The effect of the Support National Malaria Programme (SuNMaP) capacity building programme on case management

Consent Forms

A.1. Information sheet for observations and exit interviews: Child Carer

Investigator: (Dr. A. S. Jegede)

Telephone (08055282418) **Email:** (sayjegede@yahoo.com)

My name is (*insert name*) and I am working together with SuNMap. We are planning to observe the effect of a training programme for health workers who treat children with fevers I am going to give you some information about this work and the research that we are conducting. I will then invite you to be part of this research. If there is anything you don't understand please ask me to stop and I will take time to explain. If you have questions later, I am leaving my phone number and email address so that you can contact me.

Our research aims to find out whether the training affects the way in which the health workers provide treatment to children with fever and how well the training programme was conducted. We are doing this to help identify ways in which to make sure that children receive the best care possible.

When children go to the clinic there are many processes that they go through and examinations and treatments that they receive. Some of these are offered to every child and others are dependent upon illnesses that are identified, and are therefore not needed by all children. We will observe children from the point of registration, until the point that their treatment is complete and they leave the health facility. On leaving the health facility, you as the child's caregiver will be interviewed about the child's experience at treatment.

Who is being asked to join in the research?

We have randomly selected 14 health facilities in this LGA and 14 health facilities in *(insert name of other LGA)* and are requesting all health workers who are involved in the delivery of malaria treatment in these facilities to participate. We are also asking caregivers of children with fever attending the clinic to allow us to observe what happens to them during their visit.

What are we asking from you?

If you agree to participate we will ask you a few questions now and then follow your child today through the process of fever treatment until you and the child leave the health facility. When you are ready to leave the facility we will ask you some more questions.

What are the risks and benefits of taking part?

There will be no direct benefits to you by agreeing to participate in our observations and interviews. Our work is to learn more about the processes of treating children with fever and

the effect of the training programme for health workers on the treatment that the children receive. This means that we may also observe and ask about the results of any tests that your child has today. We have approached you to take part in this study having obtained consent from the University of Ibadan/University College Hospital (UI/UCH) Ethics Committee, from a member of the health management team of this Local Government, and from the ethics committee of the London School of Hygiene and Tropical Medicine.

Information collected is confidential

During the observation we will record processes using a structured checklist, and questionnaires in the exit interviews. The information from these checklists will be entered into a database together with that from other health facilities. Your name or that of your child will not be entered into the database and no information will be traceable back to you individually. The same process will be followed with the questions that we ask you when you have agreed to enrol in the study, and when you are leaving the health facility.

What happens if I don't want to participate?

You are free to decide whether you wish to participate. Participation is voluntary. Before deciding whether you are willing to support our study, please feel free to ask any questions about what we have just said. If you agree to participate, we will record your written agreement now.

If you have any further questions or concerns

If you have any other questions about this project or what we will be asking you, please contact (*insert name*), whose contact details are given at the top of this information sheet. If you feel you have been harmed in anyway, or if you have questions about your rights as a research subject please contact Dr. A. S. Jegede, Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Written consent for Child carers: Observations and exit interviews

The following will be read to participants and their written consent sought.

1. I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked.
2. I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate.
3. All the questions I had about this study have been answered.
4. I understand that I can request the observation to stop at any time, and that it will stop immediately upon my request.
5. I agree to take part in this study.
6. I understand that I am free to change my mind and refuse this permission at anytime.

Name of Local Government _____

Name of health facility _____

Name of participant _____

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…….……

Signature or thumbprint of child carer
Date……..

I certify that I have explained the above to
……

and that he/she understood what I said and has agreed to take part in the study.

Signed by the Researcher……..
Date……

A.2. **Gudunmowar SuNMap Wajen Shawo Kan Matsalar Kiwon lafiya a Jahar Niger a Nigeria**

Information Sheet for observation and exit Interview: Child Carers
Takardar Bayani ta masu gudanar tammbayoyi: Masu kula da yara

Mai Bincike: Dr. A. S. Jegede

Nombar waya: 08055282418 **Email:** sayjegede@yahoo.com

Suna na:……ina aiki da wata kungiya mai suna Sunmap. Muna son mu tantance ainihin sakamakon horarwa da aka baiwa maiakatan kiyon lafiya wadanda ke kula da yara kanana masu fama da zazabi. Zan baku taitakeccen bayani game da yanayin wannan aiki ko kuma ince tattaunawa. Sannan zanso ki/ka zamo]aya daga cikin mutanen d azan tattauna da su. Idan akwai wani abu da ba ki/ka gane ba, to sai a tambaya kuma zan yi bayani. Idan kuma akwai wa]ansu tambayoyi daka iya tusgowa daga baya, to zan bar lambar wayata da kuma adireshi na email da za'a iya tuntun~a ta.

