

WRITTEN INDIVIDUAL HEALTH WORKER CONSENT FORM

Project Title	<i>Health Systems Strengthening Project Impact Evaluation</i>
Purpose of the study	<i>This research is being conducted by Kenneth Leonard at the University of Maryland, College Park. We are inviting you to participate in this research project because we are doing research on people who work in hospitals that are part of the Health Systems Strengthening Project. The purpose of this research project is to understand better the current condition of health services in your hospital.</i>
Procedures	<i>Over the next few days we will ask to observe your activities with patients and, when there is time, we will ask you to participate in case study simulations and answer some questions that gauge your knowledge of certain procedures.</i>
Potential risks and discomforts	<i>There are no risks associated with this research. We are not asking you to do anything different than what you would normally do in your job. The information we collect about you will be kept confidential and will not be shared with your employer.</i>
Potential benefits	<i>There are no direct benefits from participating in this research. However, this research is designed to help us understand the benefits of the Health Systems Strengthening Project to the Liberian Health Sector. We hope that, in the future, other people might benefit from this study through improved understanding of the health system in Liberia.</i>
Confidentiality	<i>Participants will be given an ID number for all collected data so that no personally identifying information will be directly linked to survey responses. Any potential loss of confidentiality will be minimized by storing data in a password protected computer. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. We will report results about what we have seen in the whole study, but no one will have access to information about you. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i>
Medical Treatment	<i>The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.</i>
Compensation	<i>There will be no monetary compensation for participating in the research study.</i>
Right to withdraw and questions	<i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating</i>

	<p><i>at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</i> Kenneth Leonard University of Maryland College Park, 2200 Symons Hall, E-mail: kleonard@arec.umd.edu Telephone: 301-405-1293</p>	
Participant Rights	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;">University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Consent	<p><i>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.</i></p> <p><i>If you agree to participate, please sign your name below.</i></p>	
Signature and Date	NAME OF PARTICIPANT [Please print]	
	SIGNATURE OF PARTICIPANT	
	DATE	<p style="text-align: center;">__ / __ / ____ DD/MM/YYYY</p>