Community and Provider driven Social Accountability Intervention (CaPSAI) Project – Informed consent and assent forms: GHANA

Contents

Prospective Cohort Follow-up of New Contraceptive Users

Informed consent form - women (18 to 49) to participate in prospective cohort follow-up of new contraceptive users

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview, which aims to explore your experience of family planning services as a community member and how this changes over the next 12 months.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a woman accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be 15-49 years old

- you must be a woman accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman
- you must be a new user, which means:
    - Never used a family planning method (new acceptors)
    - Are switching from a traditional to a modern family planning method (additional users)
    - Are re-starting a family planning method after a period of not using it for at least 6 months (additional users)

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience of family planning services and as a community member. We will talk about your views of the quality of family planning and contraceptive information and services that you received.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. The data will be captured at this visit and after 12 months. You will be required to visit your facility for the follow-up interview. If you are unable or are late, we may follow-up with you by telephone.
3. In addition, between the two interviews, we will contact you once by telephone to confirm if and which method she is using.
4. During the first interview and the follow-up, the researcher will ask you about your background, your past use of family planning, your family planning consultation, your family planning needs and your future plans for having a family. The researcher will also ask about how you make decisions in your household, including spending decisions and on your family planning use. During the check-up call, the researcher will confirm if you are still using a family planning method and which one it is.
5. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take approximately 45 minutes during each interview, once today and again in 12 months. The check-up call which take place at 6 months, will take approximately 20 minutes.

What other choices do I have if I do not take part in this study?

Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be paid for taking part in this study. However, we will support your travel cost to the facility with five (5) Ghana cedis after each interview.

Will you tell me the results?

At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]
NO ☐ [**Researcher, go to the next question**]

Do you understand that if you agree to participate in this study, we will contact you on your phone to conduct the six-month check-up interview and to follow-up if you do not attend the follow-up interview?
YES ☐ [**Researcher, go to next question**]
NO ☐ [**Researcher to explain the procedures for the intake, follow-up interviews and check-up call**] [**Researcher, go to next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**

NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research study. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Contact detail of the participant and mobile number of friend (in case of loss of mobile phone)

Phone number:

Home address:

_____

_____

_____

Phone number of friend:

[**Researcher, to explain to participant that we will use this number- or the friend's number if they give us one- if they don't attend the follow up interview, to conduct the check-up call by phone at six months.]**

Informed assent form - girls (15 to 17) to participate in prospective cohort follow-up of new contraceptive users

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Assent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

I am going to give you information and invite you to be part of a study. You can choose whether or not you want to take part. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. But if you do not wish to take part in the research, you do not have to, even if your parent(s)/guardian has agreed.

You may discuss anything in this form with your parents or friends or anyone you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately. If you choose not to participate, you will not be disadvantaged in any way.

There may be some words you do not understand or things that you want me to explain in detail because you are interested or concerned. Please ask me at any time and I will take time to explain.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview, which aims to explore your experience of family planning services as a community member and how this changes over the next 12 months.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a woman accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be 15-49 years old
- you must be a woman accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman
- you must be a new user, which means:
    - Never used a family planning method
    - Are switching from a traditional to a modern family planning method
    - Are re-starting a family planning method after a period of not using it for at least 6 months

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience of family planning services and as a community member. We will talk about your views of the quality of family planning and contraceptive information and services that you received.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. The data will be captured at this visit and after 12 months. You will be required to visit your facility for the follow-up interview. If you are unable or are late for your follow-up interview, we may follow-up by telephone.
3. In addition, between the two interviews, we will contact you once by telephone to confirm if and which method you are using.
4. During the first interview and the follow-up, the researcher will ask you about your background, your past use of family planning, your family planning consultation, your family planning needs and your future plans for having a family. The researcher will also ask about how you make decisions in your household, including spending decisions and on your family planning use. During the check-up call, the researcher will confirm if you are still using a family planning method and which one it is.
5. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

Questions to elucidate understanding:

Can you tell me if you remember when you will be interviewed and followed-up?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you understand what you have to do as part of interview?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any other questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]
Do you want me to go through the procedures again?	YES ☐ [Facilitator to describe procedures] NO ☐ [Facilitator, go to the next section]

How long will I be in the study?
Participation in the study will take approximately 45 minutes for each of the interviews. The follow-up visit or call will take approximately 20 minutes.

What other choices do I have if I do not take part in this study?

Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

Questions to elucidate understanding:

Do you know that you do not have to take part in this research study, if you do not wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next section]

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

Questions to elucidate understanding:

If you decide not to stop taking part in this research study, do you know what your options are?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify options]
Do you understand the procedures that we will be using to make sure that any information that we collect about you will remain confidential?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify the procedure]
Do you have any questions about how we will keep information confidential?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be paid for taking part in this study. However, we will support your travel cost to the facility with five (5) Ghana cedis after each interview.

Question to elucidate understanding:

Do you know that you will not be paid for taking part in the study?	YES ☐ [Facilitator, go to the next question]

	NO ☐ [Facilitator to clarify]

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council Principal Investigator of the study +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review boards have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

Questions to elucidate understanding:

Do you know that you can ask me questions later, if you wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you know that I have given the contact details of the person who can give you more information about the study?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
You can ask me any questions about any part of the research, if you wish to. Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next section]

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?

YES ☐ [**Researcher to respond to any questions**]

NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ **[Researcher, ask the respondent to sign the consent form]**

NO ☐ **[Researcher, thank the respondent and ask him/her to leave]**

Part II: Certificate of Assent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby assent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

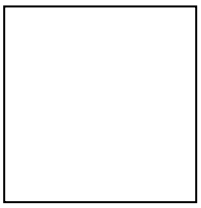
If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research study. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..



Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No ____(initialed by researcher/assistant)

Contact detail of the participant and mobile number of friend (in case of loss of mobile phone)

Phone number:

Home address:

_____

_____

_____

Phone number of friend:

Informed parental/guardian consent form - for girls (15-17 years old) to participate in the prospective cohort follow-up of new contraceptive users

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of parental consent (this is where you sign if you agree that your daughter participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite your daughter to participate in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite your daughter to participate in this survey interview, which aims to explore her experience of family planning services as a community member and how this changes over the next 12 months.

She is being invited to take part in this study because she is a girl accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- she must be 15-49 years old
- she must be accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman
- she must be a new user, which means:
    - Never used a family planning method
    - Are switching from a traditional to a modern family planning method

- Are re-starting a family planning method after a period of not using it for at least 6 months

The decision to let your child participate or not to participate is entirely up to you. Before your child agrees to participate, the researcher will explain to her what the study is all about, its risks, its potential benefits, and what she will be asked to do. She will have opportunity to ask questions and get answers/clarifications so that she understands what the study is about. She will be made to know the following:

- Her participation in this study is entirely voluntary.
- She can ask questions now or at any time during the study.