Munufar wannan aiki namu shi ne mu gano ko horarwa da aka baiwa ma'aiktan kiyon lafiya ya inganta yadda suke kulawa da yara kanana masu fama da zazabi sannan kuma mu gano yanayin faidar horarwa. Muna yin wannan ne domin mu zakulo hanyoyi da kuma cimma gurin cewa yara kanana sun samu cikakiyar kulawa mai inganci.

Idan yara kanana suka je asibiti akwai hanyoyi da dama wadanda suka kunshi gwaje-gwaje bayar da magani da kuma shawarwari da yara ke fuskanta. Wani lokoci yara sunka fuskanci duka wadannan hanyoyin koyin lafiya. Wasu lokutan ba kowan ne yaro za'a yima wa]annan gwagegwagen ba, ta danganta ga yanayin rashin lafiya yaro. To, muna son mu kula mu kuma tantance da abubuwan dake gudana a asibiti, tun lokacin da aka yanka ma yaro kati, zuwa gainin likita, yin gwajegwaje (in akwaisu) karmar magani ya zuwa har lokacin da yaro ya bar asibiti. Bayan kun bar asibiti, a matsayin ka/ki na mai bada kulawa, zamu yi maka/ki wadansu tambiyoyi game da abubuwan da suka gudana a asibitin.

Wa zai zama daya daga cikin wannan bincike?
An zabi }afofin kiyon lafiya gudda shahudu a wannan gundumar karamar Hukumar Mulki( ) sanan kuma, ana son duk ma'akatan kiwon lafiya day a shafi zazabin cizon sauro da su zama cikin masu wannan tattaunawa. Muna son uwaye/masu kulawa da yara masu zazabi, su bamu dama domin kulawa da yanayin abubuwan da suka faruwa lokacin zuwansu asibiti.

Me muke tambaya daga gareku?

Idan kun yarda ku zamo cikin wannan tattaunawar, to zamu yi muku wasu yan takaitaccen tambiyoyi yanzu; sannan kuma zamu tantance da abubuwan da suka faru da yaro lokacin samun kulawa da magani na zazabi a nan asibiti – lokacin da zaku bar asibiti, zamu so mu ji muku wadansu yan tambayoyi.

Mene ne matsa ko faidar zama]aya daga cikin masu tattaunawa

Ba wani abu takamane da za'a baku. Saboda, bisa yanayin aikin mu, muna so ne mu tantance da hanyoyi mafi sauki da ake bi wajen kiyon lafiya musamman ga yara kanana masu fama da zazabi-sannan kuma mu ga ingancin horarswa sa aka ba masu kiyon lafiya ta yara kanana. Yin hakan yasa zamu nemi mu ga wasu gwaje-gwaje da aka yima yaro yau. Mun nemi ku shigo cikin wannan tattaunawa, a bisa yardarm da muka samu daga jami'a asibitin horar da ma'aikatan kiyon lafiya Ibadan da kuma hadin gwiwar wannan karamar Hukuma taku.

Labaran da muka ansa zai zama abin sirri

Muna son mu shaida muku cewa baza mu pallasa tambayoyi ko amsoshin da kuka bayar ba. Duk tattaunawar da za mu yi matsayin sirri ne. Ba za'a rubuta sunan ki ko na yaro ki ba a ko ina cikin bayanai da zamu rubuta bayan kamala wannan aiki abin da duk kuka faka tsakanin mud a kune yayin da muka kamala wannan aiki ba za'a iya gano wa ya ce me ba.

Me zai faru idan nace banayin wannan tattaunawa?

Ba tilastawa cikin wannan tattaunawa. Mutun yana da dammar, ya shiga ko kar ya shiga, ra'ayin ne. kuna da dammar ku yi tambayoyi game da abun da muka tattauna. Ga wanda ya yarda zai shiga ciki – to ya sanar damu domin mu rubuta.

Idan Ku na da wasu tambayoyi ko son karin Bayani?

