

### **ANNEX 3 – Consent interventions- English**

STUDY TITLE: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

Principal Investigator: Clair Null

**Organization:** Innovations for Poverty Action, Kenya

#### **Purpose of the Research, Why you are being invited, and what is expected if you participate**

Hello. How are you? I am (name) from Innovations for Poverty Action (IPA), a research based organization, in Kisumu with offices in Kakamega/Bungoma.

You may remember that we visited your household 2-3 months ago.

#### ***[Water interventions households only];***

We are interested in conducting research on how water treatment interventions affect the health and development of young children. Through this research we want to learn about the direct health benefit of water treatment interventions. You were asked to participate in this study because you have a young child in your household. We hope you will agree to continue to participate in the study. Your community will receive chlorine dispensers that are available to the whole community.

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each.

#### **Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

#### ***[Hygiene interventions households only];***

We are interested in conducting research on how hygiene interventions affect the health and development of young children. Through this research we want to learn about the direct health benefit of hygiene intervention. You were asked to participate in this study because you have a young child in your household. We hope you will agree to continue to participate in the study. If you choose to continue to participate in this study, you will be provided with two tippy-taps for handwashing.

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each

#### **Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

***[Sanitation interventions households only];***

We are interested in conducting research on how simple sanitation interventions affect the health development of young children. Through this research we want to learn about the direct health benefit of sanitation intervention. You are being asked to participate in this study because you have a young child in your household. We hope you will agree to continue to participate in the study. You will receive a pit latrine if your compound does not already have access to one. If you already have access to a latrine, then a plastic slab will be installed on the floor. You may be asked to make improvements on the latrine floor before a slab is installed if it is determined that the floor is not in good condition for slab installation. You will also be provided with a kipupuu (a dedicated feces removal device), a potty for potty training.

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each

**Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

***[Nutrition interventions households only];***

We are interested in conducting research on how supplemental feeding of young children affects their health and development. Through this research we want to learn about the direct health benefit of nutrition supplements. You were asked to participate in this study because you have a young child in your household. We hope you will agree to continue to participate in the study. If you choose to participate in this study, you will be provided with a dietary supplement to feed your child two times a day, starting when your child reaches 6 months of age. This is a vitamin and mineral supplement made using groundnut and milk. Someone will deliver the supplements each month. Enrolled children will consume 2 sachets of supplement each day mixed in with their prepared food. Feeding your child the supplements should take no more time than it does to feed your child without the supplements.

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each.

**Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

The nutritional supplement that will be used in this study is similar to supplements that have been tested in Malawi, Ghana, and Burkina Faso, and no adverse health effects were reported in those studies. We will ask you to let us know immediately if your child develops any

reactions to the product (such as vomiting, rash, stomach pain, breathing problems with wheezing) after your child eats the supplement. Your child might experience health benefits from eating the nutritional supplements or using the other supplies that we will provide you. In the long term, the results of this study could benefit other children in Kenya and elsewhere by helping us understand the effects of providing nutrient supplements

***[Water, Sanitation, and hygiene interventions households only];***

We are interested in conducting research on how handwashing, sanitation, and water treatment interventions affect the health and development of young children. If you choose to participate in this study, you will receive a pit latrine if your compound does not already have access to one. If you already have access to a latrine, then a plastic slab will be installed on the latrine floor. You may be asked to make improvements on the latrine floor before a slab is installed if it is determined that the floor is not in good condition for slab installation. You will also be provided with a kipupuu (a dedicated feces removal device), a potty for potty training and two tippy taps for handwashing. In addition, your community will receive chlorine dispensers that are available to the whole community.

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each.

**Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

***[Water, sanitation, hygiene and nutrition interventions households only];***

We are interested in conducting research on how handwashing, sanitation, water treatment, and nutritional supplement interventions affect the health and development of young children. If you choose to participate in this study, you will receive a pit latrine if your compound does not already have access to one. If you already have access to a latrine, then a plastic slab will be installed on the latrine floor. You may be asked to make improvements on the latrine floor before a slab is installed if it is determined that the floor is not in good condition for slab installation. You will also be provided with a kipupuu (a dedicated feces removal device), a potty for potty training and two tippy taps for handwashing. In addition, your community will receive chlorine dispensers that are available to the whole community. You will also be provided with a dietary supplement to feed your child two times a day, starting when your child reaches 6 months of age. This is a vitamin and mineral supplement made using groundnut and milk. Someone will deliver the supplements each month. Enrolled children will consume 2 sachets of supplement each day mixed in with their prepared food. Feeding your child the supplements should take no more time than it does to feed your child without the supplements.

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each.

## **Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

The nutritional supplement that will be used in this study is similar to supplements that have been tested in Malawi, Ghana, and Burkina Faso, and no adverse health effects were reported in those studies. We will ask you to let us know immediately if your child develops any reactions to the product (such as vomiting, rash, stomach pain, breathing problems with wheezing) after your child eats the supplement. Your child might experience health benefits from eating the nutritional supplements or using the other supplies that we will provide you. In the long term, the results of this study could benefit other children in Kenya and elsewhere by helping us understand the effects of providing nutrient supplements

### ***[Active control interventions households only];***

Someone from the research project who is from your community will visit you once each month to check on your supplies, ask you some questions, and measure your child's arm circumference. These visits will not take more than an hour each.

