Qualitative Study on Knowledge, Perceptions and Attitudes towards COVID-19 Vaccines in Local Communities in Zambia.

INFORMED CONSENT FORM/TEMPLATE FOR INTENDING RESEARCHERS

Background

Hello, my name is __________________________ I am working with the Levy Mwanawasa Medical University and University of Zambia. I am part of the research team on Qualitative Study on Knowledge, Perceptions and Attitudes towards COVID-19 Vaccines in Local Communities in Zambia. The Zambian government received a total of 228,000 doses of Oxford/AstraZeneca COVID vaccines on 12th April, 2021, the country and later launched it on 14th April 2021 by the honourable Minister of Health. As of Thursday, 27th a total of 146,129 doses of the vaccine had been administered around the country. Nevertheless, the knowledge and attitude towards the vaccine in the population are not known. This study is funded by the National Science Technology Council. To this end, the COVID-19 Advisory Centre for Local Authorities, under the Local Government Association of Zambia with support from the Germany Cooperative Agency (GIZ) and United States Agency for International Development (USAID) has funded this 15 days consultancy project to conduct a qualitative study to help the Centre and other stakeholders to understand, from empirical evidence, the current knowledge, perceptions and attitudes towards COVID-19 vaccines.

Purpose: The aim of this consultancy project is to explore the knowledge, perceptions and attitude of members of local communities in Zambia towards COVID-19 vaccines in order to inform design of policy and strategies to improve adoption of the COVID-19 vaccination program. We would like to speak with you because you are ……….. We would like to understand your opinion and perspectives on the knowledge, perceptions and attitudes towards COVID-19 vaccines in this community. This research is taking place in four provinces (Copperbelt, Central, Lusaka and Southern). What you tell us may help the Local Government Association of Zambia and its partners understand, from empirical evidence, the current knowledge, perceptions and attitudes towards COVID-19 vaccines in the local communities and in turn advise government on how to improve the COVID-19 vaccination program in the country.

Process: You will be one of approximately 350 respondents asked to participate in this discussion. We would like to ask you some questions in order to understand your opinions and perspectives on the knowledge, perceptions and attitude of members of local communities in Zambia towards COVID-19 vaccines. The discussion should take no longer than 1.5 hours. To ensure that I don’t miss or forget anything during the discussion, your responses to the various questions will be recorded using a digital recorder. We will not write your name, instead we ask you to sign on this form, but we will keep your signature private. Responses from the various questions will be summarised, analysed and a report written. When we write reports from this discussion, we will not show what you said nor are we going to use your name or signature at any time.

Potential Benefits: You will receive no direct benefit from your participation in this discussion. However, your participation may help the Local Government Association of Zambia and its partners understand the knowledge, perceptions and attitude of members of local communities in Zambia towards COVID-19 vaccines and in turn advise government on designing policy and strategies to improve adoption of the COVID-19 vaccination program.

Risks and Discomforts: The risks of taking part in this study are that other people will hear your responses. It is important that you do not share anything that you are not comfortable with. If you or someone in your family had a bad experience, it may be difficult or uncomfortable to remember or share it. You do not have to respond to any question unless you feel comfortable doing so. You are free to stop the discussion at any time if you need to.

Alternatives: You can choose not to take part in this discussion. If you decide not to take part or withdraw from this discussion, you will not suffer any penalty or lose any benefits to which you are entitled.

Participant Costs and Payments: You will not be paid to participate in this discussion. There are no costs to you for participating.

Participant’s Rights: By agreeing to participate in this discussion, you do not waive any of your legal rights. Giving consent means that you have heard or read the information about this discussion and that you agree to participate. You will be given a copy of this form to keep. If you have questions or concerns at any time, you can contact the Principal Investigator, Dr.
Sialubanje Cephas on +260-977-441273, the Co-Investigator, Prof Victor Mukonka on +260 977 844754 or any of the staff from the University of Zambia Biomedical Research Ethics Committee on +260-21-1-256067

**Right to Refuse or Withdraw:** Taking part in this discussion is voluntary. You have the right to refuse to take part. If you decide to be in this discussion, and then change your mind, you can withdraw from it at any time and to skip questions you may deem personal or otherwise without any repercussions. Your participation is voluntary. If you choose to take part, you have the right to stop the discussion at any time.

**Confidentiality:** The results of this study will be kept strictly confidential, and used only for research purposes. Your identity will be concealed in as far as the law allows. Your name will not appear anywhere on the coded forms with the information. Paper and computer records will be kept under lock and key and with password protection respectively. The interviewer has discussed this information with me and offered to answer my questions. For any further questions, I may contact the Chairperson, UNZABREC on the following details__________________

**STATEMENT OF CONSENT/ASSENT**

_____________________________________________________________ has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand that my decision to participate in this study will not alter my usual medical care. In the use of this information, my identity will be concealed. I am aware that I may withdraw at anytime. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Name:………………………….Signature of participant ……………………..Age………………
Date (DD/MM/YY)……………………………

Name of Witness……………………………….. Signature of Witness……………………………
Date (DD/MM/YY)…………………………………………………

Name:…………………………Signature of parent or guardian for minors …………………
Date (DD/MM/YY)…………………………

Name:…………………………Signature of Interviewer ………………….Date (DD/MM/YY)…………………………

If you have any further questions please contact the University of Zambia Biomedical Research Ethics Committee

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Assurance No. FWA00000338 IRB00001131 of IOR G0000774

By signing below you are agreeing to participate in the discussion which indicates that you have read this consent form (or have had it read to you), that your questions have been answered to your satisfaction, and that you voluntarily agree to participate in this research study. You may keep a copy of this for your records.

Signature or thumb print: __________________________________________________

Date: __________________________________________________________________

Signature of Impartial Witness: ______________________________________________

Date: ___________________________________________________________________