Idan akwai mai tambiya ko son karin bayani to yana da dama ya tambayi (suna) wanda aka ba da cikaken lambar wayarsa da kuma adireshinsa tun farko. Idan kuma kin a ganin an yi ma ka ba daidai ba to kina da dammar ki tuntubi Dr. A.S. Jegede, wanda ke cibiyar nazarin Halayar dan-Adam da ke jami'ar Ibadan.

Rubutaccen yar jejeniya akan kula da yara: Binike ko tambayoyi

1. Na karanta (an karanta mini) bayanan dake cikin wannan takarda, kuma na fahimce su.
2. Na fahimci cewa ba tilas cikin shiga wannan tattaunawa
3. An bani cikaciyar amsa ga duk tambayoyi na.
4. Na fahimci cewa ina iya fita a kowane lokaci da nab ukata.
5. Na yard azan shiga cikin masu wannan tattaunawa.
6. Na kuma fahimci ina da dammar in canza ra'ayi na, sannan kuma in janje dammar da na bada kowane lokaci.

Sunan }aramar Hukumar:……..

Sunan Asibiti:…….

Sunan mai Amsa Tambayoyi:……

…… Rana:……

Sa hannu ko shaidar ya/sa

Ta mai bada kulawa.

Na yi cikaken bayani ga:…….kuma sun fahimci tare da yarda ta zama cikin masu tattaunawa.

Sa hannun mai tambaya:…… Rana:……..

B. **Information sheet for observations and interviews: health workers**

Investigator: (Dr. A. S.Jegede)

Telephone 08055282418) **Email:** (sayjegede@yahoo.com)

My name is (*insert name*) and I am working together with SuNMap. We are planning to observe the effect of a capacity building programme on malaria case management. I am going to give you some information about this work and the research that we are conducting. I will then invite you to be part of this research. If there is anything you don't understand please ask me to stop and I will take time to explain. If you have questions later, I am leaving my phone number and email address so that you can contact me.

Our research aims 1) to assess the effect of the capacity building programme on the proportion of children receiving appropriate case management for malaria in the public and private sector, 2) to assess the level of implementation of the capacity building programme and its sub-components, 3) to assess the effect of the capacity building programme on the individual processes in adherence to the current guidelines on diagnosis and treatment of malaria in children, and 4) to identify the factors influencing the success of the capacity building programme from the trainer and provider perspective. We are doing this to help identify ways in which to make sure that children receive the best care possible.

When children are taken to the clinic there are many processes that they go through and examinations and treatments that they receive. Some of these are offered to every child and others are dependent upon illnesses that are identified, and are therefore not needed by all children. We will observe caregivers and their child from the point of registration on the day of their attendance at the clinic, until the point that their treatment is complete and they leave the health facility. On leaving the health facility, some women will be interviewed about the treatment that their child received.

Who is being asked to join in the research?

We have randomly selected 14 health facilities in this LGA and 14 health facilities from *(insert name of other LGA)* and are requesting all health workers who are involved in the delivery of malaria treatment in these facilities to participate. We are also asking caregiver's attending the clinic to allow us to observe what happens to their child during the visit.

What are we asking from you?

If you agree to participate we will ask you a few questions now and then observe you in your work sometime during the next 2 months. We would then like to ask you some questions about yourself, your professional background and training experience.

What are the risks and benefits of taking part?

There will be no direct benefits to you by agreeing to participate in our observations and interviews. Our work is to learn more about the processes of treating febrile children so that we can understand how effective the capacity building programme was. We have approached you to take part in this study having obtained consent from the University of Ibadan/University College Hospital (UI/UCH) Ethics Committee, from a member of the health management team of this Local Government and from the ethics committee of the London School of Hygiene and Tropical Medicine.

Information collected is confidential

During the observation we will record processes using a structured checklist, and questionnaires in your interview. The information from these checklists will be entered into a database together with that from other health facilities. Your name will not be entered into the database and no information will be traceable back to you individually. The same process will be followed with the questions that we ask you about yourself, your professional background and training experience.

What happens if I don't want to participate?

You are free to decide whether you wish to participate. Participation is voluntary. Before deciding whether you are willing to support our study, please feel free to ask any questions about what we have just said. If you agree to participate, we will record your written agreement now.

