**Study participant information and consent sheet for Observations of healthcare staff**

**Consent from patients**

**To be either read by the respondent, or read aloud by the investigator. The respondent will then either sign the consent form or make a thumb print to indicate that they agree to participate in the study**

**Introduction**

Good care for mothers and babies in the healthcare facility is important to stop diseases occurring. We want to learn more about how health care staff care for mothers and babies. To do this we are observing behaviour and interviewing health care staff,. We shall use the findings to help improve care for mothers and babies.

**Purpose of the study**

* To understand the behaviour of health care workers attending to a woman during labour and childbirth
* To understand what is involved in caring for a newborn baby.
* To design a programme to improve care for mothers and babies.

**Conditions for participation**

We want to observe the staff in this ward caring for women. We will look at their behaviour and activities and write down our observations. We may want to observe a member of staff who is caring for you during your stay on the ward. We will not be focusing on you, but only looking at what that member of staff is doing.

.

**Risk or Discomfort**

We do not anticipate any risk to you or to the health care staff during this observation.

**Cost/Compensation**

Taking part in this study will not result in any expense to you and no compensation will be provided.

**Contact person for further questions or complaints**

You can ask the observer any questions and raise any concerns. If they cannot help they will pass the question onto a senior member of the team. You may contact directly:

Dr. Said Ali, Director Public Health Laboratory, P.O.BOX 122 Wawi, Chake chake, Pemba

Tele/Fax +255 24 2452003

**Confidentiality**

All information will be kept strictly confidential. As mentioned before, the observations will only collect information about the healthcare staff. Your name and any identifying information will not be on any documents. The information about the healthcare staff will also be anonymous.

**Voluntary participation**

Taking part is voluntary and you are free to stop the observation process at any time. If you decide not to take part we will respect your decision. We will not ask you why you do not want to participate. There will be no complaint or punishment.

**Permission to continue**

“Do you have any questions for me?”

**If informant has any questions, record questions and your response here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the respondent) have read and understood this text, understand what is expected of meand all my questions have been answered. I understand that I can ask for the observation to stop at any time without giving any reason and this will not affect any health services entitled to me. I freely accept to participate in this study.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_ *Respondent’s name Signature (thumbprint)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_\_\_\_ *Interviewer’s name Signature*  |
|  |

**Maelezo ya kushiriki katika utafiti huu na fomu ya kuombea ridhaa kwa ajili ya kumuangalia mtoa huduma za afya**

**Ridhaa kutoka kwa mteja**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fomu hii isome na aidha msailiwa au isomwe kwa sauti na mtafiti. Baadae msailiwa ama ataweka sahihi katika fomu ya ridhaa au alama ya dole gumba kuonesha kwamba amekubali/ameridhia kushiriki katika utafiti huu.**

**Utangulizi**

Huduma nzuri kwa mama na mtoto katika vituo vya huduma za afya ni muhimu kwa ajili ya kuzuia kutokea kwa maradhi. Tunataka kujifunza zaidi kuhusu jinsi ambavyo watoa huduma za afya wanavyohudumia kina mama na watoto wachanga. Kwa kulitelekeza hilo tunaangalia na kuzungumza na watoa hutuma kwenye vituo vya afya. Tutatumia matokeo ya utafiti huu kusaidia kuboresha huduma za akina mama na watoto wachanga.

**Lengo la utafiti:**

* Kufahamu tabia za watoa huduma za afya wanavyomshughulikia mama wakati wa uchungu na kuzaliwa kwa mtoto
* Kufahamu mambo gani hufanyika wakati wa kumhudumia mtoto mchanga.
* Kuandaa mpango wa kuboresha huduma kwa kina mama na watoto

**Masharti ya kushiriki**

Tunataka kuwaangalia watoa huduma kwenye wodi hii wakiwahudumia akina mama. Tutaangalia tabia na shughuli zao na kuandika uchunguzi wetu. Tunaweza pia kuhitaji kumuangalia mtoa huduma anayekuhudumia wakati wote utakaokuwepo wodini. Hatutakuwa tunakushughulikia wewe, ila tutaangalia tu kile kitu ambacho mtoa huduma anakifanya.

**Madhara ya kushiriki**

Hatutarajii kutokea kwa madhara yoyote kwako au kwa muhudumu wa afya wakati wa uchunguzi huu

**Gharama za kushiriki/malipo**

Kushiriki katika utafiti huu hakutakugharimu chochote na hakuna malipo yoyote yatakayotolewa.

**Mtu wa kuwasiliana nae kwa maswali zaidi au kama kuna malalamiko yoyote**

Unaweza kumuuliza mchunguzi swali lolote au kama una wasiwasi na jambo lolote. Kama hawataweza kukujibu wataliwasilisha swali lako au hoja yako kwa wasimamizi wao wakuu katika kikundi chao. Unaweza pia kuwasiliana moja kwa moja na: Dr. Said Ali, Mtendaji Mkuu, Maabara ya Afya ya Jamii, P.O.BOX 122 Wawi, Chake chake, Pemba, Simu +255 24 2452003

**Usiri**

Taarifa zote zitatunzwa na kudhibitiwa kwa usiri. Kama ilivyoelzwa hapo mwanzoni, zoezi hili la kuangalia utoaji wa huduma litahusisha kukusanya taarifa za mtoa huduma. Jina lako na taarifa nyingine zozote zinazoweza kukutambulisha hazitakuwa kwenye nyaraka zozote. Taarifa kuhusu mtoa huduma za afya pia zitaondolewa.

**Hiari ya kushiriki**

Kushiriki katika zoezi hili ni kwa hiari na unaweza kusitisha muda wowote hili zoezi la kumuangalia mtoa huduma namna anavyotoa huduma. Endapo utaamua kutokushiriki, tutaheshimu uamuzi wako. Hatutakuuliza sababu za wewe kutokutaka kushiriki. Hakutakuwa na malalamiko wala adhabu yoyote dhidi yako.

**Ruhusa ya kuendelea**

“Una swali lolote ambalo ungependa kuniuliza?”

**Kama anayeombwa kushiriki ana swali lolote, andika swali lake na jibu lako hapa**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Mimi, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (jina la msailiwa) nimesoma na kuelewa maelezo haya, nimeelewa kitu gani kinatarajiwa kutoka kwangu na maswali yangu yote yamejibiwa. Nimeelewa kwamba naweza kusitisha uchunguzi/uangalizi huu muda wowote bila ya kutakiwa kutoa maelezo na kwamba hili halitaathiri kazi yangu au huduma zozote za afya ninazotakiwa kuhudumiwa. Nimekubali kwa ridhaa yangu kushiriki katika utafiti huu.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarehe: \_\_\_\_\_\_\_\_\_\_\_\_ *Jina la msailiwa /mshiriki Sahihi (Dole gumba)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarehe: \_\_\_\_\_\_\_\_\_\_\_\_ *Jina la msaili Sahihi* |