Evaluation of Ward-Based Outreach Teams

Anova Health Institute: Consent form and information sheet

INTRODUCTION

Hi, my name is ______________________________ I am working for the Anova Health Institute. I would like to invite you to participate in an evaluation that we are conducting. The study is called “Evaluation of Ward-Based Outreach Teams.” Before you decide whether or not to participate, I would like to tell you about the study and answer any questions that you have. If you agree to participate, you will be asked to sign a consent form. You will be given a copy of the information sheet to keep. Please note that your participation is voluntary, and you may choose to withdraw from the study at any time. There will be no negative consequences if you choose not to participate, and your choice will not affect any of the health services that you access.

Why are we doing the study?

We are interested in understanding how the community health workers operate in the community and whether or not their efforts are helping people access medical care. It is important for us to collect this information in order for us to address any challenges and improve systems that will in turn improve the community’s access to medical care. If you agree to participate in this evaluation, we will do an interview with you. Please feel free to discuss any issues that you feel are important for you.

What will happen during the study?

If you agree to participate, we will use a standard questionnaire to discuss the work of CHWs in your community. The questionnaire includes questions about your experiences with community health workers and accessing medical care at your local clinic.

What will happen if I agree to participate in the study?

You will be given time to consider participation and all your questions will be answered before you make your decision. If you agree to participate in the evaluation, you will be asked to sign a consent form. If you sign the consent form this will mean that you have read this document, that the evaluation has been explained to you, that all your questions were answered and that you agree to participate in the evaluation. If you agree to participate in the evaluation the interview will be audio recorded. You may withdraw consent from participating in the evaluation at any time and this will not affect your access to medical care. In that case, all information collected will be destroyed with no negative consequences to you.
Risks

We do not think that there is any risk to you from completing the survey. We will treat your answers with confidentiality. You will be asked to disclose your HIV status which you may agree or refuse to disclose. We will not share or discuss your answers with the community health worker.

Benefit

There is no direct personal benefit to you from participating in this evaluation. However, findings of this evaluation will be used to optimize the CHW system and this may benefit you and the community in future.

Confidentiality

All the information that you provide to us will be kept confidential. We will not mention your name in any of the reports from this evaluation.

If you need more information or you have any questions regarding the evaluation, please feel free to contact Prof. Remco Peters at 011 581 5011 or Dr. Jean Railton at 015 307 4893.

or

Human Research Ethics Committee
Prof. Cleaton-Jones
Administrator and Chair
University of the Witwatersrand
Wits Research Office
10th Floor Senate House
East Campus
Johannesburg
Tel: 011 717 1234
Fax: 011 717 1265
Do you understand what you have read/has been read to you? Please cross an answer below?

☐ Yes  ☐ No

Do you agree to participate in this study? Please cross an answer below?

☐ Yes  ☐ No

_______________________   _________________________ ______  
Participant Name    Date

_______________________   _________________________ ______  
Participant Signature Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

Witness Name    Date

_______________________   _________________________ ______  
Witness Signature Date

_______________________   _________________________ ______  
Interviewer Name        Interviewer Surname

_______________________   Date   _________-_______-20_________  
Interviewer Signature
In-depth interview – Community

Do you understand what you have read/has been read to you? Please cross an answer below?

☐ Yes  ☐ No

Do you agree to participate in this study? Please cross an answer below?

☐ Yes  ☐ No

_______________________   _________________________ ______
Participant Name    Date

_______________________                   _________ ______________________
Participant Signature    Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

_______________________   ________________________ _______
Witness Name     Date

_______________________                    ________ _______________________
Witness Signature                  Date

_______________________   _________________________ ______
Interviewer Name                                                            Interviewer Surname

_______________________                                        Date   _________-_________-20_________
Interviewer Signature
EVALUATION OF WARD-BASED OUTREACH TEAMS

Formal Signed Consent Form for Audio Recording

The researchers have my permission to audio record this interview/focus group discussion (circle as appropriate) in order to include all important information. This has been explained to me in the participant information sheet. The evaluation has been explained to me and all my questions were answered to my satisfaction.

_______________________ _________________________
Participant Name Date

_______________________ _________________________
Participant Signature Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

_______________________ _________________________
Witness Name Date

_______________________ _________________________
Witness Signature Date

_______________________ _________________________
Interviewer Name Interviewer Surname

_______________________ Date ________-_______-20________
Interviewer Signature
EVALUATION OF WARD-BASED OUTREACH TEAMS

Formal Signed Consent Form for Audio Recording

The researchers have my permission to audio record this interview/ focus group discussion (circle as appropriate) in order to include all important information. This has been explained to me in the participant information sheet. The evaluation has been explained to me and all my questions were answered to my satisfaction.

__________________________________________
Participant Name

__________________________________________
Participant Signature

Date

Date

Please obtain a signature from an adult witness if the participant is unable to read and write.

__________________________________________
Witness Name

__________________________________________
Witness Signature

Date

Date

__________________________________________
Interviewer Name

__________________________________________
Interviewer Signature

Date _________-________-20_________
Interviewer Script: I will now ask you a few questions about your experience with community health workers

- Were you visited by a CHW in the last 3 months?
- What reason did the CHW give for visiting you?
- [probe]: What were your experiences with the CHW?
- [probe]: What specifically did the CHW do for you?

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- What role do you think CHWs have in your community?
- [probe]: What role would you like CHWs to have in your community?
- [probe]: Do you think that the CHWs had good knowledge and were able to answer all your questions?

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- What information did the CHW give you?
- Was this information useful to you?

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- What makes a good CHW?

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**Interviewer Script:** Now, I would like to ask you a few questions about your medical history and experiences at the clinic. Please remember that you do not have to answer my questions and you can end the interview at any time.

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<tr>
<th>Question</th>
<th>Probe Question</th>
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<tr>
<td>How comfortable do you feel sharing information about your health with your CHW?</td>
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<tr>
<td>Do you know your HIV status?</td>
<td>[probe]: If you were HIV positive, would you tell your family?</td>
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<td>[probe]: If not, why?</td>
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<td>[probe]: If you were HIV positive, would you tell the CHW?</td>
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<td></td>
<td>[probe]: If not, why?</td>
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<tr>
<td>If HIV-positive, have you been visiting the clinic?</td>
<td>[probe]: If not, why?</td>
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<td>[probe]: If not, have the CHWs visited you to remind you to go to the clinic?</td>
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<td>[probe]: What were your experiences of the CHWs when they came to remind you?</td>
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<td>[probe]: After being reminded by the CHW, did you visit the clinic?</td>
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<td>If not, why?</td>
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<td>If you visited the clinic, what were your experiences at the clinic?</td>
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<td>Do you think there is anything that could be improved at the clinic?</td>
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<tr>
<td>Question</td>
<td>Response</td>
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<td>What do you think about having a support group for people taking ARVs in your community?</td>
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<td>[probe]: Would you attend a group like this?</td>
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<td>[probe]: If not, why?</td>
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<td>Have you ever been in contact with social workers and home based carers?</td>
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<td>[probe]: If so, what were your experiences?</td>
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<td>[probe]: How do you think these interact with the CHWs?</td>
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<td>Have you ever visited a traditional healer?</td>
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<td>[probe]: If so, for what reason?</td>
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<tr>
<td>[probe]: What do think are the role of traditional healers in the community?</td>
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<tr>
<td>[probe]: If given a choice, would you go to the clinic or traditional healer for health related problems?</td>
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</tr>
</tbody>
</table>

Interviewer Script: Thank you very much for your time and opinions.