If she joins the study, she can change her mind later and quit the study at any time even though you have given permission. Before she decides whether to join this study, researcher will explain to her:

- The purpose of this study
- How the study may help her or others
- Any risks she may face while participating in this study

Once she understands the study, and if she decides to take part, she will be asked to sign a form to give her approval to participate and she will be given a copy to keep. This process is called informed assent for 15-17 year old participants.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if she takes part in this research study?
Your child is being invited to participate in a survey. The survey explores her experience of family planning services and as a community member. We will talk about her views of the quality of family planning and contraceptive information and services that she received.

1. The researcher will ask her a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read a question and offer her a number of answers. She then chooses which answer she thinks is the most accurate.
2. The data will be captured at this visit and after 12 months. She will be required to visit the facility for the follow-up interview. If she is unable or is late, we may follow-up with her at home.
3. In addition, between the two interviews, we will contact her once either during her routine visit to the facility and/or by phone to confirm if and which method she is using.
4. The information collected will be kept confidential. She may refuse to answer any questions that make her feel uncomfortable and she can exit the study at any time. Her name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will she be in the study?
Participation in the study will take approximately 45 minutes during each interview. The three follow-up visits or calls will take approximately 20 minutes.

What other choices do she have if she does not take part in this study?
Your child's participation in this study is entirely voluntary. If she decides not to participate or if she later decides to stop participating, or refuses to answer any questions, at any time, she will not lose any benefits to which she is entitled.

Can my child choose not to be in the research? Can she change her mind?
Your child's participation in the study is entirely voluntary. Your child does not have to participate if she does not want to. If she refuses to participate in the study, there will be no penalty or negative consequences for her. She will not lose any benefits to which she is entitled.

You can change your mind about her participation later, and ask her to leave the study and it will still be okay. She can also change her mind about participation later and it will still be okay**.**

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but she is free not to answer any questions she does not wish to answer. Her responses will not affect her health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to her from participating in this study. However, the information that she provides will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about her be kept private?
Your child's participation in this study will be treated with strict confidentiality, and anonymity will be guaranteed throughout the study. The information she will provide will be kept confidential stored safely in a locked cabinet in the researchers' offices and be kept safely on a computer with password protection. Your child's name will not be mentioned in any reports or scientific publications resulting from the research, nor will any of the health providers at this facility know what she told the researcher. If results from the study are presented in meetings and conferences, your child's identity will not be disclosed in those presentations.

The researchers will not give out any personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers

should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will she be paid for taking part in this study?
Your child will not be paid for taking part in this study. However, we will support her travel cost to the facility with five (5) Ghana cedis after each interview.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my/my child's rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]
NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**
NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Parental Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent for my child to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my child's actual identity to any other person(s) after she provides all the information requested from her for this particular study as promised by the researcher. I or my child can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

You have the right to decline your child's participation to this study, or to withdraw him/her from it at any point without penalty.

Parent's Signature for Consent: ……

Date ……

Name and Signature of Person Obtaining Consent: ……..

Date: ……

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the parent or guardian whose thumbprint is above chose to give his or her consent to let his or her child participate in the research study and consented to the digital recording of the focus group discussion. It also means that I was present the whole time the study was being explained. I confirm that the parent or guardian had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Social Accountability Quantitative Survey

Informed consent form- women (18+) recruited from the facility to participate in the social accountability quantitative survey

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview, which aims to explore your experience of family planning services as a community member. The interview also aims to explore your views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a woman accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be 15-49 years old
- you must be a woman accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience of family planning services and as a community member. We will talk about your views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take approximately 45 minutes.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and

views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be paid for taking part in this study. However, we will support your travel cost to the facility with five (5) Ghana cedis after the interview.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review

Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]
NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**
NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …… AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

provided to the participant _____(initialed by researcher/assistant)

Informed assent form - girls (15 to 17) recruited from the facility to participate in the social accountability quantitative survey

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Assent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

I am going to give you information and invite you to be part of a study. You can choose whether or not you want to take part. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. But if you do not wish to take part in the research, you do not have to, even if your parent(s)/guardian has agreed.

You may discuss anything in this form with your parents or friends or anyone you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately. If you choose not to participate, you will not be disadvantaged in any way.

There may be some words you do not understand or things that you want me to explain in detail because you are interested or concerned. Please ask me at any time and I will take time to explain.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To

do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview, which aims to explore your experience of family planning services as a community member. The interview also aims to explore your views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a woman accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be 15-49 years old
- you must be a woman accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience of family planning services and as a community member. We will talk about your views of the quality of family planning and contraceptive information and services that you received.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. The researcher will ask you questions about your background, your experience as users receiving family planning services and your perceptions of empowerment, efficacy and engagement with the health care providers
3. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

Questions to elucidate understanding:

Do you understand what you have to do as part of the interview?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any other questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]
Do you want me to go through the procedures again?	YES ☐ [Facilitator to describe procedures] NO ☐ [Facilitator, go to the next section]

How long will I be in the study?
Participation in the study will take approximately 45 minutes.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

Questions to elucidate understanding:

Do you know that you do not have to take part in this research study, if you do not wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next section]

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and

views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

Questions to elucidate understanding:

If you decide not to stop taking part in this research study, do you know what your options are?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify options]
Do you understand the procedures that we will be using to make sure that any information that we collect about you will remain confidential?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify the procedure]
Do you have any questions about how we will keep information confidential?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be paid for taking part in this study. However, we will support your travel cost to the facility with five (5) Ghana cedis after the interview.

Question to elucidate understanding:

Do you know if the study will pay for your travel costs, and how much you will be reimbursed?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and

other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

Questions to elucidate understanding:

Do you know that you can ask me questions later, if you wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you know that I have given the contact details of the person who can give you more information about the study?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
You can ask me any questions about any part of the research, if you wish to. Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐[Facilitator, go to the next section]

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?

YES ☐ [**Researcher to respond to any questions**]

NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**

NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Assent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby assent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research study. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No ____(initialed by researcher/assistant)

Contact detail of the participant and mobile number of friend (in case of loss of mobile phone)

Phone number:

Home address:

_____

_____

_____

Phone number of friend:

Informed parental/guardian consent form - for girls (15-17 years old) recruited from the facility to participate in the social accountability quantitative survey

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of parental consent (this is where you sign if you agree that your daughter participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite your daughter to participate in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview, which aims to explore your experience of family planning services as a community member. The interview also aims to explore your views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers. She is being invited to take part in this study because she is a girl accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- she must be 15-49 years old

- she must be accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman

The decision to let your child participate or not to participate is entirely up to you. Before your child agrees to participate, the researcher will explain to her what the study is all about, its risks, its potential benefits, and what she will be asked to do. She will have opportunity to ask questions and get answers/clarifications so that she understands what the study is about. She will be made to know the following:

- Her participation in this study is entirely voluntary.
- She can ask questions now or at any time during the study.

If she joins the study, she can change her mind later and quit the study at any time even though you have given permission. Before she decides whether to join this study, researcher will explain to her:

- The purpose of this study
- How the study may help her or others
- Any risks she may face while participating in this study

Once she understands the study, and if she decides to take part, she will be asked to sign a form to give her approval to participate and she will be given a copy to keep. This process is called informed assent for 15-17 year old participants.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if she takes part in this research study?
Your child is being invited to participate in a survey. The survey explores her experience of family planning services and as a community member. We will talk about her views of the quality of family planning and contraceptive information and services that she received.