## **Risks and Benefits**

There are no major risks involved in this study. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

## **Rights of Participants, Confidentiality**

Your participation is voluntary and you do not have to participate. You do not need to talk to me if you do not want to. And if there is any question you do not want to answer, that will be fine. You can withdraw from the study at any time, even in the middle of an interview.

As a reminder, I will keep everything that you tell me entirely private and confidential, and will not talk to other people about what you have said. I will also keep you and your family's names confidential, and not tell anyone that you have talked to me. Your answers will in no way affect the assistance that IPA may provide to your community or your family. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time. If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town.

I will give you the phone number for IPA. If you "flash"<sup>1</sup> someone will call you back

**If you have additional questions about your rights as a research subject , you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003**

**Compensation**

You need not pay us to take part in this study, and similarly we will not pay you money for participating in this study.

**Persons to contact:**

If you have any question, you can ask me any time.

If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town **(0728716661)**. If you “flash”<sup>2</sup> them they will call you back.

If you agree to participate, please say so now, and indicate that by putting your signature or your left thumb impression at the specified space below.

Consent to enroll into the study: YES \_\_\_\_\_ NO \_\_\_\_\_

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Signature or left thumb impression of Participant

Date

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<sup>2</sup> “Flashing” is a common practice in Kenya when the caller does not want to bear the cost of the call – by dialing and letting the phone ring only once so that the number registers on the recipient’s line. IPA can then return the call without costing the subject anything.

## **Annex 5- Consent –EE- Parasite - English**

Permission form for environmental enteropathy, parasitic assessment, and breastmilk collection

Study Title: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

Principal Investigator's name: Clair Null

Organization: Innovations for Poverty Action, Kenya

### **Purpose of the research**

Hello. How are you? I am (name) from Innovations for Poverty Action (IPA), the non-governmental development organization, in Kisumu with offices in Kakamega/Bungoma Town.

We are conducting research on diarrheal diseases and through this particular study we want to learn about the health impact of diarrheal diseases in children. We are interested in learning if the exposure of a child to diarrheal disease has long-term effects. We are interested in learning how certain foods, nutrition, or life experiences in general may interact with diarrhea or other illnesses.

We are also doing research on factors children inherit from their parents that affect the way they fight serious illnesses in this community, such as malaria. Children inherit many things from their parents and grandparents. Most people know about physical characteristics, like height. But children can also inherit factors from their parents that make them stronger or weaker than others at fighting particular illnesses. Finding these inherited factors will help scientists to develop new drugs and vaccines for these illnesses.

### **Why are we inviting you to participate in the study?**

We are interested in enrolling your household because we collected information on your household earlier and we are interested in conducting additional testing to evaluate your child's stool for markers of infections, such as worms. We are interested in evaluating your child's blood, stool, saliva, hair and urine for markers of nutritional status, infections, and health. We are also interested in evaluating your blood, saliva, hair, and urine for markers of infections, stress and health. We also want to get an idea of how much the contents in breastmilk may contribute to child growth and development.

### **What is expected from the participants of the research study?**

Participation in this component of the study will involve three two-day visits over a time period of two years. To achieve the aim of the project we will collect a blood, stool, and urine sample from your child on each of the three visits. With your permission, we might also collect 4 saliva samples and 3-4 strands of hair from your child and a urine sample, a blood sample, 4 saliva

samples, and 3-4 strands of hair from you on each of the three visits. From the blood sample, we will measure nutritional markers, indicators of factors children inherit from their parents, and we will be able to understand whether your child has been exposed to infection. The urine sample will help us understand whether there has been a long-term physical effect as a result of diarrhea. We will also collect a stool sample from your child with your help to measure parasite infections, such as worms. The blood, saliva, hair, and urine samples from you and your child will help us to understand the long-term physical effects of infections and stress.

We will also collect a small amount of your breastmilk if you are currently breastfeeding. This breastmilk will help us understand what sort of nutrients and immune properties your child is getting when they are fed your unique breastmilk. This information will be determined once we conduct tests in a laboratory.

If you agree to participate, a field research person will visit your household two consecutive days in a row for each of the three data collection events. On the first day of this activity, a field staff member will administer a short, 15-minute survey and deliver a stool collection kit and instruct you how to collect stool from your child. You will be instructed to collect your child's stool on the following morning, if the child defecates before the arrival of the field team, by having your child defecate on a sheet of provided aluminum foil or a diaper and by using a plastic scoop to collect a small amount of fresh stool from the top of the pile into a container. The field person will collect this container and the used diaper when they come to collect the other specimens. With your permission, we will also draw a small amount (5ml) of blood from your child on the first day. We might also collect a small amount (5ml) of blood from your vein. We might also collect 3 saliva samples each from both you and your child before, during, and after the blood draw. The field representative will also weigh the child using a scale, measure his/her height using a height board and head circumference and mid upper arm circumference using a tape measure and collect general health measures of blood pressure, sweat, and heart rate. The field representative will also weigh you, measure your height and mid upper arm circumference, blood pressure, sweat, and heart rate. The field representative will also cut and collect 3-4 strands of hair from you and your child. Total participation time on this day will be approximately 3 hours.