If you have any further questions or concerns

If you have any other questions about this project or what we will be asking you, please contact (*insert name*), whose contact details are given at the top of this information sheet. If you feel you have been harmed in anyway, or if you have questions about your rights as a research subject please contact Dr A. S. Jegede, Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Written consent for Health Workers: Observations and interviews

The following will be read to participants and their written consent sought.

1. I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked.
2. I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate.
3. All the questions I had about this study have been answered.
4. I understand that I can request the observation to stop at any time, and that it will stop immediately upon my request.
5. I agree to take part in this study.
6. I do/do not agree to quotes or other results arising from my participation in the study being included, even anonymously in any reports about the study.

Name of LGA _____

Name of health facility _____

Name of participant _____

…….……

Signature of health worker Date……..

I certify that I have explained the above to
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and that he/she understood what I said and has agreed to take part in the study.

Signed by the Researcher……..
Date……

C. Information sheet for Health Facility Questionnaire: Head of Health Facility

Investigator: (Dr. A. S. Jegede)

Telephone (08055282418) **Email:** (sayjegede@yahoo.com)

My name is (*insert name*) and I am working together with SuNMap. We are planning to understand the effect of a capacity building programme on malaria case management process. I am going to give you some information about this work and the research that we are conducting. I will then invite you to be part of this research. If there is anything you don't understand please ask me to stop and I will take time to explain. If you have questions later, I am leaving my phone number and email address so that you can contact me.

Our research aims 1) to assess the effect of the capacity building programme on the proportion of children receiving appropriate case management for malaria in the public and private sector, 2) to assess the level of implementation of the capacity building programme and its sub-components, 3) to assess the effect of the capacity building programme on the individual processes in adherence to the current guidelines on diagnosis and treatment of malaria in children, and 4) to identify the factors influencing the success of the capacity building programme from the trainer and provider perspective. We are doing this to help identify ways in which to make sure that children receive the best care possible.

When children are taken to the clinic there are many processes that they go through and examinations and treatments that they receive. Some of these are offered to every child and others are dependent upon illnesses that are identified, and are therefore not needed by all children. We will observe caregivers and their child from the point of registration on the day of their attendance at the clinic, until the point that their treatment is complete and they leave the health facility. On leaving the health facility, some women will be interviewed about their treatment that their child received.

As part of this research we aim to understand the context of the health facility by asking some questions on the resources and services offered including the procurement and supply chain management systems that ensure the availability of essential medicines and equipment. We would also like to review documentation and records relating to treatment experiences of febrile children including registration, OPD, laboratory results, and pharmacy records.

Who is being asked to join in the research?

We have randomly selected 14 health facilities in this LGA and 14 health facilities from *(insert name of other LGA)* and are requesting all health workers who are involved in the delivery of malaria treatment in these facilities to participate. We are also asking caregiver's attending the clinic to allow us to observe what happens to their child during the visit. We are asking the health facility-in-charge at each of these facilities to help us with the study by answering structured questions.

What are we asking from you?

If you agree to participate we will ask you a series of questions on the services offered at the health facility, particularly those relating to treatment of malaria, and on the stock management systems. If you suggest that there are other members of your staff who are the best placed to answer any of these questions, then with your permission, we will approach them and request their help. We would also like your permission to review documentation relating to treatment of febrile children.

What are the risks and benefits of taking part?

There will be no direct benefits to you by agreeing to participate in our interviews. Our work is to learn more about the processes of treating febrile children so that we can understand how effective the capacity building programme was. We have approached you to take part in this study having obtained consent from the University of Ibadan/University College Hospital (UI/UCH) Ethics Committee, from a member of the health management team of this Local Government and from the ethics committee of the London School of Hygiene and Tropical Medicine.

Information collected is confidential

The information obtained from you will be entered into a database together with that from other health facilities. Your name will not be entered into the database and no information will be traceable back to you individually. The same process will be followed with the questions that we ask you about yourself, your professional background and training experience.

What happens if I don't want to participate?

You are free to decide whether you wish to participate. Participation is voluntary. Before deciding whether you are willing to support our study, please feel free to ask any questions about what we have just said. If you agree to participate, we will record your written agreement now.

If you have any further questions or concerns

If you have any other questions about this project or what we will be asking you, please contact (*insert name*), whose contact details are given at the top of this information sheet. If you feel you have been harmed in anyway, or if you have questions about your rights as a research subject please contact Dr A. S. Jegede (PI) – Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Written consent for Head of Health Facility: Health Facility Questionnaire

The following will be read to participants and their written consent sought.

