**CONSENT FORM**

**Title of study: INDUSTRIAL PRODUCTIVITY AND HEALTH SECTOR PERFORMANCE**

**QUESTIONNAIRE FOR HEALTH FACILITIES AND SHOPS**

**Institutions and investigators**

|  |  |  |
| --- | --- | --- |
| **Researcher** | **Institution** | **Contact** |
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**Introduction**

Hello, my name is ………………………… and I am here (name area) together with my fellow researchers from KEMRI and ACTS, which are Kenyan research institutes. We are here at your dispensary/ health centre/ hospital/ shop to ask you to participate in the research we are conducting that is exploring how improved local industrial production of pharmaceuticals and essential medical supplies and equipment can contribute to improved health sector performance.

Participation in this study is entirely voluntary and you may decide not to answer questions or withdraw from the study at any time. The study has no risks to respondent and there is no compensation for participation in the study.

Confidentiality is assured: there will be no way of identifying who said what in any of our reports. Data will be stored in locked cabinets throughout the study period. Computer documents will have passwords only accessible to the research team. These strict data management procedures are intended to ensure confidentiality of the study respondents.

This research has been reviewed and approved by the Kenyatta National Hospital/University of Nairobi, Ethical review committee. If you have questions you may further contact the board at [uonknh\_erc@uonbi.ac.ke](mailto:uonknh_erc@uonbi.ac.ke)

If you have read the informed consent or had it explained and you understand the information and voluntarily agree to join this study, please read below and think about your choice before making your mark below. No matter what you decide, it will not affect anything.

* I have been given the chance to ask any questions I may have and I am content with the answers to all my questions.
* I know that my records will be kept confidential and that I may leave this study at any time.
* The name and phone number of who to contact should I require further information regarding this study has been provided to me.
* I voluntarily agree to take part in this study and will retain a copy of this informed consent form.

............................................ ...........................................

Participants name (if you wish) Participants signature and date

............................................ ............................................

Study staff conducting study Study staff signature and date

**If consent obtained, continue.**

**If not, thank the respondent and do not continue.**

* 1. **Facility/shop and interview identification**
  2. County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  6. Location of shop or facility (e.g. market or town name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  7. Rural / urban (circle)

Site Facility/shop Interviewee

* 1. Facility questionnaire number
  2. Facility/shop name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Interviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Date of interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Facility details**

(Circle, and specify in 2.4 where applicable.)

|  |  |  |
| --- | --- | --- |
| **2.1** | **2.2** | **2.3** |
| **Level of facility / type of shop** | **Sector** | **Ownership (specify owner details in 2.4 below)** |
| Hospital……………..1  Clinic (specialised)...2  Health centre ………3  Dispensary ..……….4  Other facility (e.g. mobile clinic)….…..5  (Specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_  Pharmacy ……….6  Drug shop ……….7  General retail ……8  Kiosk …………….9  Other shop ………10  (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Public …………1  Religious/NGO..2  Private…………3 | Government ……………….1  Parastatal/ military ………..2  Religious organisation…… 3 (Specify)  Secular NGO………………4 (Specify)  Individual doctor.................5 (Name)  Several doctors ……………6 (Name one or more)  Doctor plus other(s) …........7 (Names, other business)  Businessman/men …………8 (Name and business)  Company ……………………9 (Name, details)  Individual Pharmacist...........10  Several Pharmacists.............11 |

* 1. Please **specify** name(s) of owner(s) (organisation, doctor, business, company – see 2.3)

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

2.5 Year facility/ shop began operating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Names of those in the organisation involvement in procurement of drugs, medical supplies and equipment, laboratory reagents and other essential commodities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. Interviewee details**

3.1 Interviewee code number (Note: code starts at 1 for each facility/shop)

3.2 Name \_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.3 Position ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.4 Number of years in the position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5 Professional Qualification (e.g. Medical, nursing, pharmacy, finance, marketing)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.6 Training in Procurement: 1. Yes 2. No

If yes: State duration and place of training ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Probe on nature of training -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------