On the second day, we will ask you to collect your first urine sample of the morning immediately after you wake up. The main procedure will involve feeding your child sugar syrup and then collecting their urine sample over a period of 5 hours. You/the mother will be requested to not feed your child for at least one hour before we feed him/her the syrup. **During this fasting period, we will collect your child's urine for 1 hour by attaching the urine collection bag with a drainage tube (show sample) to the child.** We will also collect one additional saliva sample from you and your child. **We will then give a dose of the sugar syrup to the child and collect the urine for 5 hours.** We will ask you to encourage the child to breastfeed or drink water 30 minutes after taking the syrup to help urination. The field representative will remove the urine from the bag, whenever the child urinates. This collection will take place for 5 hours after which the bag will be removed from the child. During the 5-hour period of urine collection, you will be asked about foods and eating practices in your

household. You will also be asked about your personal life experiences and health. You will be asked about perceptions regarding social norms that may affect a child's health.

Also during the period of urine collection, a field research person who is visiting your household to take measurements on your child will also assist you in providing breastmilk as a biological sample. You will be instructed to hand express a small volume of milk into a plastic cup, from which the field researcher will properly store for later analyses.

### **Risks & Benefits**

There are no major risks involved in this study. The syrup is a natural sugar solution that tastes pleasant. The blood will be collected by a trained professional. Your child may feel some discomfort due to the presence of urine collection bag for 5 hours, and a little momentary pain during the blood draw. Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. You may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the discussion/interview/survey if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal. There is a slight risk of breach of confidentiality.

The small volume of breastmilk should not disturb your child's feeding pattern. You may experience a small amount of discomfort during expressing breastmilk. You will collect the breastmilk in the privacy of your own home.

The benefit of this study is that your child's participation will help us to gain knowledge on diarrheal disease in children.

### **Privacy, anonymity and confidentiality**

All data and specimens collected will be kept confidential as allowed by the law of this country.

Confidentiality of the data and test results will be strictly maintained. We will use the information only for the purpose of the study, and we will not use your name in sharing and publishing the results of this study.

### **Future use of information**

The information, along with some of the blood, urine, saliva, hair, stool, and breast milk collected will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how diarrheal diseases affect children's health. The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy. The blood, urine, saliva, hair, and stool



samples may also be shipped to other countries for analysis without further consent from you. The breast milk samples will be shipped to the United States for analysis. If you would rather not have your breast milk sample shipped outside of Kenya, please tell us and we will not collect this sample.

### **Right not to participate and withdraw**

Taking part in this part of the study is completely voluntary. You may choose not to allow your child to participate in these activities. You can stop participating in this study at any time, even in the middle of the sample/urine collection. You have the right to refuse participation in this study.

**If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003**

### **Compensation:**

You need not pay us to take part in this study, and similarly we will not pay you money for your participation in the study.

### **Persons to contact:**

If you have any question, you can ask me any time.

If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town (0728716661). If you “flash”<sup>3</sup> them they will call you back.

If you agree to allow your child to participate, please indicate that by checking the boxes of the activities that you will agree to and putting your signature or your left thumb impression at the specific space below.

**Urine Collection** ☐ **mother** ☐ **child**

**Venous Blood Collection** ☐ **mother** ☐ **child**

**Stool Collection** ☐ **child**

**Breastmilk sample collection** ☐ **mother**

**Saliva sample collection** ☐ **mother** ☐ **child**

**Hair sample collection** ☐ **mother** ☐ **child**

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<sup>3</sup> “Flashing” is a common practice in Kenya when the caller does not want to bear the cost of the call – by dialing and letting the phone ring only once so that the number registers on the recipient’s line. IPA can then return the call without costing the subject anything.

Opt-out

**Urine Long-term storage** ☐ mother ☐ child

**Venous Blood Long-term storage** ☐ mother ☐ child

**Stool Long-term storage** ☐ child

**Breastmilk sample Long-term storage** ☐ mother

**Saliva sample Long-term storage** ☐ mother ☐ child

**Hair sample Long-term storage** ☐ mother ☐ child

Thank you for your cooperation

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Signature or left thumb impression of Guardian

Date



Left thumb impression of Guardian

## **ANNEX 7-Consent- Household- Enrollment- English**

### **Innovations for Poverty Action, Kenya**

Consent form for household enrollment

Study Title: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

Principal Investigator: Clair Null

Organization: Innovations for Poverty Action, Kenya

### **Purpose of the Research, Why you are being invited, and what is expected if you participate**

Hello. How are you? I am (name) from Innovations for Poverty Action (IPA), a research based organization, in Kisumu with offices in Kakamega/Bungoma.

