

# A STUDY TO EVALUATE THE EFFECTIVENESS OF THE “SAFECARE” APPROACH IN TANZANIA

[INFORMATION AND CONSENT FOR HEALTH FACILITY IN-CHARGE PARTICIPATING IN THE STUDY]

### INFORMATION

**Introduction**

Hello, my name is ---------------------------- and I am working with the Ifakara Health Institute, which is an organisation that conducts research to learn about illness and improving 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 collect information about your facility in a number of different ways:

1. We would like to interview you [provider/owner] and ask you questions about the facility, how you operate and about the management of the facility and your experience with SafeCare. The interview will last approximately 1 hour.
2. We would like to observe you [and your staff] working in the consultation room[s], in the laboratory, injection and dressing room (s). When we are in these rooms, we will not say anything. We will not interfere with the care you provide or provide any medical advice. We will ask individual staff and 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.
3. We would like to do a short interview with 8 of your outpatients as they leave the facility.
4. We would like other members of our team to return to your facility in the next three months as ‘standardised patients’. This means they will not reveal their role as researchers, but will pose as patients seeking healthcare in your facility, in order to understand the experience of typical patients at this type of facility. They will act as normal patients and pay all fees as any patient would be expected to do. One month after the ‘standardised patients’ visit, we will contact you by telephone or email to inform you it has taken place, and to ask you whether you detected any standardised patients.

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 names of your facility, staff and patients 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?**

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 can 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 (+255 …) from the Ifakara Health Institute. If you still have concerns, you may contact Dr Mwifadhi Mrisho (+255 …) from the Institutional Review Board.

(leave a copy of the information sheet with participant)



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

### CONSENT FORM

**Please tick**

RESPONDENT AGREES TO INTERVIEW YES / NO

RESPONDENT AGREES TO OBSERVATIONS YES / NO

RESPONDENT AGREES TO PATIENT EXIT INTERVIEWS YES / NO

RESPONDENT AGREES TO STANDARDISED PATIENTS 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_