1. The researcher will ask her a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read a question and offer her a number of answers. She then chooses which answer she thinks is the most accurate.
2. The researcher will ask your child questions about her background, her experience as user receiving family planning services and her perceptions of empowerment, efficacy and engagement with the health care providers
3. The information collected will be kept confidential. She may refuse to answer any questions that make you feel uncomfortable and she can exit the study at any time. Her name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will she be in the study?
Participation in the study will take approximately 45 minutes.

What other choices do she have if she does not take part in this study?
Your child's participation in this study is entirely voluntary. If she decides not to participate or if she later decides to stop participating, or refuses to answer any questions, at any time, she will not lose any benefits to which she is entitled.

Can my child choose not to be in the research? Can she change her mind?
Your child's participation in the study is entirely voluntary. Your child does not have to participate if she does not want to. If she refuses to participate in the study, there will be no penalty or negative consequences for her. She will not lose any benefits to which she is entitled.

You can change your mind about her participation later, and ask her to leave the study and it will still be okay. She can also change her mind about participation later and it will still be okay**.**

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but she is free not to answer any questions she does not wish to answer. Her responses will not affect her health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to her from participating in this study. However, the information that she provides will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about her be kept private?
Your child's participation in this study will be treated with strict confidentiality, and anonymity will be guaranteed throughout the study. The information she will provide will be kept confidential stored safely in a locked cabinet in the researchers' offices and be kept safely on a computer with password protection. Your child's name will not be mentioned in any reports or scientific publications resulting from the research, nor will any of the health providers at this facility know what she told the researcher. If results from the study are presented in meetings and conferences, your child's identity will not be disclosed in those presentations.

The researchers will not give out any personal information unless required by law. Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will she be paid for taking part in this study?
Your child will not be paid for taking part in this study. However, we will support her travel cost to the facility with five (5) Ghana cedis after the interview.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]
NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**
NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Parental Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent for my child to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my child's actual identity to any other person(s) after she provides all the information requested from her for this particular study as promised by the researcher. I or my child can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

You have the right to decline your child's participation to this study, or to withdraw him/her from it at any point without penalty.

Parent's Signature for Consent: ……

Date ……

Name and Signature of Person Obtaining Consent: ……..

Date: ……

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the parent or guardian whose thumbprint is above chose give his or her consent to let his or her child participate in the research study and consented to the digital recording of the focus group discussion. It also means that I was present the whole time the study was being explained. I confirm that the parent or guardian had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Informed consent form for health care providers to participate in the social accountability quantitative survey

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: Population Council, Ghana
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect your employment. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a health care provider at a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be a health care provider at a facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman providing family planning services

Why is this study being done?
We are conducting this study to learn more about how the community can participate in meeting the family planning and contraceptive needs of your community. The result of this interview will

help us to better understand how community members and health care workers are able and do work together to make sure that the community have access to the family planning and contraceptive services that they need. The results of these interviews will inform our study and help us produce high quality research.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience as a health care provider offering family planning services. We will talk about your views of how health care providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your job to provide family planning services and what the interface with the community is in this.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. The researcher will ask you questions about your background, education and training, your experience as health workers providing family planning services and your perceptions of empowerment, efficacy and engagement with the community
3. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take approximately 45 minutes.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your employment. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your employment or be shared with your colleagues.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

What other choices do I have if I do not take part in this study?

Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Will information about me be kept private?

We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?

There are no costs associated with participating in this study.

Will I be paid for taking part in this study?

You will not be paid for taking part in this study.

Will you tell me the results?

At the end of the study, we will be sharing what we have learnt with the participants of the study. We will do this by meeting first with the participants and then with the larger community. Nothing that the participants share in the research will be shared with anybody outside the research team, and nothing will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details

Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?

If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?

YES ☐ [**Facilitator to respond to any questions**]

NO ☐ [**Facilitator, go to the next question**]

Do you agree to take part in the study?

YES ☐ [**Facilitator, ask the respondent to sign the consent form]**

NO ☐ [**Facilitator, thank the respondent and ask him/her to leave**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

Participant's Agreement to Recording:

In addition to agreeing to participate in the above mentioned study, I understand and give permission for the quantitative survey interview in which I participate to be audio recorded.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Informed consent form- women (18+) recruited from the facility to participate in the social accountability quantitative survey with retest

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview and a repeat interview which will take place two weeks later. The survey aims to explore your experience of family planning services as a community member. The interview also aims to explore your views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility. The repeat interview aims to test how well the survey questionnaire itself works.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. You may also choose to only do the first interview and not the repeat interview. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a woman accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be 15-49 years old
- you must be a woman accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman in one of the four following facilities: Abakrampa Health Centre, Asomdwee CHPS, Moree Health Centre, Ankaful Gen Leprosy Hospital.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience of family planning services and as a community member. We will talk about your views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. After completing the first interview and if you agree, you will be invited to return to the facility two weeks later to answer the same questions.
3. We may contact you by phone or at your home to remind you to come back to the clinic to do the repeat interview.
4. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take approximately 45 minutes. The repeat interview will also take approximately 45 minutes and will take place about 2 weeks after the first interview.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?

There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be paid for taking part in this study. However, we will support your travel cost to the facility with five (5) Ghana cedis after the interview and 15 Ghana cedis after the repeat interview.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.
Do you have any questions?

YES
☐ **[Researcher to respond to any questions]**
NO
☐ **[Researcher, go to the next question]**

Do you agree to take part in the study and to do the repeat interview?

YES
☐ **[Researcher, continue with the consent process]**
YES, I agree to take part in the study but not the repeat interview
☐ **[Researcher, using the ICF without retest obtain the respondent's consent]**
NO
☐ **[Researcher, thank the respondent and ask her to leave]**

Do you agree to be contacted by phone or at your home/convenient place to be reminded to come back to the facility for the repeat interview?

YES
☐ **[Researcher, ask the respondent to sign the consent form and complete record contact details]**
NO, I prefer to be contacted only by phone
☐ **[Researcher, ask the respondent to sign the consent form and record phone number only]**

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study, including doing the repeat interview based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation. You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

provided to the participant _____(initialed by researcher/assistant)

For participants who agree to be interviewed for the repeat interview, collect the contact detail of the participant and mobile number of friend (in case of loss of mobile phone). If the participant agrees to be contacted at home or at a convenient place, note the address.

Phone number:

Home address/address of convenient place where the participant can be contacted.

_____

_____

_____

Phone number of friend:

Informed assent form - girls (15 to 17) recruited from the facility to participate in the social accountability quantitative survey with retest

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Assent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

I am going to give you information and invite you to be part of a study. You can choose whether or not you want to take part. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. But if you do not wish to take part in the research, you do not have to, even if your parent(s)/guardian has agreed.

You may discuss anything in this form with your parents or friends or anyone you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately. If you choose not to participate, you will not be disadvantaged in any way.

