

Informed Consent Form for Health Facility Survey

Name of Principal Investigator: Dr. Lungten Z Wangchuk

Name of Organization: Ministry of Health, Bhutan

Name of Sponsor: Ministry of Health/World Bank

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the research with you)**
- **Certificate of Consent (for signatures if you agree to take part)**

You will be given a copy of the full Informed Consent Form

PART I: Information Sheet

Purpose of the research

Health Ministry has made efforts to provide standard facilities and care for STI/HIV prevention, diagnosis and care for people of Bhutan through the World Bank support. Now we would like to see how far we have reached in doing so and how can we improve further based on the information we get through this study.

Type of Research Intervention

This study will involve you to respond to the set of questionnaire, which will take around 1 hour time to complete.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, it will not effect your job status or lead to any adverse reaction from your bosses. You may choose to withdraw from participating at any time in the course of the interview.

Benefits

You will not be paid for participating in this study. However, your participation in this study will be very useful for the Ministry to improve facilities and services in the future.

Confidentiality

We assure you that all the information you provide will be kept strictly confidential and anonymous. It will be used to produce report by the researcher and in no way your name will be linked to the report or any information you provide.

Should you have any problems or more queries regarding this study, please contact Dr. Lungten Zangmo Wangchuk, Head, Research and Epidemiology Unit, Ministry of Health, Thimphu, Bhutan at telephone number 975-02-323737.

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Name of Participant _____

Signature of Participant _____

Date _____
Day/month/year