1. I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked.

2. I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate.
3. All the questions I had about this study have been answered.
4. I understand that I can request the observation to stop at any time, and that it will stop immediately upon my request.
5. I agree to take part in this study.
6. I do / do not agree to quotes or other results arising from my participation in the study being included, even anonymously in any reports about the study

Name of LGA _____

Name of health facility _____

Name of participant _____

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…….……

Signature of head of health facility Date……..

I certify that I have explained the above to
……

and that he/she understood what I said and has agreed to take part in the study.

Signed by the Researcher……..
Date……

D. **Information sheet for In-depth interviews on case management process: health workers**

Investigator: (Dr. A. S. Jegede)

Telephone (08055282418) **Email:** (sayjegede@yahoo.com)

My name is (*insert name*) and I am working together with SuNMap. We are planning to understand the effect of a capacity building programme on malaria case management process. I am going to give you some information about this work and the research that we are conducting. I will then invite you to be part of this research. If there is anything you don't understand please ask me to stop and I will take time to explain. If you have questions later, I am leaving my phone number and email address so that you can contact me.

Our research aims 1) to assess the effect of the capacity building programme on the proportion of children receiving appropriate case management for malaria in the public and private sector, 2) to assess the level of implementation of the capacity building programme and its sub-components, 3) to assess the effect of the capacity building programme on the individual processes in adherence to the current guidelines on diagnosis and treatment of malaria in children, and 4) to identify the factors influencing the success of the capacity building programme from the trainer and provider perspective. We are doing this to help identify ways in which to make sure that children receive the best care possible.

When children are taken to the clinic there are many processes that they go through and examinations and treatments that they receive. Some of these are offered to every child and others are dependent upon illnesses that are identified, and are therefore not needed by all children. We will observe caregivers and their child from the point of registration on the day of their attendance at the clinic, until the point that their treatment is complete and they leave the health facility. On leaving the health facility, some women will be interviewed about their treatment that their child received.

Who is being asked to join in the research?

We have randomly selected 14 health facilities in this LGA and 14 health facilities from *(insert name of other LGA) and* are requesting all health workers who are involved in the delivery of malaria treatment in these facilities to participate. We are also asking caregiver's attending the clinic to allow us to observe what happens to their child during the visit.

What are we asking from you?

If you agree to participate we will ask you a few questions now on your opinion on the effect of the capacity building activities on the delivery of malaria treatment.

What are the risks and benefits of taking part?

There will be no direct benefits to you by agreeing to participate in our interviews. Our work is to learn more about the processes of treating febrile children so that we can understand how effective the capacity building programme was. We have approached you to take part in this

study having obtained consent from the University of Ibadan/University College Hospital (UI/UCH) Ethics Committee, from a member of the health management team of this Local Government and from the ethics committee of the London School of Hygiene and Tropical Medicine.

Information collected is confidential

During the discussion we will take handwritten notes and also tape record the session. We will not record participants' names during note taking. Instead we will assign numbers to individuals that will be matched against the responses. The notes will be translated into English, and entered into a computer. No names will be entered into the computer. Tapes will be translated and transcribed; they will be destroyed after they have been transcribed. Until they are transcribed they will be kept safely and made accessible to the research team only. Where we use quotes from the discussions they will be designated by woman number. No quotes will be traceable to a specific person.

What happens if I don't want to participate?

You are free to decide whether you wish to participate. Participation is voluntary. Before deciding whether you are willing to support our study, please feel free to ask any questions about what we have just said. If you agree to participate, we will record your written agreement now.

If you have any further questions or concerns

If you have any other questions about this project or what we will be asking you, please contact (*insert name*), whose contact details are given at the top of this information sheet. If you feel you have been harmed in anyway, or if you have questions about your rights as a research subject please contact Dr A. S. Jegede (PI) – Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Written consent for Multiple Health Workers: interviews

The following will be read to participants and their written consent sought.

1. I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked.
2. I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate.
3. All the questions I had about this study have been answered.
4. I understand that I can request the observation to stop at any time, and that it will stop immediately upon my request.
5. I agree to take part in this study.

6. I do/do not agree to quotes or other results arising from my participation in the study being included, even anonymously in any reports about the study.