There may be some words you do not understand or things that you want me to explain in detail because you are interested or concerned. Please ask me at any time and I will take time to explain.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in this survey interview and a repeat interview which will take place two weeks later. The survey aims to explore your experience of family planning services as a community member. The interview also aims to explore your views of how healthcare

providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able you feel in your community, what your contraceptive use and uptake has been and how you feel about the family planning services at this facility. The repeat interview aims to test how well the survey questionnaire itself works.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. You may also choose to only do the first interview and not the repeat interview. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are a woman accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- you must be 15-49 years old
- you must be a woman accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman in one of the four following facilities:

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if I take part in this research study?
You are being invited to participate in a survey. The survey explores your experience of family planning services and as a community member. We will talk about your views of the quality of family planning and contraceptive information and services that you received.

1. The researcher will ask you a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read you a question and offer you a number of answers. You then choose which answer you think is the most accurate.
2. After completing the first interview and if you agree, you will be invited to return to the facility two weeks later to answer the same questions.
3. We may contact you by phone or at your home to remind you to come back to the clinic to do the repeat interview.
4. The researcher will ask you questions about your background, your experience as users receiving family planning services and your perceptions of empowerment, efficacy and engagement with the health care providers
5. The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

Questions to elucidate understanding:

Do you understand what you have to do as part of the interview?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any other questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]
Do you want me to go through the procedures again?	YES ☐ [Facilitator to describe procedures] NO ☐ [Facilitator, go to the next section]

How long will I be in the study?
Participation in the study will take approximately 45 minutes. The repeat interview will also take approximately 45 minutes and will take place about 2 weeks after the first interview.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

Questions to elucidate understanding:

Do you know that you do not have to take part in this research study, if you do not wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next section]

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information

can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

Questions to elucidate understanding:

If you decide not to stop taking part in this research study, do you know what your options are?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify options]
Do you understand the procedures that we will be using to make sure that any information that we collect about you will remain confidential?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify the procedure]
Do you have any questions about how we will keep information confidential?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be paid for taking part in this study. However, we will support your travel cost to the facility with five (5) Ghana cedis after the interview and 15 Ghana cedis after the repeat interviews.

Question to elucidate understanding:

Do you know if the study will pay for your travel costs, and how much you will be reimbursed?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A

written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details

Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?

If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

Questions to elucidate understanding:

Do you know that you can ask me questions later, if you wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you know that I have given the contact details of the person who can give you more information about the study?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
You can ask me any questions about any part of the research, if you wish to. Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐[Facilitator, go to the next section]

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?

YES ☐ [**Researcher to respond to any questions**]

NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study and to do the repeat interview?

YES

☐ **[Researcher, continue with the consent process]**

YES, I agree to take part in the study but not the repeat interview

☐ **[Researcher, using the ICF without retest obtain the respondent's consent]**

NO

☐ **[Researcher, thank the respondent and ask her to leave]**

Do you agree to be contacted by phone or at your home/convenient place to be reminded to come back to the facility for the repeat interview?

YES

☐ **[Researcher, ask the respondent to sign the consent form and complete record contact details]**

NO, I prefer to be contacted only by phone

☐ **[Researcher, ask the respondent to sign the consent form and record phone number only]**

Part II: Certificate of Assent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby assent to be part of the study, including doing the repeat interviews based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research study. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No _____(initialed by researcher/assistant)

For participants who agree to be interviewed for the repeat interview, collect the contact detail of the participant and mobile number of friend (in case of loss of mobile phone). If the participant agrees to be contacted at home or at a convenient place, note the address.

Phone number:

Home address/address of convenient place where the participant can be contacted.

_____

_____

_____

Phone number of friend:

Informed parental/guardian consent form - for girls (15-17 years old) recruited from the facility to participate in the social accountability quantitative survey with retest

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of parental consent (this is where you sign if you agree that your daughter participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite your daughter to participate in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite your daughter to participate in this survey interview and a repeat interview which will take place two weeks later. The survey which aims to explore your experience of family planning services as a community member. The interview also aims to explore your daughter's views of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information and services. The questions are about how empowered and able your child feels in your community, what her contraceptive use and uptake has been and how she feels about the family planning services at this facility. The repeat interview aims to test how well the survey questionnaire itself works.

Your child's participation in this research study is voluntary and includes only people who choose to take part. If your child chooses not to participate, her decision will in no way affect the service that she receives. You may also choose to only do the first interview and not the repeat interview.Please take your time to make your decision about participating. If you have any questions, you may ask the researchers. She is being invited to take part in this study because she is a girl accessing a health facility in Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam,

Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study:

- she must be 15-49 years old
- she must be accessing health services at Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman in one of the four following facilities:

The decision to let your child participate or not to participate is entirely up to you. Before your child agrees to participate, the researcher will explain to her what the study is all about, its risks, its potential benefits, and what she will be asked to do. She will have opportunity to ask questions and get answers/clarifications so that she understands what the study is about. She will be made to know the following:

- Her participation in this study is entirely voluntary.
- She can ask questions now or at any time during the study.

If she joins the study, she can change her mind later and quit the study at any time even though you have given permission. Before she decides whether to join this study, researcher will explain to her:

- The purpose of this study
- How the study may help her or others
- Any risks she may face while participating in this study

Once she understands the study, and if she decides to take part, she will be asked to sign a form to give her approval to participate and she will be given a copy to keep. This process is called informed assent for 15-17 year old participants.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if she takes part in this research study?
Your child is being invited to participate in a survey. The survey explores her experience of family planning services and as a community member. We will talk about her views of the quality of family planning and contraceptive information and services that she received.

1. The researcher will ask her a set of standard questions. These questions are the same for everyone taking part in this aspect of the study. The interviewer will read a question and offer her a number of answers. She then chooses which answer she thinks is the most accurate.
2. After completing the first interview and if you agree, you will be invited to return to the facility two weeks later to answer the same questions.
3. We may contact you by phone or at your home to remind you to come back to the clinic to do the repeat interview.

4. The researcher will ask your child questions about her background, her experience as user receiving family planning services and her perceptions of empowerment, efficacy and engagement with the health care providers
5. The information collected will be kept confidential. She may refuse to answer any questions that make you feel uncomfortable and she can exit the study at any time. Her name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will she be in the study?
Participation in the study will take approximately 45 minutes. The repeat interview will also take approximately 45 minutes and will take place about 2 weeks after the first interview.

What other choices do she have if she does not take part in this study?
Your child's participation in this study is entirely voluntary. If she decides not to participate or if she later decides to stop participating, or refuses to answer any questions, at any time, she will not lose any benefits to which she is entitled.

Can my child choose not to be in the research? Can she change her mind?
Your child's participation in the study is entirely voluntary. Your child does not have to participate if she does not want to. If she refuses to participate in the study, there will be no penalty or negative consequences for her. She will not lose any benefits to which she is entitled.

