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

Key Informant Interview guide for Ministry of Health (MOH) program managers- IPPFP, PAFP & PDS

INFORMATION NOTE

I work for the AKENA Associates. 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 post-partum family planning, post-abortion family planning, pharmacies and drug shops, and mass media.You were selected because of your position and your knowledge of national guidance documents. This study will help inform decisions to improve family planning programs in Nigeria. 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 Nigeria, we are interested in immediate post-partum family planning, post-abortion family planning, pharmacies and drug shops, and mass media interventions promoting family planning.

Why was I invited to participate? We will interview about 40 program implementers and policy makers in Nigeria. We will also interview unit chiefs and providers at about 70 health facilities who provide immediate post-partum family planning and post-abortion family planning, as well as 80 Community Pharmacists and 80 Patent and Proprietary Medicine Vendors . We are asking you to participate in this study because you have important information about the policies and guidelines related to high impact practices in Nigeria. Please know participation is not a work requirement.

What will happen if I participate? If you decide to take part in this interview, I will ask you about what you may have heard about high impact practices in family planning. We will talk about national guidance documents and processes related post-abortion family planning/mass media. Our conversation will be audio-recorded to help me capture what you say accurately. Afterwards, I will listen to the recording to write down the discussion. Only the research team members will listen to the recording and look at the record of the discussion. We will erase the recordings at the end of the study. If you do not want to be recorded, you can still participate. I will do my best to capture what you say with notes.

You can choose to participate or not to participate in this interview. If you decide not to participate, your decision will not affect your position. The results of this interview will not be shared directly with your supervisor or anyone with whom you work.

How long will the interview last? Today's interview will last approximately 30 minutes.

Risks and discomforts

What are the risks of the study? There is minimal risk to you from participating in this research. You are not required to answer any question that you do not want to. In addition, you can stop the interview at any time. Most interview questions are about your work and not personal, but there may be some questions you may not feel comfortable answering relating to your work or your facility - if so, you do not have to answer.

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 Nigeria.

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 done in a private area where no one can overhear what is being said. 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 may include direct quotations from you in our report, but we will not identify who said the information or include any information that could identify you. 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 Nigeria. 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 Nigeria's National Health Research Ethics Committee, Lagos State University Teaching Hospital Health Research Ethics

Committee, Kaduna State Health Research Ethics Committee, 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:

- The main consultant of the study.

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

- The National Health Research Ethics Committee in Abuja. The Chairman of this Committee can be contacted at XX. The phone number is XX

  OR

- In Lagos State: The Lagos State University Teaching Hospital Health Research Ethics Committee, Lagos State University Teaching Hospital, Lagos State. The phone number of the committee administrator is XX
- In Kaduna State: Kaduna State Health Research Ethics Committee, Kaduna State Ministry of Health, Kaduna State

Do you have any questions for me?

STATEMENT OF CONSENT

PARTICIPANT AGREEMENT (AS VERIFIED BY INTERVIEWER)

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 without penalty.

Interviewer verification of participant agreement:

Consent to Participate

Do you agree to participate in this research?

☐ YES, participant agreed

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

Consent to be Audio Recorded

Do you agree to be audio recorded?

☐ YES

☐ NO (Do not audio record interview)

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, all questions were answered, and the participant has provided his/her verbal consent to take part in the research.

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