Assessment of Family Planning and PrEP Integration in Lesotho

In-depth Interview Informed Consent Form - Clients

Title: Assessment of family planning and PrEP integration in Lesotho
Protocol Number: 1573612
Sponsor: USAID
Assessment leads:
[contacts removed]
Address: [address removed]

Introduction
Hello. My name is [name]. I am representing FHI 360, Jhpiego, and the Ministry of Health. We are asking you to take part in a research study. 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. Please ask us to explain any words or information that you may not understand.

If interview is not in-person --- Ask participant if there is a private place to do the interview, so no one can overhear what is being said. If not, offer to call back or re-schedule for a time privacy can be maintained.

Information About the Research
The purpose of the study is to understand how women would feel about family planning and PrEP services being provided at the same time. PrEP, also known as pre-exposure prophylaxis, is when people at risk for HIV take daily medicine to prevent HIV. We are inviting you to take part in an interview. You were selected as a potential participant because you use family planning and/or PrEP. Taking part in this research study is voluntary. You do not have to participate. You can stop at any time. This research study will include interviews with up to 15 women. It will also include interviews with 25 policy makers, program implementers, and providers who are focused on family planning or/and HIV. In this interview I will ask you about your experiences with family planning and PrEP services and your opinions on family planning and PrEP services being provided at the same time. If you choose to participate, we will interview you today. The interview will take about one hour. We will audio record the interview to help me make an exact record of what you say. A research team member will also be present to take detailed notes to document the interview. If you do not agree to be recorded, you may still participate in the interview and a research team member will take very detailed notes to document the conversation. Audio recordings will be destroyed at the end of the study.

Possible Risks
We do not expect that you are at risk of any bad things happening to you by participating in this interview. But, there is always a chance others may learn something about you by participating – but we will protect information about you to the best of our ability. You are not required to answer any question that you do not want to. In addition, you can refuse to participate in the research study at any time, even after you agree in the beginning.

Possible Benefits
Being in this study will not directly benefit you. Although you will not directly benefit from being in this study, others might benefit because the findings may be used to improve services in the future.

Voluntary Participation
You are free to decide if you want to be in this research or not. You do not have to answer any questions you do not want to answer. If you agree to participate and then you change your mind, you are free to withdraw your consent and stop your participation at any time. If you decide not to participate, your decision will not affect any health care you would normally receive. Your health care provider helped us to speak with clients and they know it is up to you to be in the study, or not. We will not tell them if you agree to participate, or not – and we will tell them what you have told us during the interview.

Confidentiality
To protect you, this interview will be done in private where no one can hear what is being said. We will not share any of the information you tell us that can identify you with anybody outside of our research team. We will protect information about you and your participation in this research study to the best of our ability. 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 use your name or any other information which can identify you in any reports. Your data may be shared for use in other research studies or with the funder of this study, USAID. All identifying information will be removed before the data is shared. All study documents containing identifiable information related to this interview will be destroyed after 3 years.

Payment
[If interview is virtual] You will receive 100 loti by mobile money or airtime to compensate for your time if you complete the discussion.
[If interview is in-person] You will receive 100 loti by mobile money or airtime to compensate for your time if you complete the discussion. Your transportation will be either provided for you or you will be reimbursed for your transportation costs. You will also receive refreshments.

If You Have a Questions About the Study
If you have any questions about the research, call [contact removed]

Your rights as a Participant
This research has been reviewed and approved by the Office of International Research Ethics of FHI 360, the Johns Hopkins School of Public Health Institutional Review Board, and the Institutional Review Board of the Lesotho Ministry of Health. If you have any questions about how you are being treated by the study or your rights as a participant you may contact:

[contact removed]

Do you have any questions? You may have a copy of this form, but please know if others see this form they can learn you participated in this study and about your private medical choices.

Do you agree to this interview being audio recorded?

☐ YES, participant agreed

☐ NO, participant did not agree

STATEMENT OF CONSENT

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 agree to participate.

_____ _____

Signature of Person Who Obtained Consent Date