You can change your mind about her participation later, and ask her to leave the study and it will still be okay. She can also change her mind about participation later and it will still be okay**.**

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but she is free not to answer any questions she does not wish to answer. Her responses will not affect her health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to her from participating in this study. However, the information that she provides will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about her be kept private?
Your child's participation in this study will be treated with strict confidentiality, and anonymity will be guaranteed throughout the study. The information she will provide will be kept confidential stored safely in a locked cabinet in the researchers' offices and be kept safely on a computer with password protection. Your child's name will not be mentioned in any reports or scientific publications resulting from the research, nor will any of the health providers at this facility know

what she told the researcher. If results from the study are presented in meetings and conferences, your child's identity will not be disclosed in those presentations.

The researchers will not give out any personal information unless required by law. Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will she be paid for taking part in this study?
Your child will not be paid for taking part in this study. However, we will support her travel cost to the facility with five (5) Ghana cedis after the interview and 15 Ghana cedis after the repeat interview.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]

NO ☐ [**Researcher, go to the next question**]

Do you agree for your child to take part in the study and to do the repeat interview?

YES

☐ **[Researcher, continue with the consent process]**

YES, I agree to take part in the study but not the repeat interview

☐ **[Researcher, using the ICF without retest obtain the respondent's consent]**

NO

☐ **[Researcher, thank the respondent and ask her to leave]**

Do you agree for your child to be contacted by phone or at your home/convenient place to be reminded to come back to the facility for the repeat interview?

YES

☐ **[Researcher, ask the respondent to sign the consent form and complete record contact details]**

NO, I prefer to be contacted only by phone

☐ **[Researcher, ask the respondent to sign the consent form and record phone number only]**

Part II: Certificate of Parental Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent for my child to be part of the study, including doing the repeat interview based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my child's actual identity to any other person(s) after she provides all the information requested from her for this particular study as promised by the researcher. I or my child can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

You have the right to decline your child's participation to this study, or to withdraw him/her from it at any point without penalty.

Parent's Signature for Consent: ……

Date ……

Name and Signature of Person Obtaining Consent: ……..

Date: ……

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the parent or guardian whose thumbprint is above chose give his or her consent to let his or her child participate in the research study and consented to the digital recording of the focus group discussion. It also means that I was present the whole time the study was being explained. I confirm that the parent or guardian had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …… AND Thumb print of participant

Signature of Witness: ……

Date: …… Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Process Evaluation

Informed consent form for context mapping interviews (i.e. community organisers, health leaders)

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will not disadvantage you in any way. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are an important stakeholder in the country/community/ministry/facility. To be eligible to participate in the study:

- you are knowledgeable about the health system and community engagement activities in the Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman

Why is this study being done?
We are conducting this study to learn more about how the community can participate in meeting the family planning and contraceptive needs of your community. The result of this interview will

help us to better understand how community members and health care workers are able and do work together to make sure that the community have access to the family planning and contraceptive services that they need. The results of these interviews will inform our study and help us produce high quality research.

What will happen if I take part in this research study?
You are being invited to participate in an interview. We will talk about the different activities that have taken place in the district that are related to social accountability processes and sexual and reproductive rights and health. These interviews will help us understand the context we are working in.

The interviewer will ask questions related to:

- what have been some social accountability and family planning activities that have taken place in the district over the past three years
- what you think the impact of these activities has been on the community and health services

The researcher will make a sound (audio) recording of your conversation. After the interview, a research assistant will type out word for word of what is on the recording and will remove any mention of names. Recordings will be stored on password protected computers with access limited to senior members of the study team. The recording is a requirement for study participation. Each sound (audio) recording will be transcribed, and all recordings will be erased within two years of publication of study findings, or if there is no publication, no later than six years after the study has ended.

The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take between 45 minutes and 1 hour.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way disadvantage you.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive. It is possible that an interview question may make you uncomfortable or upset, but you are free not to answer any questions you do not wish to answer.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community, especially women and girls needing family planning and contraceptive services. This information

can help us design better family planning/contraception programmes, ensure that health workers and community members are engaged actively in the health system.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, your employment will not be affected.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be reimbursed for your time and transport cost for participating in this study.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants. We will hold a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants and key informants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Interviewer to respond to any questions**]
NO ☐ [**Interviewer, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Interviewer, ask the respondent to sign the consent form]**
NO ☐ [**Interviewer, thank the interviewee and leave him/her**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

Participant's Agreement to Recording:
In addition to agreeing to participate in the above-mentioned study, I understand and give permission for the interview in which I participate to be audio recorded.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is above chose to be in this research study and consented to the digital recording of the in-depth interview. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Informed consent form for interviews on moments of change related to the Community and Provider driven Social Accountability Intervention (CaPSAI) (i.e. community organisers, health leaders)

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will not disadvantage you in any way. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are an important stakeholder in the country/community/ministry/facility. To be eligible to participate in the study:

- You have been involved in some way with the Community and Provider Driven Social Accountability Intervention (CaPSAI) that forms a part of our study.

Why is this study being done?
We are conducting this study to learn more about how the community can participate in meeting the family planning and contraceptive needs of your community. The result of this interview will help us to better understand how community members and health care workers are able and do

work together to make sure that the community have access to the family planning and contraceptive services that they need. The results of these interviews will inform our study and help us produce high quality research.

What will happen if I take part in this research study?
You are being invited to participate in an interview. We will talk about the different activities that have taken place in the district that are related to social accountability processes and sexual and reproductive rights and health. We will then ask you about any changes that have taken place as a result of the CaPSAI intervention and ask you about how you think those changes happened.

The interviewer will ask questions related to:

- What your participation has been in the CaPSAI intervention
- what have been some of the CaPSAI activities that have taken place in your district
- How you think some of the changes related to the CaPSAI have happened

The researcher will make a sound (audio) recording of your conversation. After the interview, a research assistant will type out word for word of what is on the recording and will remove any mention of names. Recordings will be stored on password protected computers with access limited to senior members of the study team. The recording is a requirement for study participation. Each sound (audio) recording will be transcribed, and all recordings will be erased within two years of publication of study findings, or if there is no publication, no later than six years after the study has ended.

The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take between 45 minutes and 1 hour.

Can I stop being in the study?

Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way disadvantage you.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive. It is possible that an interview question may make you uncomfortable or upset, but you are free not to answer any questions you do not wish to answer.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community, especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, ensure that health workers and community members are engaged actively in the health system.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, your employment or health service provision will not be affected.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be reimbursed for your time and transport cost for participating in this study.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants. We will hold a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants and key informants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Interviewer to respond to any questions**]
NO ☐ [**Interviewer, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Interviewer, ask the respondent to sign the consent form]**

NO ☐ [**Interviewer, thank the interviewee and leave him/her**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

Participant's Agreement to Recording:
In addition to agreeing to participate in the above mentioned study, I understand and give permission for the interview in which I participate to be audio recorded.

Participant's Signature for Consent: ……

Date: …… Day/month/year
Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is above chose to be in this research study and consented to the digital recording of the in-depth interview. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …… AND Thumb print of participant

Signature of Witness: ……

Date: …… Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Informed consent form for community members (male and female) In-depth Interviews

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect your employment or health service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being asked to take part in this study because you are a resident in the Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman. To be eligible to participate in the study;

- you must be at least 15 years of age
- you must be a resident of Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman
- you must have participated in the Community and Provider driven Social Accountability Intervention (CaPSAI) in some form

Why is this study being done?
We are conducting this study to learn more about how the community can participate in meeting the family planning and contraceptive needs of your community. The result of this interview will help us to better understand how community members and health care workers are able and do

work together to make sure that the community have access to the family planning and contraceptive services that they need.