We are interested in conducting research on children's health to better understand how environmental factors might affect child growth and health. You are being asked to participate in this study because you are pregnant or you have a young child. We hope you will agree to participate in the study and enroll your child/future child into the study upon learning more details of participation.

The study will last for two years. Following your permission we will enroll this household into the study. It may then be assigned into a group that may receive handwashing supplies, water treatment supplies, sanitation supplies, or nutritional supplements for children under 24 months. If any of these supplies are provided, an IPA assistant will visit your compound and household to encourage their use. You and your household members or anyone else in your community cannot choose your group; you will be randomly assigned to a group through a lottery. It may be that even though the household is eligible, no interventions will be given. However, we hope that you will still participate for the knowledge this research will provide.

If your household decides to join the study, study representatives may visit your household 3 times (today, 12 months from now, and 24 months from now) to collect some information through interviews with the family members, observations and by taking some measurements. Participation in the study will take about 2.5 hours for each of the three visits. Initially, our study staff will collect some socio-demographic characteristics and information about your environment (e.g. compound) and household members interaction with it. Study staff may measure motor outcomes such as crawling, standing, and walking at enrollment and monthly during the study. They will also ask mothers or caregivers about their infant feeding practices, and whether the infant has been sick. The study representative will also measure and weigh your child.

During the study, only with your permission, we may audiotape, photograph, and videotape your child, your family and your environment during assessment visits. Some videotapes and

photographs (but not audiotapes) may be used in public presentations and on project websites. Your acceptance or refusal to these activities will not affect your consent to participate in the overall study.

## **Risks and Benefits**

There are no major risks involved in this study. The interventions that may be provided would aid in improving your environment and children's health. Some aspects of the interventions and data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

Your child might experience health benefits from growing up in a cleaner environment or receiving other interventions. In the long term, the results of this study could benefit other children in Kenya and elsewhere by helping us understand the effects of providing nutrient supplements alone or in combination with water, sanitation, and hygiene interventions.

## **Rights of Participants, Confidentiality**

Your participation is voluntary and you do not have to participate. You do not need to talk to me if you do not want to. And if there is any question you do not want to answer, that will be fine. You can withdraw from the study at any time, even in the middle of an interview.

If you do want to talk with me and participate in this study, I will keep everything that you tell me entirely private and confidential, and will not talk to other people about what you have said. I will also keep you and your family's names confidential, and not tell anyone that you have talked to me. Your answers will in no way affect what IPA may provide to your community or your family. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time. If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town. I will give you the phone number for IPA. If you "flash"<sup>4</sup> them they will call you back.

**If you have additional questions about your rights as a research subject , you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003**

## **Compensation**

You need not pay us to take part in this study, and similarly we will not pay you money for participating in this study. However, you will be able to keep the items that we give you.

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<sup>4</sup> "Flashing" is a common practice in Kenya when the caller does not want to bear the cost of the call – by dialing and letting the phone ring only once so that the number registers on the recipient's line. IPA can then return the call without costing the subject anything.

### **Person to Contact**

If you have any question, you can ask me any time.

If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town (0728716661). If you “flash”<sup>5</sup> them they will call you back.

If you agree to participate, please say so now, and indicate that by putting your signature or your left thumb impression at the specified space below.

Consent to enroll into the study: YES \_\_\_\_\_ NO \_\_\_\_\_

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Signature or left thumb impression of Participant

Date

### **Additional consent to photography**

During the study we would also like to be able to take photographs of your child, your family and your environment to use in presentations or reports at scientific meetings or to the general public.

Photographs may be taken during the study: YES \_\_\_\_\_ NO \_\_\_\_\_

### **Additional consent to videotaping**

During the study we would also like to be able to take videos of your child, your family and your environment to help us collect data. These videos will be used for research purposes only, and will not be shared outside of the research staff.

Photographs may be taken during the study: YES \_\_\_\_\_ NO \_\_\_\_\_

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<sup>5</sup> “Flashing” is a common practice in Kenya when the caller does not want to bear the cost of the call – by dialing and letting the phone ring only once so that the number registers on the recipient’s line. IPA can then return the call without costing the subject anything.

## **ANNEX-9 Consent-Parasite-Assessment- English**

Permission form for parasitic assessment only

Study Title: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

Principal Investigator's name: Clair Null

Organization: Innovations for Poverty Action, Kenya

### **Purpose of the research**

Hello. How are you? I am (name) from Innovations for Poverty Action (IPA), a research based organization, in Kisumu with offices in Kakamega/Bungoma.

We are conducting research on diarrheal diseases and through this particular study we want to learn about the health impact of diarrheal diseases in children. We are interested in learning if the exposure of a child to diarrheal disease has long term effects.

