Consent Form.

Title of the proposed study: READINESS AND FACTORS INFLUENCING COMMUNITY PHARMACIES PARTICIPATION IN THE HIV-FOCUSED COMMUNITY RETAIL PHARMACY DRUG DISTRIBUTION POINT (CRPDDP) PROGRAM IN KAMPALA CITY, UGANDA.

Investigator:

Mbaziira Umar (BPHA, MAK) Reg No. 2023/HD07/3226U, mbaziirau@gmail.com. 0700132358, Makerere University

Background and rationale for the study:
This research is justified by its potential to enhance access to HIV medications, inform policy, improve program implementation, and ultimately contribute to better health outcomes for individuals living with HIV in Kampala City, Uganda. By addressing the barriers to participation and assessing the readiness for enrollment of community retail pharmacies in Kampala City, Uganda, the study aims to create a more effective and inclusive approach to HIV cares in the community.

Sponsor of the study
The study will be self-sponsored.

Purpose:
To determine the readiness and factors influencing community pharmacies participation in the HIV Focused Community Retail Pharmacy Drug Distribution Point (CRPDDP) Program in Kampala City, Uganda.

Procedures:
I will get the list of pharmacies from the National Drug Authority register, the research assistants will then move to the community retail pharmacies with a questionnaire to interview the managers, owners and dispensers depending on the one found in the premises. Considering that I want to capture the readiness and factors for participation of all community retail pharmacies in Kampala City, Uganda, I will opt for a census or a complete enumeration approach rather than sampling. This means I will aim to include all pharmacies in the study.

Who will participate in the study?
The study will involve the community retail pharmacies in Kampala city. Each will be interviewed for a duration of 30 minutes.

Risks/Discomforts:
The study will have minimum risks like the study participants sitting for long time during the interview.
The participants will not be harmed because they will only be required to answer questionnaire about the program which is well known to them.

Benefits:
The study aims to create awareness on the number of community retail pharmacies ready to take on the program, the factors which would favor their enrollment and the barriers that may limit their participation in the program.

Confidentiality:
Confidentiality will be maintained throughout the research process, with all data anonymized before analysis.

The local Research Ethics Committee (REC) and Uganda National Council for Science and Technology (UNCST) will have access to private information of this study.

Compensation for participation in the study:
Each study participant will be given a total amount of UGX 10,000/= to appreciate them for the participation in the study.

Questions about the study:
The study participants will contact Mbaziira Umar (principal investigator) on 0700132358, for any inquiries.

Questions about participants rights:
The questions about the participants welfare and rights will be answered by the MAKCHSIRB Ag Chairperson Dr. Kalidi Rajab on Tel No. 0776798978.

Statement of voluntariness:
Pparticipation in thisis study is voluntary and participants may join on their own free will. Participants also have a right to withdraw from the study at any time without penalty.

Dissemination of results:
Findings from the research will be disseminated to key stakeholders in Kampala City, Uganda, including Makerere University College of Health Science Department, Institutional Review Board (IRB) of Makerere University, community retail pharmacies of Kampala City, Uganda, program coordinators, and policymakers.
A final report will be published and shared with the wider public health community to inform future interventions and programs aimed at increasing participation in the CRPDDP program.

Ethical approval:
The research proposal will be submitted to the Institution Review Board (IRB) of school of Health Sciences and Research Ethics Committee (REC) for approval to carry out the study.
Consent:

Consent will be obtained from the study participants after briefing them and making sure they have understood the purpose of the study then a signature will be attached as a confirmation.

STATEMENT OF CONSENT.

..... Has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand that my decision to participate in this study will not alter my usual medical care. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Name.....Signature/thumb print of research participant.....
Date.....

Name.....Signature of interviewer/Person obtaining informed consent
..... Date.....

NOTE: Do not sign this consent form if it does not have an IRB approval stamp or if the date has lapsed

MAKERERE UNIVERSITY
SCHOOL OF HEALTH SCIENCES
APPROVED
VALID UNTIL
07 APR 2026
RESEARCH & ETHICS COMMITTEE
P. O. BOX 7072, KAMPALA