Name of LGA _____

Name of health facility _____

Name of participant _____

……
…….……

Signature of respondent Date……..

I certify that I have explained the above to
……

and that he/she understood what I said and has agreed to take part in the study.

Signed by the Researcher……..
Date……

E. **Information sheet for In-depth interviews: Stakeholders**

Investigator: (Dr. A. S. Jegede)

Telephone (08055282418) **Email:** (sayjegede@yahoo.com)

My name is (*insert name*) and I am working together with SuNMap. We are planning to understand the effect of a capacity building programme on malaria case management process. I am going to give you some information about this work and the research that we are conducting. I will then invite you to be part of this research. If there is anything you don't understand please ask me to stop and I will take time to explain. If you have questions later, I am leaving my phone number and email address so that you can contact me.

Our research aims 1) to assess the effect of the capacity building programme on the proportion of children receiving appropriate case management for malaria in the public and private sector, 2) to assess the level of implementation of the capacity building programme and its sub-components, 3) to assess the effect of the capacity building programme on the individual processes in adherence to the current guidelines on diagnosis and treatment of malaria in children, and 4) to identify the factors influencing the success of the capacity building programme from the trainer and provider perspective. We are doing this to help identify ways in which to make sure that children receive the best care possible.

When children are taken to the clinic there are many processes that they go through and examinations and treatments that they receive. Some of these are offered to every child and others are dependent upon illnesses that are identified, and are therefore not needed by all children. We will observe caregivers and their child from the point of registration on the day of their attendance at the clinic, until the point that their treatment is complete and they leave the health facility. On leaving the health facility, some women will be interviewed about their treatment that their child received.

Who is being asked to join in the research?

We have randomly selected 14 health facilities in this LGA and 14 health facilities from *(insert name of other LGA) and* are requesting all health workers who are involved in the delivery of malaria treatment in these facilities to participate. We are also asking caregiver's attending the clinic to allow us to observe what happens to their child during the visit.

What are we asking from you?

If you agree to participate we will ask you a few questions now on your opinion on the effect of the capacity building activities on the delivery of malaria treatment.

What are the risks and benefits of taking part?

There will be no direct benefits to you by agreeing to participate in our interviews. Our work is to learn more about the processes of treating febrile children so that we can understand how effective the capacity building programme was. We have approached you to take part in this study having obtained consent from the University of Ibadan/University College (UI/UCH)

Ethics Committee, from a member of the health management team of this Local Government and from the ethics committee of the London School of Hygiene and Tropical Medicine.

Information collected is confidential

During the discussion we will take handwritten notes and also tape record the session. We will not record participants' names during note taking. Instead we will assign numbers to individuals that will be matched against the responses. The notes will be translated into English, and entered into a computer. No names will be entered into the computer. Tapes will be translated and transcribed; they will be destroyed after they have been transcribed. Until they are transcribed they will be kept safely and made accessible to the research team only. Where we use quotes from the discussions they will be designated by woman number. No quotes will be traceable to a specific person.

What happens if I don't want to participate?

You are free to decide whether you wish to participate. Participation is voluntary. Before deciding whether you are willing to support our study, please feel free to ask any questions about what we have just said. If you agree to participate, we will record your written agreement now.

If you have any further questions or concerns

If you have any other questions about this project or what we will be asking you, please contact (*insert name*), whose contact details are given at the top of this information sheet. If you feel you have been harmed in anyway, or if you have questions about your rights as a research subject please contact Dr A. S. Jegede (PI) – Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Written consent for stakeholders: in-depth interviews

The following will be read to participants and their written consent sought.

1. I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked.
2. I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate.
3. All the questions I had about this study have been answered.
4. I understand that I can request the observation to stop at any time, and that it will stop immediately upon my request.
5. I agree to take part in this study.
6. I do / do not agree to quotes or other results arising from my participation in the study being included, even anonymously in any reports about the study.

Name of LGA _____

Name of health facility _____

Name of participant _____

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…….……

Signature of Stakeholder Date……..

I certify that I have explained the above to
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and that he/she understood what I said and has agreed to take part in the study.

