

EVALUATION OF WARD-BASED OUTREACH TEAMS: IN-DEPTH INTERVIEW – TEAM LEADERS**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 interview you with a standard questionnaire. 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. 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

Interviewer Signature

Date _____ - _____ -20_____

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

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Interviewer Surname

Interviewer Signature

Date _____ - _____ -20_____

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

Interviewer Signature

Date ____ - ____ -20____

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Witness Name

Date

Witness Signature

Date

Interviewer Name

Interviewer Surname

Interviewer Signature

Date ____ - ____ -20 ____

Interviewer Script: I will now ask you a few questions about your experience with community health workers

<ul style="list-style-type: none"> ▪ How often do you meet with the CHWs? ▪ [probe]: What is discussed during the meetings? ▪ [probe]: Do you find these meetings useful? ▪ What could be done to make these meetings more useful?

<ul style="list-style-type: none"> ▪ What are some of the challenges reported to you by the CHWs? ▪ [probe]: What is being done to address these challenges?

Interviewer Script: I will now ask you a few questions about your roles and challenges as a team leader

<ul style="list-style-type: none"> ▪ How do you understand your role as a team leader? ▪ [probe]: Do you feel that your workload is manageable? ▪ [probe]: What are some of the challenges that you face? ▪ [probe]: What can be done to improve the challenges?

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