### **Why are we inviting you to participate in the study?**

We are interested in enrolling your household because we will be following the growth of a child that will be born into the compound. We want to get an idea of how much parasite infection children in this compound are exposed to.

### **What is expected from the participants of the research study?**

**Participation in this component of the study will only span 15-30min. We will collect some demographic information about your household, and we will also collect biological samples, including collecting a stool and blood sample from your child. The blood and stool samples will help us understand whether your child has been exposed to parasites and other pathogens by conducting tests in a laboratory.**

**[ONLY IF HOUSEHOLD IS INCLUDED IN FLY MEASUREMENT SUB-SAMPLE]  
We will also measure the presence of flies at your eating area and near your latrine. Measuring flies will help us understand how diseases may be transmitted in your compound.**

If you agree to participate, a field research person will visit your household up to two times for this purpose. On the day before the collection a field member will deliver a stool collection kit and instruct you how to collect stool from your child. You will be instructed to collect your child's stool on the following morning, if the child defecates before their arrival, by having your child defecate on a sheet of provided plastic and use a plastic scoop to collect a small amount of fresh stool from the top of the pile into a container. The field person will collect this container when they come to collect the other specimens.

The blood sample will be collected through a finger prick. The child will experience momentary pinch and a few drops of blood will be collected by our trained field staff.

**[ONLY IF HOUSEHOLD IS INCLUDED IN FLY MEASUREMENT SUB-SAMPLE]**

**We will also count the number of flies at your latrine and food preparation areas.**

**[only if hanging sticky tape]:**

**We will trap flies by hanging sticky fly tape in your compound out of reach of young children, and our team will come the following day to take down and dispose of the tape.**

**Risks & Benefits**

There are no major risks involved in this study. The blood drops will be collected by trained field staff. Your child may feel some momentary pain during the blood collection. There is also a slight risk of breach of confidentiality.

The benefit of this study is that you and your child's participation will help us to gain knowledge on diarrheal disease in children.

**Privacy, anonymity and confidentiality**

All data, results, and specimens collected will be kept confidential. We will use the information only for the purpose of the study, and we will not use your name in sharing and publishing the results of this study.

**Future use of information**

The blood and stool samples may be stored until the end of the study, so they can be analyzed in the lab at the same time. The information, along with some of the blood and stool collected will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how diarrheal diseases affect children's health, **and may include looking for particular genes (DNA) present in blood or stool. We are interested in learning if the exposure of a child to diarrheal disease has long-term effects and if certain genes in our body, made up of DNA, make some children more susceptible to malnutrition than others.** The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy. The samples may also be shipped to other countries for analysis without further consent from you.

**Right not to participate and withdraw**

Taking part in this part of the study is completely voluntary. You may choose not to allow your child to participate in this part of the study. You can drop out of these study activities at any time, even in the middle of the sample. You have the right to refuse participation in this study.

**If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722205901 or 0733400003.**

## Compensation

You need not pay us to take part in this study, and similarly we will not pay you money for attending in the study.

## Persons to contact:

If you have any question, you can ask me any time.

If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town **(0728716661)**. If you “flash”<sup>6</sup> them they will call you back.

If you agree to allow your child to participate, please indicate that by **checking the boxes of the activities that you will agree to** and putting your signature or your left thumb impression at the specific space below.

☐ **Finger Prick Blood Collection**

☐ **Stool Collection**

☐ **Fly Enumeration**

Thank you for your cooperation

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Signature of Guardian      Date



Left thumb impression of Guardian

Opt-out

☐ I do not want my own and my child’s blood and stool samples to be stored long term

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<sup>6</sup> “Flashing” is a common practice in Kenya when the caller does not want to bear the cost of the call – by dialing and letting the phone ring only once so that the number registers on the recipient’s line. IPA can then return the call without costing the subject anything.



## **ANNEX 13-WASH BENEFITS BACK-CHECKS SURVEY VERBAL CONSENT**

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

**Principal Investigator's name:** Clair Null

**Organization:** Innovations for Poverty Action, Kenya

Hello. My name is [name]. I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. You may remember that someone from our team visited your household to ask you some questions a few days ago. To assess your interaction with the interviewer, and to ensure that the interviewer conducted and recorded the interview in the right manner, I would like to ask you a few of the questions that he/she might have asked you. Kindly provide me with the same responses to the questions as you did when the interviewer was here a few days ago.

As a reminder, some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we do not anticipate any risks from participating in this survey. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. We will never identify you in any report, and we will not tell anyone that you have spoken with us. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

We would appreciate your assistance in completing our survey, but if there are any questions you do not want to answer, just let me know and we can skip to the next question. You are also free to end the survey completely at any time.

If you have any questions or concerns at a later time, you may speak with people in the IPA office in Kakamega/Bungoma Town (0728716661). If you “flash” them they will call you back.

If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003

The survey should take about 20 minutes to complete. Do you agree to participate?

