**Annex 8 - Altered Consent Form - Time, Place and Treatment Take-up Text Messages**

**Introduction**

We are offering to send you text (SMS) messages providing information about a deworming program that will be introduced in your area. We are offering this service to 15 people in your community.

The purpose of this consent form is to give you information that might help you to decide whether you would like to participate in the study and receive free text message notifications about the location and times when free deworming treatment will be available.

**Purpose of Study**

We are offering this service to evaluate whether text messages are useful and informative to community members.

**Procedures to be Followed**

If you agree to participate we will send you four text messages over a period of two weeks. The text messages will tell you where free deworming treatment is available and what days treatment will be offered. They will also tell you what proportion of people in your community/neighborhood who have already received deworming treatment. This service will not cost you anything, and you will not be expected to reply to the messages, or do anything else. You may also ask at any time to stop receiving such messages from us. This survey will take about 10 minutes.

**Benefits**

In the long run we hope that you and your community members will have better health as a majority of the targeted community members will be reached during MDA and the intestinal worms will be eliminated. Whether you decide to sign up to receive messages or not will have no impact on the level of treatment available to you, your family, or your community.

**Risks**

There is no realistic risk to you from receiving text messages. As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

**Assurance of Confidentiality**

Your decision to receive our text messages will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used. No personally identifiable information will be shared with any governmental or nongovernmental organization. To minimize the risks to confidentiality, all devices on which we collect information will be password protected. Only the research team at evidence action will have access to surveys. You will receive a copy of the consent form.

**Storage of Data**

The data will be stored in secure cabinets and password protected computers and mobile devices. Data will only be accessible to the investigators.

**Right to Refuse or Withdraw**

It is important that you understand the following general principles that will apply to all participants in the study:

1. Participation in research is completely voluntary.

2. Your choice whether to participate will have no impact on the treatment or benefit available to you , your family, or your community.

3. You may withdraw from this study at any time without penalty or loss of benefits.

Please feel free to ask any questions that you may have. **Do you agree to participate?**

I acknowledge that this consent form has been fully explained to me in a language that I understand and had the opportunity to ask questions which have been answered to my satisfaction. I agree voluntarily to participate in this study and understand that I have the right to withdraw at any time without penalty.

Participant's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's signature or thumbprint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study No.: KEMRI/SERU**

Name of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: Questions about research

If you have any questions about this study, you may contact Doris W. Njomo at the Kenya

Medical Research Institute, Nairobi Tel; 2722541 during the study and in the future. If you have

concerns about human rights, ethics and welfare issues you may contact the Secretary of the KEMRI. Scientific and Ethics Review Unit; Tel; 020-722541, mobile; 0717 719477 or email [seru@kemri.org](mailto:seru@kemri.org). The research is being led by Karim Naguib and Anne Karing, and Supervised by Ted Miguel from the UC Berkeley in the United States of America.