Informed consent form for public health facilities

Title : IMPACT OF ELECTRONIC LOGISTICS MANAGEMENT INFORMATION SYSTEM (eLMIS) ADOPTION AND UTILIZATION ON SUPPLY CHAIN PERFORMANCE IN GREATER KAMPALA METROPOLITAN AREA PUBLIC HEALTH FACILITIES.

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Background and rationale for the study:

This study examines Uganda's challenges in implementing eLMIS for health supply chains, contrasting with successful adoptions in Ghana and Tanzania. It aims to assess eLMIS impact on supply chain performance and identify barriers like insufficient training that prevent effective utilization in Uganda's public health facilities.

Sponsors of the Research Project:

This research project is self-sponsored by the investigator, Kaddu Mark, who is committed to advancing knowledge in pharmaceuticals and health supplies management.

Purpose:

The purpose of this study is to investigate the impact of Electronic Logistics Management Information Systems (eLMIS) adoption on the performance of health supply chains in public health facilities of Greater Kampala Metropolitan Area.

Procedures:

Participants in this study will be involved in a straightforward process aimed at gathering their insights on the use of eLMIS in public health facilities. After providing informed consent, participants will take part in answering a checklist that will take approximately 60-90 minutes.

Who will participate in the study:

The study will involve healthcare professionals and staff from government-run public health facilities in Uganda, specifically those engaged with eLMIS. Approximately 75 participants or more are expected. Each participant will be active in the study for about 60 to 90 minutes.

Risks/Discomforts:

Participants in this study may experience minimal risks or discomforts, such as fatigue from completing surveys or interviews.

Benefits:

Improvements in health supply chain management through better understanding and utilization of eLMIS. The broader community will benefit from improved healthcare delivery and reduced stock-outs, while the scientific world will gain valuable data on the challenges and successes of eLMIS adoption in resource-constrained settings, informing future research and policy decisions.

Confidentiality:

To maintain participant privacy during the study, all personal information will be kept confidential and securely stored on password protected tablets and a laptop, with access limited to the research investigator.

Compensation for participation in the study:

Participants in this study will receive direct compensation for their involvement in the study of ten thousand Uganda shillings.

Questions about the study:

If you have any questions, problems, or complaints about the research, call Kaddu Mark the principal investigator on +256782239258/ +256 704924143 during working hours 8am to 5pm.

Questions about participants rights:

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

Statement of voluntariness:

Participation in the proposed study is entirely voluntary, and individuals may choose to join based on their own free will. Participants have the right to withdraw from the study at any time without facing any penalties or negative consequences.

Dissemination of results:

Research participants will receive feedback on the findings and progress of the study, ensuring they are informed about any new information that may affect the study. The findings of this study will be shared with the pharmacy department, Makerere university College of Health Sciences School of Medicine Research and Ethics Committee (SOM-REC), Institutional Review Board (IRB) of Makerere University and the Makerere Library.

Ethical approval:

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

Consent:

STATEMENT OF CONSENT

..... has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. 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

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SCHOOL OF HEALTH SCIENCES
APPROVED
VALID UNTIL
★ 24 MAR 2026 ★
RESEARCH & ETHICS COMMITTEE
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