Why are you asking me?
We are asking you to participate in this study because your opinion of family planning/contraceptive services is important, and we want to include your input as part of a larger group of people in the community.

What will happen if I take part in the research study?
You are being invited to participate in an in-depth interview. We will talk about your perception of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive information services and to identify the priority issues that need to be addressed. We will also ask you about the social accountability/ community monitoring activities that have been taking place in your district and what your involvement in these activities has been and how you think they are impacting your community.

The interviewer will ask questions related to:

- the community monitoring intervention we are studying
- what you think are the main barriers to the successful implementation of such programmes/services,
- your experience of being engaged in the community monitoring intervention
- what activities you think will work in engaging members of the community.

The researcher will make a sound (audio) recording of your conversation. After the interview, a research assistant will type out word for word of what is on the recording and will remove any mention of names. Recordings will be stored on password protected computers with access limited to senior members of the study team. The recording is a requirement for study participation. Each sound (audio) recording will be transcribed, and all recordings will be erased within two years of publication of study findings, or if there is no publication, no later than six years after the study has ended.

The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take between 45 minutes and 1 hour.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way disadvantage you.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive. It is possible that an interview question may make you uncomfortable or upset, but you are free not to answer any questions you do not wish to answer.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community, especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes and ensure that health workers and community members are engaged actively in the health system.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be reimbursed for your time and transport cost for participating in this study.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt in a community meeting to which you will be invited. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants and key informants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details

Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee

oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Interviewer to respond to any questions**]
NO ☐ [**Interviewer, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Interviewer, ask the respondent to sign the consent form]**
NO ☐ [**Interviewer, thank the interviewee and leave him/her**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

Participant's Agreement to Recording:

In addition to agreeing to participate in the above mentioned study, I understand and give permission for the interview in which I participate to be audio recorded.
Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research study and consented to the digital recording of the in-depth interview. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:
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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Informed assent form - adolescents (15 to 17) recruited to participate in in-depth interviews

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Assent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

I am going to give you information and invite you to be part of a research study. You can choose whether or not you want to take part. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. But if you do not wish to take part in the research, you do not have to, even if your parent(s)/guardian has agreed.

You may discuss anything in this form with your parents or friends or anyone you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately. If you choose not to participate, you will not be disadvantaged in any way.

There may be some words you do not understand or things that you want me to explain in detail because you are interested or concerned. Please ask me at any time and I will take time to explain.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite you to participate in an in-depth interview about your involvement in the Community and Provider driven Social Accountability Intervention (CaPSAI) being delivered in your district.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect the service that you receive. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are an adolescent involved in the CaPSAI in some form. To be eligible to participate in the study:

- you must be at least 15 years of age
- you have been involved in the CaPSAI in your district.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand community monitoring and social accountability interventions and their relationship to family planning services.

What will happen if I take part in this research study?
You are being invited to participate in an in-depth interview. The interview explores your experience being involved with the CaPSAI intervention.

1. The researcher will ask to speak to you in a quiet area. The researcher will then ask questions from a list of questions that are being asked to everyone participating in this aspect of the study. The questions will be about the social accountability activities taking place in the district.
2. The interview should take between 45 minutes and one hour and everything that will take place will be explained to you by the researcher.
3. It will be clear that you can stop participating at any time and that nothing you share will affect your health services.
4. The information collected will be kept confidential. You may refuse to answer any questions that make them feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who has permission, will have access to study material.

Questions to elucidate understanding:

Can you tell me if you know what will happen at the interview?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you understand that the interview is your choice and you can stop anytime?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any other questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]
Do you want me to go through the procedures again?	YES ☐ [Facilitator to describe procedures]

	NO ☐ [Facilitator, go to the next section]

How long will I be in the study?
Participation in the study will take approximately 45 minutes for each of the interviews.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your health care. Also, the study researcher may stop you from taking part in this study at any time if he or she believes that your participation will put you or others at risk.

Questions to elucidate understanding:

Do you know that you do not have to take part in this research study, if you do not wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next section]

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but you are free not to answer any questions you do not wish to answer. Your responses will not affect your health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes and social accountability interventions, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

Questions to elucidate understanding:

If you decide not to stop taking part in this research study, do you know what your options are?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify options]
Do you understand the procedures that we will be using to make sure that any information that we collect about you will remain confidential?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify the procedure]
Do you have any questions about how we will keep information confidential?	YES ☐ [Facilitator to respond to any questions] NO ☐ [Facilitator, go to the next question]

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be reimbursed for your time and transport cost for participating in this study.

Question to elucidate understanding:

Do you know if the study will pay for your travel costs, and how much you will be reimbursed?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

Questions to elucidate understanding:

Do you know that you can ask me questions later, if you wish to?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
Do you know that I have given the contact details of the person who can give you more information about the study?	YES ☐ [Facilitator, go to the next question] NO ☐ [Facilitator to clarify]
You can ask me any questions about any part of the research, if you wish to. Do you have any questions?	YES ☐ [Facilitator to respond to any questions] NO ☐[Facilitator, go to the next section]

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]
NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**

NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Assent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby assent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

Participant's Agreement to Recording:
In addition to agreeing to participate in the above mentioned study, I understand and give permission for the interview in which I participate to be audio recorded.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is below chose to be in this research study. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No ____(initialed by researcher/assistant)

Contact detail of the participant and mobile number of friend (in case of loss of mobile phone)

Phone number:

Home address:

_____

_____

_____

Phone number of friend:

Informed parental/guardian consent form - for adolescents (15-17 years old) to take part in in-depth interviews

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of parental consent (this is where you sign if you agree that your child can participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite your daughter to participate in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

We would like to invite your child to participate in an in-depth interview about the social accountability and community monitoring activities taking place in your district related to family planning.

Your child being invited to take part in this study because they are an adolescent who has been involved with the Community and Provider driven Social Accountability Intervention (CaPSAI) in your district in some form. To be eligible to participate in the study:

- they must be at least 15 years of age
- they must be a young person involved in the Community and Provider driven Social Accountability Intervention (CaPSAI) taking place in your district.

The decision to let your child participate or not is entirely up to you. Before your child agrees to participate, the researcher will explain to them what the study is all about, its risks, its potential

benefits, and what they will be asked to do. They will have opportunity to ask questions and get answers/clarifications so that they understand what the study is about. They will be made to know the following:

- Their participation in this study is entirely voluntary.
- They can ask questions now or at any time during the study.

If they join the study, they can change her mind later and quit the study at any time even though you have given permission. Before they decide whether to join this study, the researcher will explain to them:

- The purpose of this study
- How the study may help them or others
- Any risks they may face while participating in this study

Once they understand the study, and if they decide to take part, they will be asked to sign a form to give them approval to participate and they will be given a copy to keep. This process is called informed assent for 15-17 year old participants.

