



ST. MARY'S HOSPITAL LACOR

P.O. BOX 180, GULU-UGANDA

Tel: +256-471-432310, Fax: +256 - 471-432665

Email: info@lacorhospital.org, Website: www.lacorhospital.org

RESEARCH ETHICS COMMITTEE

INFORMED CONSENT FORM

ASSESSING THE CAPACITY OF THE HEALTH CARE SYSTEM TO HANDLE NEGLECTED TROPICAL DISEASES IN A REFUGEE SETTLEMENT IN UGANDA – LACOR-2024-362

Principal Investigator(s)

Dr. Tamale Elvis

Dr. Atuhaire Patience

Introduction

What you should know about this study:

1. You are being asked to join a research study.
 2. This consent form explains the research study and your role in the study.
 3. Please read it carefully and take as much time as you need.
 4. Participation is voluntary. You can choose not to take part, and if you join, you may quit at any time without any penalties.
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Background of the Study

Neglected Tropical Diseases (NTDs) affect over 1 billion people worldwide, primarily in low-income regions. These diseases lower the quality of life and contribute to long-term disability and poverty. In Uganda, over 40 million people are at risk of NTDs. Refugee settlements, due to poor sanitation, limited access to healthcare, and overcrowding, remain particularly vulnerable.

Despite efforts by the World Health Organization (WHO) to integrate NTD management into primary healthcare systems, little is known about how well-equipped refugee settlement health facilities are to diagnose and manage these diseases. This research project aims to assess the capacity of healthcare facilities in Nakivale Settlement, Uganda, to diagnose and manage NTDs. The study will evaluate healthcare workers' knowledge of NTDs, the availability of diagnostic tools, and the accessibility of medications for treatment.

Findings from this study will help inform policy and develop better interventions to improve NTD care in refugee settings.



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Purpose of the Research Project

This study aims to generate data on the capacity of health facilities in Nakivale Settlement to handle NTDs. We shall enroll approximately 150 participants, including healthcare workers to assess their knowledge, attitudes, and access to diagnostic and treatment services for NTDs. The findings will be shared with stakeholders and published in a peer-reviewed journal to guide policy recommendations for improving healthcare in refugee settlements.

Why You Are Being Asked to Participate

You have been selected because you are a healthcare worker in Nakivale Settlement. Your experience and knowledge are important in assessing healthcare gaps and strengthening the healthcare system's ability to manage NTDs.

Procedures

If you agree to participate, we will:

1. Interview to assess your knowledge and experiences regarding NTDs.
2. Assess the availability of diagnostic tools and treatment options at the healthcare facility.
3. Hold focus group discussions with healthcare workers and community members to explore challenges and opportunities in NTD management.

No medical tests or sample collection will be performed in this study.

Risks or Discomforts



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There are no significant risks associated with participating in this study. However, you may feel uncomfortable answering certain questions. If at any point you wish to skip a question or withdraw from the study, you are free to do so without any consequences.

Benefits

1. You will contribute to improving healthcare services for NTDs in refugee settlements.
 2. Findings will inform policy changes and improve access to better healthcare services.
 3. You will receive educational materials on NTD prevention and management.
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Incentives for Participation

There is financial compensation for participating in this study. Health workers participating will be given UGX 10,000 as a small token of appreciation.

Confidentiality of Data

1. All information collected will be kept strictly confidential.
 2. Data will be stored securely, and only authorized personnel will have access to it.
 3. Audio recordings (if applicable) will be deleted three months after data collection.
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Protection of Participant Privacy

1. Interviews will be conducted in a private space to maintain confidentiality.
 2. Your responses will not be shared with others outside the research team.
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Right to Withdraw



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Participation is voluntary. You may withdraw at any time without any penalties or loss of benefits.

Who to Contact if You Have Questions

For more information, please contact:

Tamale Elvis

Principal Investigator

P.O. Box 180, Gulu

Tel: 0778180913 / 0756410075

Dr Emmanuel Ochola

Chairman, Lacor Hospital Institutional REC

P.O. Box 180, Gulu

Tel: 0772561783

What Does Your Signature Mean?

Your signature or thumbprint on this consent form means:

- You have been informed about the study and its purpose.
- You understand what participation involves.
- You voluntarily agree to participate.

Participant's Name: _____

Signature/Thumbprint: _____

Date: _____