**WAIT FOR VERBAL ACCEPTANCE OR DENIAL.  
INDICATE RESPONDENT'S PREFERENCE BELOW.**



**CONSENT TO PARTICIPATE IN RESEARCH  
WASH BENEFITS CLINIC SURVEY *VERBAL* CONSENT**

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

**Introduction**

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States . I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you are a patient at this health facility who was diagnosed with a waterborne or respiratory illness, or with malnutrition.]

**Purpose**

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are conducting research on diarrheal diseases, respiratory illness, and other conditions related to sanitation and water quality. One of the things we want to study is the link between these conditions and visits to health clinics, dispensaries, and hospitals.

**Procedures**

If you agree to be in this study, you will be asked to do the following: We are asking every patient at this health facility who is diagnosed with a waterborne or respiratory illness, or with malnutrition, to allow us to add some information from their case to our study record. You will be asked to answer a few questions dealing with your recent visits to health care facilities, your household, and any contact you may have had with our program in your village, and that you allow us to record your age, gender, village, and diagnosis in our record book. This will only take 2-3 minutes of your time.

**Study time:** Study participation will take a total of approximately 3 minutes over 1 visit

**Study location:** All study procedures will take place at the health facility we are currently at.

**Benefits**

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand which programs targeting water, sanitation, hygiene, and nutrition, if any, reduce the need for visits to health facilities. This study will have no treatment effect on your case.

**Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the survey, although you can discontinue the survey at any time.*

## Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

## Compensation/Payment

You will not be paid for taking part in this study.

## Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

## Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

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Participant's Name (*please print*)

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Date

## Annex 19 – Environmental Sampling Midline



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS ENVIRONMENTAL SAMPLING *VERBAL* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because we have worked with your family before as part of the Child Health study.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. *We want to better understand the types of contamination that children experience in the environment.*

#### Procedures

If you agree to be in this study, you will be asked to do the following:

Each of these activities should only take 10-15 minutes and will take place in your compound.

☐ **IF collecting child hand rinse:** We would like to take a rinse sample of your child's hands to understand what might be on your child's hands. To do this, we would like to wash your child's hands in a small bag of clean water. We will then take the water back for analysis at our lab in Kakamega/Bungoma.

☐ **IF collecting soil samples:** We would like to take a small sample of soil in one or more areas in your compound in order to understand how diseases may be transmitted within your compound through the environment. To do this we may ask you to identify the area where your child spends the most time playing. We will take these small samples of soil for analysis at our lab.

☐ **IF collecting stored food:** We would like to take a small sample of food that you have stored in your household to help us understand the types of contamination found in food. We will take a small sample of your food to return to our lab for analysis.

☐ **IF collecting fly assessment:** We would like to measure the presence of flies at your eating area and near your latrine. Measuring flies will help us understand how diseases may be transmitted in your compound. The flies will be observed and then counted. To count the flies we may hang sticky fly tape in your compound out of reach of young children. The tape will trap any flies in the area, and our team will visit your house the following day to take down and dispose of the trap.

☐ **IF collecting stored water:** We would like to collect a small sample of the stored water that you currently have in your home. We will ask you to provide a cup full of water as you usually would for your child, and then we will take this sample back to the lab for analysis.

☐ **IF collecting toy ball:** We will give your child/children a toy ball to play with as much as they want. When we visit your home tomorrow, we will wash the ball in water and take the rinse water back to our lab for analysis.

**Study time:** Study participation will take a total of approximately *10 minutes to 1 hour* over 1 visit

**Study location:** All study procedures will take place at your compound.

### **Benefits**

There is no direct benefit to you or your child anticipated from participating in this study but you will help us to understand the ways that children experience contamination in the environment.

### **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the environmental sampling, although you can discontinue the environmental sampling at any time.*
- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

### **Confidentiality**

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

**Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

**Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

**CONSENT**

If you wish to participate in this study, please say so.

You have been given a copy of this consent form.

**Wait for verbal acceptance or denial. Indicate respondents' preferences on the survey.**

## **ANNEX 25- Consent- Promoter Survey Visit 2- English**

### **Innovations for Poverty Action, Kenya**

Consent form for Promoter Survey

Study Title: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

Principal Investigator: Clair Null

Organization: Innovations for Poverty Action, Kenya

### **Purpose of the Research, Why you are being invited, and what is expected if you participate**

Hello. How are you? I am (name) from Innovations for Poverty Action (IPA), a research based organization, in Kisumu with offices in Kakamega/Bunguma.

We are interested in conducting research on children's health to better understand how environmental factors might affect child growth and health. We have previously selected your village for enrollment in the research study. You are being asked to participate in this survey today because you were selected by members of your community to be a promoter. We hope you will agree to participate in this survey upon learning more details of participation.

Today, we are collecting information about demographic characteristics and your perceptions about different topics such as your role in the community. If you decide to participate in this activity, I will speak to you today to collect some information, do some observations and take some measurements. Participation in this activity will take about 1 hour. Our staff will collect some information about your household and your environment.

