

# **Sample Consent Form: MISP Process Evaluation Tool**

## **Notes to Evaluation Team:**

* This sample consent form has been developed as part of the *MISP Process Evaluation Tools*. The consent form consists of two parts: the information sheet and the consent certificate.
	+ If you are enrolling adolescents under 18 years (confirm the national policy as age of consent may vary), the parent or guardian of each adolescent should provide informed consent using this consent form. The adolescent should provide assent, using an assent form [see “Sample Assent Form for Adolescents”].
* This template should be adapted by the implementing organization(s) for the process evaluation that is being undertaken and the organizations that are involved in conducting the MISP process evaluation. It can be adjusted for use with any of the *MISP Process Evaluation Tools*, such as focus group discussions, key informant questionnaires, and health facility assessments. The tool should also be adjusted for the specific context of the emergency.
* The evaluation team should ensure that the information being provided is understood. One way to do so is to ask questions to clarify at the end of each section.
* In this template:
	+ Square brackets [ ] indicate where specific information is to be inserted.
	+ **Bold lettering** indicates sections or wording that should be included.
	+ *Italic lettering* is used for explanations to researchers only and must not be included in your consent forms.

SEE TEMPLATE ON NEXT PAGE

[YOUR INSTITUTIONAL LETTER HEAD]

## **Informed Consent Information Sheet for: [name of tool, group of individuals]**

### **INTRODUCTION**

*Briefly state who you are and the evaluation that is being conducted.*

Hello, my name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I work for [name of organization]. We are conducting an evaluation of the sexual and reproductive health services in [name of location]. We would like to understand whether sexual and reproductive health services were available during the response to [name of emergency] in [name of location]. I am also interested in knowing what community members thought about these services.

I am going to explain the evaluation that we are doing and you can choose whether or not you want to participate. There may be some words you don’t understand or things you want me to explain more about. Please ask me to stop at any point and I will take the time to explain.

### **PURPOSE OF THE EVALUATION**

*Explain the evaluation question in clear, easy to understand terms. The goal is to clarify what the individual is being asked to help with. Use local and simplified words rather than scientific or professional terms. In the explanation, consider local beliefs and knowledge when deciding how best to provide the information.*

Since the [name of emergency] happened, many organizations have been providing health services. The purpose of this evaluation is to learn more about how sexual and reproductive health services were a part of the response efforts. We are also interested in understanding the community’s feelings about the sexual and reproductive health services that were provided and how you were, or were not able, to access them.

### **TYPE OF EVALUATION**

*Briefly state the type of evaluation tool that the individual is being invited to take part in and the time commitment expected. This will be explained further in the procedures section, but it may be helpful to state at the beginning which of the evaluation tools the individual is being asked to assist with.*

You are being asked to participate in [an interview/a group discussion/a health facility assessment] that will take about [time estimate].

### **PARTICIPANT SELECTION**

*Explain why the individual has been chosen for this evaluation. People wonder why they have been selected and may be fearful, confused, or concerned.*

You are being asked to participate because you are [a part of the (name of emergency) response that either provided or interacted with sexual and reproductive health services OR a community member who was impacted by (name of emergency)].

### **VOLUNTARY PARTICIPATION, RISKS, AND BENEFITS**

*Indicate clearly that the individual can choose to participate or not. State, only if it is applicable, that they will still receive all the services and support they usually do if they choose not to participate. If the interview or assessment is being done with health care workers, it may be more applicable to assure them that choosing to participate or not participate will not have any bearing on their employment or any work-related evaluations.*

Your participation is entirely voluntary. It is your choice to participate or not. If you choose to not participate, there will be no impact on the care or support you receive as part of [emergency response], or your job or work-related evaluations. There is no direct benefit to you if you agree to be part of this assessment. If you are uncomfortable at any point, you can decide not to participate at any time during [the discussion/interview/assessment]. You can also choose not to answer any of the questions. Please stop me at any time during the interview if you have questions or concerns. Should you have any questions or concerns about this study or your interview, please contact [include name, position, and contact information for designated point of contact].

### **PROCEDURES**

*Provide an explanation of the evaluation tool that the individual is being asked to participate in. Include the type of questions they can expect to be asked and if any potentially sensitive topics may be discussed. For focus group discussion, explain any specifics about the discussion group itself.*

You are being asked to participate in one [group discussion/interview/health facility assessment]. During the [group discussion/interview/health facility assessment], I will ask questions about your experiences with sexual and reproductive health services in the response to [name of emergency]. My colleague will write your answers down so that we have documentation of the information you are sharing, but we will not record your name. We are [holding discussions/conducting interviews/conducting facility assessments] in other communities as well.

### **SHARING THE RESULTS**

*Provide the plan for sharing the results with the participants. If there are specific expected deliverables, include the details as appropriate.*

The answers you and others provide will be used to inform a report that might be published or presented in one or more public health forums. We hope that the answers you and others provide will improve sexual and reproductive health services in future emergency responses. Your name will not be included in any documents or presentations, but we might include the name of this location and general demographics.

### **CONFIDENTIALITY**

Do you have any questions at this point?

**Do you agree to participate with the [discussion/interview]?**

## **Certificate of Consent**

### **Verbal Consent**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy) Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was verbal consent obtained? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of data collector)

### **Written Consent Form**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that consent to participate in this evaluation activity means that I agree that information I share during the [focus group discussion/interview/health facility assessment] will be used, without my name, in the evaluation and possibly published in evaluation documents and reports. I understand all that I have read/has been read and explained to me. I have been given sufficient information and have had my questions answered satisfactorily. I understand that my participation in this evaluation activity is entirely voluntary and I will receive no benefits for my participation.

 I **agree** to participate in the Process Evaluation of the MISP for Sexual and Reproductive Health.

 I **do not agree** to participate in the Process Evaluation of the MISP for Sexual and Reproductive Health.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_