**INFORMATION SHEET FOR THE [NAME OF STUDY]**

**Affiliated Institutions: [Name of Organizations]**

**LANGUAGE**

**Title of Information Sheet: BASE/Mid/ENDline In-depth interviews**

**Population: Policy makers, implementation officers**

**Version Date: [Version ##, date]**

**Protocol: [Version ##, date]**

**Principal Investigator: Name, Affiliation**

**Funding Source and/or Sponsor: Name**

**Study Contact Name: Name (phone number including international code)**

This is a research study on the evaluation of the introduction and implementation of community ART as a strategy to enhance retention into care in [NAME OF COUNTRY]. This is in an effort to understand the experiences of various stake holders on the introduction and implementation of community ART models. Researchers on this study from [Name of Organizations] will explain the study details to you.

This study research will only enroll people who volunteer to participate. You are being asked to participate in this study because you are a stakeholder in the HIV treatment programs to which this study intends to contribute and that you have had an experience in the introduction and implementation of community ART models. Please take your time to make a decision about participating. You are free to discuss your choice with your family or friend if you wish. If you choose not to take part in this study your work, benefits or medical care will not be affected in anyway.

This is an information sheet about this study. You are free to ask questions at any time. If you choose to participate in this study, we will ask you to sign or thumbprint a consent form. You will also be given a copy of this information sheet to keep.

**Why is this study being done?**

The purpose of this study is to explore the beliefs of different people and the needs in Zambia around HIV care and treatment. We also want to learn more about what the community and its members think about new ways people on antiretroviral therapy (ART) can get their care, for example, providing ART to healthy patients at places other than within clinic facilities.

OR

The aim of this study is to evaluate the lived experiences in the introduction, enrollments and implementation of the community ART models from the time community ART for retention study was started. The study intends to identify and explain the experiences of stakeholders involved in the piloting of the four community ART models. This is in an effort to see what has worked and what has failed in order to adjust for better practice.

The **[NAME OF DONOR]** are the sponsors of this research that is being conducted in collaboration with Ministry of health and study researchers from [NAME OF ORGANIZATIONS].

**How many people will participate in this study?**

Approximately ## people will participate in the in-depth interviews, as explained in this information sheet.

**What will happen if I participate in this study?**

If you agree to participate in this study, you will participate in the in-depth interview. If you agree, we will record the interview so that it helps the research staff to accurately transcribe after the interview is over. The interview will be about [your experiences in the introduction and implementation of community ART models and your opinions about possible ways of improving the implementation process]. The interview will take between ## minutes and ## hours.

If you agree to participate in this study and sign the consent form, you are agreeing to participate in the interview and keep confidential other participants names and information.

**How long will I be in the study?**

Your part in the study will end today.

**Can I refuse to take part?**

Yes. You are not being forced to participate in the interview. If you choose not to participate in this study, you will not be punished in any way and you will continue receiving all you benefits as always.

**Can I stop being the study at any time?**

Yes. You can choose to stop being in the study at any time. Just tell the study researchers or study staff immediately if you want to stop participating in the interview.

Study researchers may stop you from participating at any time if they believe that it is best for you or if you don’t follow the study rules, including protecting the names and information of other participants.

**Are there any risks to my confidentiality and me?**

Some questions in the interview may cause you to feel uncomfortable or may bring back bad memories. You are free to skip any questions. All participants are expected to keep in complete confidentiality the names and other participants information in the interview.

We will do all in our power to protect the information that you give us. We will not use the names or any information that can identify you personally in all the materials produced by the study. Written information about the interview and recording data about the interview will be kept in a secure place. Only a small number of researchers will have access to the interview transcripts and recordings. The findings from this study will also be used in a PhD dissertation at [Name of Institution].

**Participants’ benefits**

There are no direct benefits to you. The information that you give may help others better understand the implementation process of the models to improve ART patients’ access to care in [NAME OF COUNTRY] . You will not be paid for taking part in the interview.

**Participants’ rights**

Participating in this study is voluntary. You may decide to participate in the study or not. If you choose to participate in this study, you can withdraw from the study at any time without being penalized in any way.

**Who can answer my questions about the study?**

If you have any questions about the study, please talk to the study researcher **NAME, NUMBER**. Alternatively, you can contact The Chairperson of **[ERC/IRB NAME]** Committee, that works to protect your rights and welfare and reviews all research on human volunteers in **[NAME OF COUNTRY]**  at: **INSTITUTION NAME, ADDRESS, PHONE NUMBER**.

**CONSENT FORM**

I have been invited to participate in a research on “the evaluation of introduction and implementation of community ART for retention in Zambia”.

I have read the information above, or it has been read to me. I have had the opportunity to ask questions about it and any questions I had have been answered to my satisfaction. I therefore consent voluntarily to take part in this study. I have also been given a copy of this information sheet to keep.

PARTICIPATING IN THIS STUDY IS VOLUNTARY. You have the right to refuse to be in this study or withdrawing from the study at any time without penalty or missing those benefits you were supposed to receive.

**PARTICIPANT CONSENT**

With the information I have been given, I willingly agree to participate

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Signature/thumbprint of study participant Date

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Printed name of study participant

I confirm that the participant was given the chance to ask questions about the study, and all the questions were answered appropriately and to the best of my knowledge, I confirm that this person was not coerced to give consent, and consent was freely and willingly given

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Signature of member of the research staff obtaining consent Date

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Printed name of member of the research obtaining consent

*If can’t read:*

I am a witness to the reading of the consent to the one wanting to participate, and this person was given an opportunity to ask questions. I confirm that the person has given consent willingly.

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