Why is this study being done?
We are conducting this study to learn more about how the community can be meaningfully engaged in the development, implementation, and evaluation of family planning and contraceptive programmes. The result of this interview will help us better understand contraceptive uptake and use and better engage with the community and health care providers.

What will happen if they take part in this research study?
Your child is being invited to participate in an interview. We will ask them questions about their involvement with the social accountability and community monitoring activities that have been taking place in the district. The process is as follows:

1. The researcher will ask to speak to your child in a quiet area. The researcher will then ask questions from a list of questions that are being asked to everyone participating in this aspect of the study. The questions will be about the social accountability activities taking place in the district.
2. The interview should take between 45 minutes and one hour and everything that will take place will be explained to your child.
3. It will be clear that your child can stop participating at any time and that nothing they share will affect their health services.
4. The information collected will be kept confidential. They may refuse to answer any questions that make them feel uncomfortable and they can exit the study at any time. Their name will not be mentioned in any reports. No-one, except research staff who has permission, will have access to study material.

How long will they be in the study?
Participation in the study will take approximately 45 minutes during each interview.

What other choices do they have if they do not take part in this study?
Your child's participation in this study is entirely voluntary. If they decide not to participate or if they later decide to stop participating, or refuse to answer any question, at any time, they will not lose any benefit to which they are entitled.

Can my child choose not to be in the research? Can they change their mind?
Your child's participation in the study is entirely voluntary. Your child does not have to participate if they do not want to. If they refuse to participate in the study, there will be no penalty or negative consequences for them. They will not lose any benefits to which they are entitled.

They can change their mind about their participation later, and ask them to leave the study and it will still be okay. They can also change them mind about participation later and it will still be okay**.**

What risks can my child expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive but they are free not to answer any questions they do not wish to answer. Their responses will not affect their health care or be shared in the community.

Are there benefits to taking part in the study?
There will be no direct benefit to them from participating in this study. However, the information that they provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes and social accountability interventions, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

Will information about them be kept private?
Your child's participation in this study will be treated with strict confidentiality, and anonymity will be guaranteed throughout the study. The information they will provide will be kept confidential stored safely in a locked cabinet in the researchers' offices and be kept safely on a computer with password protection. Your child's name will not be mentioned in any reports or scientific publications resulting from the research, nor will any of the health providers at this facility know what they told the researcher. If results from the study are presented in meetings and conferences, your child's identity will not be disclosed in those presentations.

The researchers will not give out any personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
Your child will not be for participating in this study.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study in a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?
If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org. You may also contact.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?
YES ☐ [**Researcher to respond to any questions**]
NO ☐ [**Researcher, go to the next question**]

Do you agree to take part in the study?
YES ☐ [**Researcher, ask the respondent to sign the consent form]**
NO ☐ [**Researcher, thank the respondent and ask him/her to leave**]

Part II: Certificate of Parental Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent for my child to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my child's actual identity to any other person(s) after they provide all the information requested from them for this particular study as promised by the researcher. I or my child can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

You have the right to decline your child's participation to this study, or to withdraw him/her from it at any point without penalty.

Parent's Signature for Consent: ……

Date ……

Name and Signature of Person Obtaining Consent: ……..

Date: ……

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the parent or guardian whose thumbprint is above chose give his or her consent to let his or her child participate in the research study and consented to the digital recording of the focus group discussion. It also means that I was present the whole time the study was being explained. I confirm that the parent or guardian had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Informed consent form for duty bearers (i.e. health leaders, health providers, politicians) in-depth interviews

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**
- **Certificate of Consent (this is where you sign if you agree to participate)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization. We would like to invite you to consider participating in a research study.

We are conducting a research project exploring community monitoring and improvement of the delivery of existing family planning and contraceptive services. We are exploring if community engagement can improve the family planning services provided at health facilities in this area. To do this, we are speaking to members of the community who use the services, health care providers and local officials.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will not disadvantage you in any way. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

You are being invited to take part in this study because you are an important stakeholder in the country/community/ministry/facility and you have been involved in some way with the Community and Provider driven Social Accountability Intervention (CaPSAI). To be eligible to participate in the study:

- you are knowledgeable about the health system in the Gomoa East, Agona West, Ekumfi, Ajumako-Enyan-Esiam, Abura-Asebu-Kwamankese, Komenda-Edna-Eguafo-Abirem, Mfantsiman
- you have participated in the CaPSAI activities in your district

Why is this study being done?
We are conducting this study to learn more about how the community can participate in meeting the family planning and contraceptive needs of your community. The result of this interview will help us to better understand how community members and health care workers are able and do

work together to make sure that the community have access to the family planning and contraceptive services that they need. The results of these interviews will inform our study and help us produce high quality research.

What will happen if I take part in this research study?
You are being invited to participate in an in-depth interview. We will talk about your perception of how healthcare providers and members of the community can be effectively engaged in improving the provision of family planning and contraceptive services and to identify the priority issues that need to be addressed. You have been invited to participate due to your involvement in the Community and Provider driven Social Accountability Intervention (CaPSAI) activities in your community.

The interviewer will ask questions related to:

- the available family planning and contraceptive services,
- what you think are the main barriers to the successful implementation of community monitoring programmes/services,
- perceptions of quality of care, and
- what activities you think will work in engaging members of the community.

The researcher will make a sound (audio) recording of your conversation. After the interview, a research assistant will type out word for word of what is on the recording and will remove any mention of names. Recordings will be stored on password protected computers with access limited to senior members of the study team. The recording is a requirement for study participation. Each sound (audio) recording will be transcribed, and all recordings will be erased within two years of publication of study findings, or if there is no publication, no later than six years after the study has ended.

The information collected will be kept confidential. You may refuse to answer any questions that make you feel uncomfortable and you can exit the study at any time. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Participation in the study will take between 45 minutes and 1 hour.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way disadvantage you.

What risks can I expect from being in the study?
The study may be inconvenient as it will take some time. Some of the questions may be sensitive. It is possible that an interview question may make you uncomfortable or upset, but you are free not to answer any questions you do not wish to answer.

Are there benefits to taking part in the study?

There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community, especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, ensure that health workers and community members are engaged actively in the health system.

What other choices do I have if I do not take part in this study?
Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, your employment will not be affected.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

The researchers will not give out your personal information unless required by law (for instance, when there is a court order or subpoena, which will be subjected to a challenge by our lawyers should the need arise). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be reimbursed for your time and transport cost for participating in this study.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants. We will hold a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants and key informants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service, Population Council and World Health Organization Ethical Review Committees have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?

If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.

You now have an opportunity to ask me questions concerning the project.

Do you have any questions?

YES ☐ [**Interviewer to respond to any questions**]
NO ☐ [**Interviewer, go to the next question**]

Do you agree to take part in the study?

