



MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
RESEARCH ETHICS COMMITTEE

P.O. Box 1410 Mbarara, Tel: +256-48-543-3795, Fax: +256-48-542-0782  
E-mail: irc@must.ac.ug, mustirb@gmail.com

INFORMED CONSENT FORM FOR SCHOOL ADMINISTRATORS

This document outlines the research study and expectations for potential participants. It should be written in layman terms and typed on MUST-REC letterhead.

**Instructions**

1. The wording of this document should be directed to the potential participant not MUST-REC.
2. If a technical term must be used, then define it the first time it is used and any acronyms or abbreviations used should be spelled out the first time they are used.
3. All the sections of this document must be completed without any editing or deletions.
4. Please use a typing font that is easily distinguishable from the questions of this form. Preferably the font size should be 12.

**Study title** – This should be the same as on all other documents related to the study.

**Safe water access and associated factors among households in Bunyangabu district**

**Principal Investigator:**

Twasiima John

**INTRODUCTION**

**What you should know about this study:**

- You are being asked to join a research study.
- This consent form explains the research study and your part in the study.
- Please read it carefully and take as much time as you need.
- You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

**Brief background of the study**

Globally, about 750 million people lack access to basic drinking water services which can significantly affects their health and well-being (WHO 2019). On a global scale, access to safely managed drinking water services has improved over recent years. However, the burden of unsafe water is still disproportionately higher in low and middle-income countries, particularly countries in sub-Saharan Africa. This study being done to determine Safe water access and associated factors among households in Bunyangabu district

Leave blank for REC office only	<b>REC OFFICE USE ONLY:</b> APPROVAL DATE: 22/03/2024 APPROVED CONSENT IRB VERSION NUMBER: 2024-02-04 PI NAME: John Twasiima IRB NO: MUST - 2024-1868
<b>MUST-REC Stamp:</b> 	

### **Purpose of the research project:**

Data obtained from this study will be used to inform the policy makers on the best approach to employ so as to improve Safe water access among households in Bunyangabu district. You are one of the 296 respondents selected to participate in this study and therefore I request for your support.

### **Why you are being asked to participate:**

You are one of the House hold heads randomly selected to take part in the study. Your house hold is one of the those selected randomly from all Households in Bunyangabu district

### **Procedures:**

You will be interviewed by use of a questionnaire after accepting to participate in this study. You will be assigned with a unique identification number for this study which will be used to identify you instead of your names. The interviewer will read questions and you will be required to answer all questions appropriately. After the interview, the information will be entered in the computer which is protected by a password where it will be analyzed and later the results presented to the relevant authorities without disclosing the identity of the participant.

### **Risks / discomforts:**

The study will not pose any risk to you but you may not be comfortable answering some questions, in that case, feel free to inform the interviewer about that and it will be left out.

### **Benefits:**

The study will help you know the safe water access and associated factors to safe water access among households and the relevant advice will be given in case the Level of access to safe water is low.

### **Incentives / rewards for participating**

There are no incentives or rewards for participating in this study. Your participation is voluntary and no payment will be made for the time spent.

### **Protecting data confidentiality:**

The interview will be made from a convenient place selected within your Household where an interview can be done with privacy. To maintain confidentiality households number and study

Leave blank for REC office only:	REC OFFICE USE ONLY: APPROVAL DATE: 22/03/2024
MUST-REC Stamp:	APPROVED CONSENT IRB VERSION NUMBER: 2024-02-01 PI NAME: John Twaslima IRB NO: MUST-2024-1368
	

number will be used for your identification but not names. The data will always be locked in a cupboard and it will not be accessed by anybody who is not part of the study team.

#### **Right to refuse / withdraw:**

Participation in this study is purely voluntary and therefore you have a right to accept or not. If you accept to participate you have a right to withdraw from the study at any time as you wish. This will not affect you in any way as there is no penalty attached to it.

#### **What happens if you leave the study?**

If you lose interest in continuing to participate into the study, you are free to withdraw at any time and it will not make you lose benefits you are entitled to in the community.

#### **Whom do you ask/call if you have questions or a problem?**

##### **Contact:**

Twasiima John  
TEL +256-772606930

Email: twasiimajohn@gmail.com

##### **Principle investigator**

Or

Assoc. Prof. Paul Alele  
Chairman, Mbarara University of Science and Technology- Research and Ethics Committee  
P.O Box 1410, Mbarara  
Tel: 0773573372

#### **What does your signature (or thumbprint/mark) on this consent form mean?**

Your signature on this form means.

- You have been informed about this study's purpose, procedures, possible benefits and risks.
- You have been given the chance to ask questions before you sign.
- You have voluntarily agreed to be in this study.

<p>Leave blank for REC office only</p> <p><b>MUST-REC Stamp:</b></p> 	<p><b>REC OFFICE USE ONLY:</b></p> <p>APPROVAL DATE: 22/03/2024</p> <p>APPROVED CONSENT IRB VERSION</p> <p>NUMBER: 2024-02-04</p> <p>PI NAME: John Twasiima</p> <p>IRB NO: MWSST-2024-1368</p>
--	--

For adults

Name of the adult

Signature

Date

Time

Print name of person obtaining  
Consent

Signature

Date

Time

Leave blank for REC Office use

MUST-REC Stamp:



REC OFFICE USE ONLY

APPROVAL DATE: 22/03/2024

APPROVED CONSENT IRB VERNON

NUMBER: 2024-02-04

PI NAME: John Thompson

IRB NO: MUST-2024-1868