Health is currently conducting a study to explore healthcare providers' views regarding the PrEP service package and the provision of PrEP to Adolescent Girls & Young Women (AGYW). We would like to learn from experiences of health providers delivering PrEP services and other reproductive health and HIV services. In addition, we seek to understand providers' awareness and knowledge about PrEP and their attitudes and gender-related beliefs around provision of PrEP.

Who can participate?

This study is being conducted in four counties including; XXX Counties. LVCT Health in collaboration with the County health management teams in the ten counties will select 16 health facilities to participate in the study. In each of the selected health facilities, health service providers involved in provision of PrEP will be asked to participate in this study. Your views, opinions and experiences as well as those of others are important to us in-order to improve health services provided to AGYW in our health facilities.

Voluntary participation

Your participation in this study is voluntary. You do not have to participate. Refusal to participate will involve no penalty or loss of benefits to which you are entitled to, and you may discontinue participation at any time without penalty or loss of benefits, to which you are entitled.

What is involved in this study?

You are being asked to participate in an interview and you will be asked to answer questions related to your perceptions and opinions on PrEP and other Sexual and Reproductive Health services for AGYW. Up to 384 providers will participate in these surveys. There are no wrong or right answers; we just want your opinion and experience. If you agree to participate, you will be asked to sign two copies of this consent form and hand a copy back to us. The interviewer will take about 45 minutes with you. We will also ask if you are willing to be contacted in the future to learn more about participation in another interview. If you agree to be contacted, we will ask you to provide your phone number.

What are the risks?

You should not be exposed to any serious risks whilst participating in this study. However, there is a risk of discomfort while answering the questions. Should you face any discomfort because of the questions asked during this study, you will be allowed to excuse yourself. There is a risk of breach of confidentiality but the study team will do everything in their power to keep your data safe, and all data collected during this study will be stored securely.

What are the benefits?

You will not benefit personally from being in this study. However, the results will help to improve health service provision for AGYW in the community.

How will we protect your information and confidentiality?

If you choose to take part your name will only be recorded on this consent form, which will be kept locked up and separate from the information you give us. No one apart from the study team will be able to identify who discussed what during the interviews. Only authorized study staff will have access to identifying information about you, and they are under the obligation to maintain your privacy and confidentiality at all times.

All names will be removed from data and identifiable features will be anonymised before the data is shared for analysis and/ or dissemination. Only authorized program staff will have access to the information which clearly identifies you.

All responses will be stored in a locked place under the program control. Your name or other identifying information will not appear anywhere on the notes or reports.

What you tell me, with your name removed, could be used for other research in the future.

What will happen with the results?

Results of this research will be reported to managers and policy makers involved in PrEP service provision in-order to improve health services provided to AGYW in our health facilities. Results of this work will never be about individual participants or individual facilities, so that you cannot be identified.

Can I refuse to participate or withdraw from the study?

If you do choose to participate, you are free to terminate the interview at any time. You will not be penalised in any way for withdrawing from the interview.

Compensation

The study team will not be paying you for participating in the survey. However, health providers who participate in the interviews will be reimbursed Kenya Shillings 1000 (10 USD) towards their time off work.

Who can I contact?

You are free to ask any questions before signing the form I am giving you. If you have any questions, you can ask anyone from our team now or later. If you have questions later, you may contact :

XXXX

If you have questions about your rights as a research participant, you may contact:

XXXX

Do you have any questions at this time?

Part II: Certificate of Consent

I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant	[at least forename and surname]
Signature of Participant	
DD/MM/YYYY	

If visually impaired, physically impaired, mentally impaired or illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Participant	[at least forename and surname]
Thumb/Foot print of Participant	
Signature of Witness	
DD/MM/YYYY	

Statement by the researcher/person taking consent

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent	[at least forename and surname]
Signature of Researcher/person taking the consent	
DD/MM/YYYY	