# 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

## Provider survey

## Immediate Postpartum Family Planning (IPPFP)

**INFORMATION NOTE**

I work for AKENA Associates. We would like to invite you to participate in a study conducted in collaboration with the Ministry of Health and FHI 360, funded by the Bill & Melinda Gates Foundation to assess the implementation and scale-up of specific family planning practices like 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 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 73 health facilities who provide post-abortion family planning, about 73 health facilities who provide immediate post-partum family planning, and about 146 Community Pharmacists and 146 Patent and Proprietary Medicine Vendors. We are asking you to participate in this study because you work at a site that offers family planning counseling and select family planning services. Please know participation is not a work requirement.

**What will happen if I participate?** If you decide to take part in this interview, the interview will take about 30 minutes. I will ask you questions about your training, and about your experiences providing family planning counseling and select services through drug shops services.

*Risks and discomforts*

**What are the risks of this study?** We think that your participation in this research poses little risk to you. You are not required to answer any question that you do not want to. We will not share your answers with colleagues or supervisors.

You are free to decide if you want to be in this research. Your supervisor may have recommended you for this study because of your work knowledge, but they know participation is voluntary. 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. Your employment will not be affected. If you agree to participate then you change your mind, you may end your participation without any penalty at any time.

*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 Nigeria and global funders and implementers understand how to improve family planning provision through drug shop services.

*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 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 responses. 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 this facility 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 this facility.

*Additional information*

**What will I receive to participate?** You will not receive any compensation to participate 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:

- EVIHDAF.

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 the Federal Ministry of Health, Federal Secretariat Complex Shehu Shagari Way, Garki, Abuja.

  **OR**

- In Lagos State: The Lagos State University Teaching Hospital Health Research Ethics Committee, Lagos State University Teaching Hospital, Lagos State.
- 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**

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 participant and they have voluntarily agreed to participate in the study.

_____ _____

Signature of Person Who Obtained Consent Date