YES ☐ [**Interviewer, ask the respondent to sign the consent form]**
NO ☐ [**Interviewer, thank the interviewee and leave him/her**]

Part II: Certificate of Consent

Declaration of participant

I …… have thoroughly been briefed on the entire methodology and significance of the ongoing research which is being conducted by the World Health Organization, Department of Reproductive Health and Research and Population Council. On my own free will, I hereby consent to be part of the study based on my understanding of what the study entails. I am doing this on condition that under no circumstance should any reference be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher and I can opt out of the study at any time with no obligation.

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty.

Participant's Signature for Consent: ……

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

Participant's Agreement to Recording:
In addition to agreeing to participate in the above mentioned study, I understand and give permission for the interview in which I participate to be audio recorded.

Participant's Signature for Consent: ……..

Date: …… Day/month/year

Name and Signature of Person Obtaining Consent: ……..

Date: …… Day/month/year

If illiterate:

[A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.]

I attest that, signing below means that the study participant whose thumbprint is above chose to be in this research study and consented to the digital recording of the in-depth interview. It also means that I was present the whole time the study was being explained. I confirm that the participant had a chance to ask questions and all questions were satisfactorily answered by the research study staff. The participant received a signed copy of this form to keep.

Print name of Witness: …….. AND Thumb print of participant

Signature of Witness: ……..

Date: …….. Day/month/year

To be completed by researcher:

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 informed consent form has been provided to the participant.

Print Name of Researcher/person taking the consent: ……

Signature of Researcher /person taking the consent: ……..

Date: …… Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Information sheet for non-participant observations related to the Community and Provider driven Social Accountability Intervention (CaPSAI) Project

Name of Principal Investigator: Dela Kusi-Appouh, PhD
Name of Organization: Population Council, Ghana
Name of Sponsor: World Health Organization
Name of Proposal and version: Community and Provider Driven Social Accountability Research Project

- **Information Sheet (gives you information about the study)**

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

Part I: Information Sheet

Introduction:
Good day, my name is …….. from Population Council, working in collaboration with the World Health Organization.

We are conducting a research project exploring the implementation of a social accountability or community monitoring process and studying how it can lead to improvements in the delivery of existing family planning services. As part of this research project, we are observing meetings organized by Ghana Integrity Initiative. During the meeting, we will collect observational data that will allow us to capture a broader understanding of the context and implementation of the intervention in action and the roles taken by citizens, duty-bearers and health care providers.

Your participation in this research study is voluntary and includes only people who choose to take part. If you choose not to participate, your decision will in no way affect your employment or health service provision. Please take your time to make your decision about participating. If you have any questions, you may ask the researchers.

Why is this study being done?
We are conducting this study to learn more about how the community can participate in meeting the family planning and contraceptive needs of your community. The result of these observations will help us to better understand how community members and health care workers are able to work together to make sure that the community have access to the family planning and contraceptive services that they need. The results of these observations will inform our study and help us produce high quality research.

What will happen if I take part in this research study?
As part of this research, we are observing key project activities related to the community monitoring of services. We are hoping to learn more about each activity related to the community monitoring intervention. The observation of these events will include observing and

recording the number and types of participants at the event, participants' behaviour during the event and the structure and content of the event itself.

If you agree to allow us to observe the event, a few steps are going to be necessary:

1. During the event, the researcher will record their observations about the participants and their conversations. Following the event, the researcher may record additional notes about the event and may follow up with individual participants, with their voluntary permission and consent to ask them to participate in key informant interviews.
2. We will transcribe the notes so they can be coded and summarized. The information will then be transferred to a separate database and no information that could identify people will be linked to the information recorded.

Your name will not be recorded or used during the research.

The information collected will be kept confidential. Your name will not be mentioned in any reports. No-one, except research staff who have permission, will have access to study material.

How long will I be in the study?
Event length may vary by intervention activity being observed but we anticipate this research should take between one and two hours.

Can I stop being in the study?
Yes. You can decide to stop being in the study at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study. Discontinuing your participation will in no way affect your employment or the services that you receive.

What risks can I expect from being in the study?
Some participants in the event may not be comfortable with having their participation observed. The participants may behave or react differently because they know that they are being observed.

We will take all possible measures to ensure that the identity of all of the participants remains anonymous. No reports/papers/other documents that draw on what participants discussed during the event will contain identifiers that could link the results to them. Information collected from you will be stored safely in our office.

Are there benefits to taking part in the study?
There will be no direct benefit to you from participating in this study. However, the information that you provide will help researchers understand more about how to help the community especially women and girls needing family planning and contraceptive services. This information can help us design better family planning/contraception programmes, where community needs and views are taken into account and where the community and health providers work together to achieve goals related to family planning and contraceptive services.

What other choices do I have if I do not take part in this study?

Your participation in this study is entirely voluntary. If you decide not to participate or if you later decide to stop participating, or refuse to answer any question, at any time, you will not lose any benefit to which you are entitled.

Will information about me be kept private?
We will do our best to make sure that the personal information gathered for this study is kept private. Your name and any other form of personal identification will be coded with a confidential study number. All study materials will be labelled only with this confidential study identification number. If information from this study is published or presented at scientific meetings, no names or personal information will be used.

We will ask all participants to keep everything discussed today private and not to reveal the opinions of any of the participants with others, and we will remind them of the importance of confidentiality. However, we cannot guarantee that the other members of this discussion group will keep your information private. You should remember this when deciding what you talk about.

Your participation in this study will be treated with strict confidentiality, and anonymity will be guaranteed throughout the study. The information you will provide will be kept confidential stored safely in a locked cabinet in the researchers' offices and be kept safely on a computer with password protection. Your name will not be mentioned in any reports or scientific publications resulting from the research, nor will any of the health providers at this facility know what they told the researcher. If results from the study are presented in meetings and conferences, your identity will not be disclosed in those presentations.

The researchers will not give out your personal information unless required by law (complete with possible circumstances in country where personal information may be required by law). Organizations that may look at our research records for research, quality assurance, and data analysis include: the WHO and Population Council.

What are the costs of taking part in this study?
There are no costs associated with participating in this study.

Will I be paid for taking part in this study?
You will not be reimbursed for your time and transport cost for participating in this study.

Will you tell me the results?
At the end of the study, we will be sharing what we have learnt with the participants of the study and with the community. We will hold a community meeting. Nothing that the participants share will be attributed to them by name. A written report will also be given to the participants, which they can share with their families and other community members. We will also publish the results for other interested people to learn from our research.

Contact details
Please feel free to contact us about the project in the future, or to ask for any updates. We appreciate the time you may take to participate in this study.

If you have any questions about this study or study procedures now or in the future, you can call Dr. Dela Kusi-Appouh, who is the Population Council's Principal Investigator of the study at +233302780711/2 and 050 740 5225.

The Ghana Health Service Ethics Review Committee have approved the recruitment of participants for this study. The ethics committee oversees the protection of people participating in research studies.

Who should I contact if I have any concerns about my rights?

If you have any questions about your rights as a research participant, or any complaints, you can contact:

- Ms. Hannah Frimpong who is the Administrator of the Ghana Health Service Ethical Review Committee. You may contact her on these numbers: 0243 235 225 and 050 704 1223 or by email: Hannah.frimpong@ghsmail.org.