

**A STUDY TO EVALUATE THE EFFECTIVENESS OF THE “SAFECARE” MODEL IN TANZANIA**

[INFORMATION AND CONSENT FOR HEALTH PROVIDERS PARTICIPATING IN THE STUDY]

### INFORMATION

**Introduction**

Hello, my name is ---------------------------- and I am working with the Ifakara Health Institute which conducts research to improve health in Tanzania. I am here because your facility is taking part in a study of the SafeCare approach.

**Why is this study being done?**

This study is being conducted by the Ifakara Health Institute and the London School of Hygiene and Tropical Medicine, in partnership with PharmAccess. This facility has been participating in a study of the SafeCare approach, and we are very grateful for your cooperation so far. Now, we would like to assess the extent to which SafeCare improves the quality of care and performance of health facilities, and to investigate the advantages and challenges of the approach.

**What will happen?**

We would like to observe you treating patients today. We will sit in the room where you work (consultation room, laboratory, dressing and injection room) and watch you during your daily activities. We will not say anything, we will not interfere with the care you provide or provide any medical advice. We may sometimes follow you if you move rooms. We will ask individual patients to consent to being observed before beginning, and will watch for up to two hours. We will ask to attach stickers to patients for easy observation.

Taking part in the research is your choice. You can decide to stop participating in the research at any time.

All information gathered will be treated as confidential, and will be stored securely. Data may be made public in a completely anonymised format. Your name and the name of your facility will not be used in any of our reports.

**What risks can I expect from being in the study?**

We do not anticipate any risks for you in participation in this study. Participation will take up some of your time.

**Are there benefits to taking part in the study?**

You and your facility will not be paid for taking part in this study. More broadly, the study will help researchers and policy-makers understand how to improve the quality of care in private health facilities.

Do you have any questions?

**Who do I contact if I have further questions about the study?**

You can talk to the researchers about any questions or concerns you have about this study. Contact Christina Makungu from the Ifakara Health Institute on telephone number 0788 721 256. If you still have concerns, you may contact Dr Mwifadhi Mrisho (+255 788766676) from the Institutional Review Board.

(leave a copy of the information sheet with the participant)



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### CONSENT FORM

**Please tick**

RESPONDENT AGREES TO OBSERVATIONS YES / NO

 “I have understood the explanation concerning this study and have been given the opportunity to ask questions. I agree to take part in this study.”

**Participant to complete**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher to complete**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person giving information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person giving information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_