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A survey on "Modelling Determinants for Accessibility and Burden of Out-Of-Pocket Healthcare Expenditure in a Rural-Urban Area in Dodoma"

Informed Consent Form for Head of Household

Introduction

I, ..., working on behalf of Peter Elia, who is a PhD student from the university of Dar es Salaam. I am inviting you to participate in a research study on Modelling the Determinants for Accessibility and Burden of Out-Of-Pocket Healthcare Expenditure in a Rural and Urban area in Dodoma. Before you decide about perticipating, you may talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand, please ask me to stop as we go through the information and i will take time to explain. If you have any questions later, you can ask them of me.

Purpose of the study

Access to healthcare services is crucial to everyone regardless of their economic status, yet, rising cost of healthcare services remain an obstacle to accessibility of quality healthcare services. We believe you can help us by telling us what you know about spatial and non-spatial accessibility to healthcare facilities, out-of-pocket expenditure status and what makes people not enrol in community based health insurance in this area. We want to know how people cope with accessibility issues.

Participation, confidentiality and risk

You are being invited to take part in this research because we feel that your experience as head of household and time of staying in this area can contribute much to our understanding and knowledge for the subject matter. My interview with you may last sixty minutes or less, and I will ask you a series of questions and wait for you to respond, then I will document the answers using computer tablet. If you do not want to answer any question during interview, you may say so and the interviewer will move on to another question. No one else but the interviewer will be present unless you would like someone else to be there.

Question: Please tell me if you understand why we are asking you to take part in this study! Do you know what the study is about? If you decide to participate in this study do you know how long it will take?

Please, I want you to understand that if you decide to participate into this study, your participation is entirely voluntary, that if I wish to withdraw from the study or to leave, you may do so at any time, and that you do not need to give any reasons or explanations for doing

so. If you do withdraw from the study, please understand that will not affect your relationship with any one or any institution like healthcare insurance scheme officers or any other organisation or agency.

There is a risk that you may share some personal information or confidential by chance or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question that you feel is very personal.

Questions: If you decide to participate in this research study, do you know what your options are? Do you know what to do if you do not want to take part in this research study? Do you have any questions?

I would like to tell you all the information you will give will be kept confidential to the extent permitted by law and that the names of all the people in this study will be kept confidential and not used in reporting the information. There will be no direct benefit to you, but your participation is likely to help us find out more about how to improve healthcare services accessibility, lower out-of-pocket expenditure on health and improve enrolment into community health insurance scheme.

Question: Can you tell me if you have understood correctly the benefits that you will have if you take part in this study? Do you have any other questions?

Certificate of Consent

I have been invited to participate in research about healthcare services accessibility, burden of of out-of-pocket and enrollment in community health insurance scheme. I have read and understood the above information. I have had the opportunity to ask questions about it and any question I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Statement by the researcher/research assistant

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of Researcher/research assistant_____

Date _____/_____/_____