Signed by the Researcher……..
Date……

F. **Information sheet for observation and In-depth interviews: Case Studies**

Investigator: (Dr. A. S. Jegede)

Telephone (08055282418) **Email: (**sayjegede@yahoo.com)

My name is (*insert name*) and I am working together with SuNMap. We are planning to understand the effect of a capacity building programme on malaria case management process. I am going to give you some information about this work and the research that we are conducting. I will then invite you to be part of this research. If there is anything you don't understand please ask me to stop and I will take time to explain. If you have questions later, I am leaving my phone number and email address so that you can contact me.

Our research aims 1) to assess the effect of the capacity building programme on the proportion of children receiving appropriate case management for malaria in the public and private sector, 2) to assess the level of implementation of the capacity building programme and its sub-components, 3) to assess the effect of the capacity building programme on the individual processes in adherence to the current guidelines on diagnosis and treatment of malaria in children, and 4) to identify the factors influencing the success of the capacity building programme from the trainer and provider perspective. We are doing this to help identify ways in which to make sure that children receive the best care possible.

When children are taken to the clinic there are many processes that they go through and examinations and treatments that they receive. Some of these are offered to every child and others are dependent upon illnesses that are identified, and are therefore not needed by all children. We will observe caregivers and their child from the point of registration on the day of their attendance at the clinic, until the point that their treatment is complete and they leave the health facility. On leaving the health facility, some women will be interviewed about their treatment that their child received.

Who is being asked to join in the research?

We have randomly selected 14 health facilities in this LGA and 14 health facilities from *(insert name of other LGA) and* are requesting all health workers who are involved in the delivery of malaria treatment in these facilities to participate. We are also asking caregiver's attending the clinic to allow us to observe what happens to their child during the visit.

What are we asking from you?

If you agree to participate we will observe your work more closely and ask you a few questions now on your work. We would then like to ask you some questions about yourself, your professional background and training experience. We will pay more attention to the effect of the capacity building on your skill of treating febrile children.

What are the risks and benefits of taking part?

There will be no direct benefits to you by agreeing to participate in our observations and interviews. Our work is to learn more about the processes of treating febrile children so that

we can understand how effective the capacity building programme was. We have approached you to take part in this study having obtained consent from the University of Ibadan/University College Hospital (UI/UCH) Ethics Committee, from a member of the health management team of this Local Government and from the ethics committee of the London School of Hygiene and Tropical Medicine.

Information collected is confidential

During the discussion we will take handwritten notes and also tape record the session. We will not record participants' names during note taking. Instead we will assign numbers to individuals that will be matched against the responses. The notes will be translated into English, and entered into a computer. No names will be entered into the computer. Tapes will be translated and transcribed; they will be destroyed after they have been transcribed. Until they are transcribed they will be kept safely and made accessible to the research team only. Where we use quotes from the discussions they will be designated by woman number. No quotes will be traceable to a specific person. We will follow you up for some time to understand how you make a difference in utilising the knowledge gained from the capacity building in treating febrile children. Because we want to have in-depth knowledge of how you treat febrile children we will pay several and sometimes unscheduled visits to you as a follow up to clarify issues observed or noted during a previous visits.

What happens if I don't want to participate?

You are free to decide whether you wish to participate. Participation is voluntary. Before deciding whether you are willing to support our study, please feel free to ask any questions about what we have just said. If you agree to participate, we will record your written agreement now.

If you have any further questions or concerns

If you have any other questions about this project or what we will be asking you, please contact (*insert name*), whose contact details are given at the top of this information sheet. If you feel you have been harmed in anyway, or if you have questions about your rights as a research subject please contact Dr A. S. Jegede (PI) – Department of Sociology, University of Ibadan, Ibadan, Nigeria

Written consent for selected health workers for Case Study: Observations and In-depth interviews

The following will be read to participants and their written consent sought.

1. I have read the information sheet (or have understood the verbal information) that explains the reason for the study, and the procedures that I will be asked.
2. I understand that I am free to choose whether or not I wish to participate, and that no pressure will be put on me to participate.
3. All the questions I had about this study have been answered.

4. I understand that I can request the observation to stop at any time, and that it will stop immediately upon my request.
5. I agree to take part in this study.
6. I do / do not agree to quotes or other results arising from my participation in the study being included, even anonymously in any reports about the study.
7. I do / do not agree to my photograph being taken

Name of LGA _____

Name of health worker _____

Name of participant _____

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Signature of health worker Date……..

I certify that I have explained the above to
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and that he/she understood what I said and has agreed to take part in the study.

Signed by the Researcher……..
Date……