Information sheet and informed voluntary consent form for drug providers

1. Introduction

Hello, how are you? My name is _____. I collect data for a study led by Dumessa Edessa (as principal investigator) and Drs. Fekede Asefa, Girmaye Dinsa, and Lemessa Oljira (as co-investigators). They are staff members of the Haramaya University's College of Health and Medical Sciences. I respectfully ask your attention so that I can explain the study and your selection as a study participant.

2. Study title

Drug providers' perspectives on antibiotic access and use in Harar and Haramaya areas, eastern Ethiopia.

3. Purpose/aim of the study

The findings of this study will provide insight into drug providers' viewpoints on antibiotic access and usage practices in the setting. The study will focus on antibiotic medications, dispensing processes, client behavior with these medications, regulatory challenges, and resistance concerns. The study will also explore the obstacles and consequences of adhering to antibiotic dispensing restrictions.

4. Procedure and duration

I will interview you about your perspectives on antibiotic access and use practices in the setting using a semi-structured interview guide to collect relevant data for the study question. There are 27 open-ended questions to answer, and I will record the panel while taking notes. The in-depth interview will last around 50-70 minutes. So, please spare me this time for the interview.

5. Risk and benefit of the study

Participating in this study has very little risk, but it will take a few minutes of your time. Participation in this study would not result in any direct monetary compensation. However, the findings of this study may be useful to local health planners and decision-makers who work for the public benefit.

6. Confidentiality

We will keep any information you provide confidential. There will be no personally identifiable information. The study's findings will be general and will not be specific to any of the participants.

The interview will be coded to protect your identity, and the results will remain anonymous. There will be no references in oral or written reports that could link participants to the study.

7. Rights of participants

Participation in this study is entirely voluntary. You can choose to participate or not. If you agree to participate, you may withdraw from the study at any time without losing any benefits to which you are otherwise entitled. You are not obligated to answer any questions you do not desire to answer.

8. Contact address

For any confusion concerning the study you can contact us by the following address. Principal investigator: Dumessa Edessa (PI); mobile phone: +251911824236; E-mail: dumessa.edessa@haramaya.edu.et and Institutional Health Research Ethics Review Committee (IHRERC): Office phone: 025-466-20-11 or P.O.BOX: 235, Harar.

9. Declaration of informed voluntary consent

I reviewed the informed and voluntary information form prepared for the participant. I clearly understand the research's objectives, procedures, risks and benefits, confidentiality concerns, participant rights, and contact information in case I have any questions. I was allowed to ask clarifying questions on previously unclear items. I was informed that I had the right to withdraw from the study at any time and not answer any questions that I did not choose to answer. As a result, I willingly consent to participate in this study and enter my initials (signature) here.

Name and signature of participant: _____ Date: _____

Name and signature of data collector: _____ Date: _____