### **Risks and Benefits**

There are minimal risks involved in this activity. Some aspects of the data collection activities might be uncomfortable or embarrassing for you to discuss. There is a slight risk of loss of confidentiality.

You will not benefit directly in this study. However, in the long term, the results of this study could benefit other children in Kenya and elsewhere by helping us understand how to improve child health.

### **Rights of Participants, Confidentiality**

Your participation is voluntary and you do not have to participate. You do not need to talk to me if you do not want to. And if there is any question you do not want to answer, that will be fine. You can withdraw from the activity at any time, even in the middle of an interview.

If you do want to talk with me and participate in this activity, I will keep everything that you tell me entirely private and confidential, and will not talk to other people about what you have said. I will also keep you and your family's names confidential, and not tell anyone that you

have talked to me. Your answers will in no way affect what IPA may provide to your community or your family. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time. If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town. I will give you the phone number for IPA. If you “flash”<sup>7</sup> them they will call you back.

**If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003**

### **Compensation**

You need not pay us to take part in this study, and similarly we will not pay you money for participating in this study.

### **Person to Contact**

If you have any question, you can ask me any time.

If you have any questions or comments about this study you can also speak with people in the IPA office in Kakamega/Bungoma Town (**0728716661**). If you “flash”<sup>1</sup> them, they will call you back.

If you agree to participate, please say so now, and indicate that by putting your signature or your left thumb impression at the specified space below.

Consent to enroll into the study: YES \_\_\_\_\_ NO \_\_\_\_\_

Signature or left thumb impression of Participant

Date

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<sup>7</sup> “Flashing” is a common practice in Kenya when the caller does not want to bear the cost of the call – by dialing and letting the phone ring only once so that the number registers on the recipient’s line. IPA can then return the call without costing the subject anything.



## Annex 27 – TippyTap Sensor Consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS TIPPY TAP SENSOR STUDY *VERBAL* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you have received a tippy-tap from IPA.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to learn about how people in your community keep your hands clean. To do this, we would like to put a small electronic device on your tippy tap handwashing station that will record each time it is used. We would like to use the information recorded by this device to better understand your habits and the way in which you use the tippy tap handwashing station on a daily basis. The device is small and should not get in your way or interfere with the way you use your tippy tap handwashing

#### Procedures

If you agree to be in this study, you will be asked to do the following: During our first visit, we will install a motion sensor in your tippy tap handwashing station, ask you some questions, and we may conduct observations of your handwashing practices. You would be able to keep using your tippy tap as normal during the period when the sensor is installed. This monitoring equipment will not affect the function of your tippy tap. Monitoring equipment should not be moved, cleaned or otherwise touched. Once we install the motion sensor, we may leave it on your tippy tap overnight for up to two weeks. We will return for a second visit to remove the sensor from your tippy-tap, We will also ask you a few questions regarding handwashing practices and latrine use when we return to collect the sensor. We may also return again later to install the sensors again for up to two weeks.

**Study time:** Study participation will take a total of approximately two hours over two visits. We will install the sensor at the first visit and remove them at the second visit. We may visit you again in the future for the same length of time and the same number of visits.

**Study location:** All study procedures will take place at your location.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand your habits and the way in which you use the tippy tap handwashing station on a daily basis.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the tippy-tap sensor study although you can discontinue participating with the tippy-tap sensor study at anytime.*

### **Confidentiality**

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects, at 510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

---

Person Obtaining Consent (*please print*)

---

Date

## Annex 28 – Uptake assessment consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS UPTAKE ASSESSMENT *VERBAL* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you were recently visited by a member of our team who asked some questions about your household.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to ensure that our research program adequately addresses these needs.

#### Procedures

If you agree to be in this study, you will be asked to do the following: To allow us to assess and improve our research program, we would like to ask you a few questions and make some observations of the items that were provided to you as part of the program. This will take place in your village. The survey should take about 30 minutes to complete.

**Study time:** Study participation will take a total of approximately 30 minutes over 1 visit

**Study location:** All study procedures will take place at your household.

#### Benefits

If you choose to answer these questions there will not be a direct benefit to you but you will help us to understand how we are implementing our research study.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the survey, although you can discontinue the survey at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

## Annex 32a – Verbal Autopsy Consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS VERBAL AUTOPSY *WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because a child under five who has died in your household within the past 3 years.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to better understand how these factors can affect child survival.

#### Procedures

If you agree to be in this study, you will be asked to do the following: We will first confirm that the child died within the past 3 years. We would then ask you some questions about the child's death to better understand the cause of the death. Participation in this activity will take about 45 minutes.

**Study time:** Study participation will take a total of approximately 45 minutes over 1 visit

**Study location:** All study procedures will take place at your household.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand if and how our research program can improve child survival in a way that could benefit other children in Kenya and elsewhere.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the verbal autopsy, although you can discontinue the verbal autopsy at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be stored in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### Compensation/Payment

You will not be paid for taking part in this study.

### Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print

## Annex 35a – Endline Census Consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS ENDLINE CENSUS *VERBAL* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you live in \_\_\_\_\_ village and we are visiting all households within this village.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to assess changes in population in your village in the past few years, as well as assess child survival in your village.

#### Procedures

If you agree to be in this study, you will be asked to do the following: We would like to record your compound name, the name, age, and gender of any children under five, and the location of your house. We would also like to ask about the status of all children under 5 who were living in the compound when we visited previously as well as any children born since that time. These questions would take 10-15 minutes of your time.

**Study time:** Study participation will take a total of approximately 10-15 minutes over 1 visit

**Study location:** All study procedures will take place at your compound.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand changes in population in this region in the past few years, as well as assess child survival.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the census, although you can discontinue the census at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be stored in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

#### **Compensation/Payment**

You will not be paid for taking part in this study.

#### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

#### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

#### **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

---

Participant's Name (*please print*)

---

Date



## Annex 36a – Maternal diet repeat recall consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS MATERNAL DIET REPEAT RECALL *WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you have recently been visited by our research team to describe the foods that you eat in detail.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are interested in learning if the foods that a mother eats have any effect on the health of her child.

#### Procedures

If you agree to be in this study, I will ask you a series of questions about what you ate yesterday.

**Study time:** Study participation will take a total of approximately 30 minutes over 1 visit (today).

**Study location:** All study procedures will take place at your home.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you, but you will help us to understand if the foods that a mother eats have any effect on the health of her child, which may benefit the community in the future.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the interview include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the interview, although you can discontinue the interview at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

- Your study data 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.
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects, at 510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print

## Annex 37a – Migrant intervention delivery consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS MIGRANT INTERVENTION DELIVERY WRITTEN CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you agreed to participate in our research project previously and you have moved to a new area. Even though you have moved, we would like to continue to learn about your child's health.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health.

#### Procedures

If you agree to be in this study, someone from the research project will visit you once a year to measure the growth of your child. These visits will not take more than an hour to an hour and a half each.

**Study time:** Study participation will take a total of approximately 1 to 1.5 hours for each visit. There maybe up to two visits.

**Study location:** All study procedures will take place at your location.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand the effects of nutrition and environmental factors the health and development of your child.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the activity include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in intervention delivery although you can discontinue the intervention delivery at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 38a – Migrant intervention delivery consent (hygiene arm)



### CONSENT TO PARTICIPATE IN RESEARCH

#### WASH BENEFITS MIGRANT INTERVENTION DELIVERY WRITTEN CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you agreed to participate in our research project previously and you have moved to a new area. Even though you have moved, we would like to continue to learn about your child's health..

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are conducting research on how handwashing interventions affect the health and development of young children.

#### Procedures

If you agree to be in this study, if there is space, you will be provided with two tippy taps for handwashing. Someone from the research project will visit you once a year to check on your supplies, inform you how to use the supplies, ask you some questions regarding your experience using the supplies, and measure the growth of your child. These visits will not take more than an hour to an hour and a half each.

**Study time:** Study participation will take a total of approximately 1 to 1.5 hours for each visit. There maybe up to two visits.

**Study location:** All study procedures will take place at your location.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand the effects of providing of different handwashing, sanitation, and water treatment interventions on the health and development children.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the activity include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.

- *Time lost while participating in intervention delivery, although you can discontinue the intervention delivery at anytime.*

### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be stored in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### Compensation/Payment

You will not be paid for taking part in this study.

### Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 39a – Migrant intervention delivery consent (sanitation arm)



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS MIGRANT INTERVENTION DELIVERY WRITTEN CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you agreed to participate in our research project previously and you have moved to a new area. Even though you have moved, we would like to continue to learn about your child's health..

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are conducting research on how sanitation interventions affect the health and development of young children.

#### Procedures

If you agree to be in this study, you will be provided with a kipupuu (a dedicated feces removal device) and a potty for potty training. Someone from the research project will visit you once a year to check on your supplies, inform you how to use the supplies, ask you some questions regarding your experience using the supplies, and measure the growth of your child. These visits will not take more than an hour to an hour and a half each.

**Study time:** Study participation will take a total of approximately 1 to 1.5 hours for each visit. There maybe up to two visits.

**Study location:** All study procedures will take place at your location.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand the effects of providing of different handwashing, sanitation, and water treatment interventions on the health and development of children.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the activity include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.

- *Time lost while participating in intervention delivery although you can discontinue the intervention delivery at anytime.*

### **Confidentiality**

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print



## Annex 40a – Migrant intervention delivery consent (water arm)



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS INTERVENTION DELIVERY WRITTEN CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you agreed to participate in our research project previously and you have moved to a new area. Even though you have moved, we would like to continue to learn about your child's health..

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are conducting research on how water treatment interventions affect the health and development of young children.

#### Procedures

If you agree to be in this study, you will be provided with bottled chlorine. Someone from the research project will visit you once a year to check on your supplies, inform you how to use the supplies, ask you some questions regarding your experience using the supplies, and measure the growth of your child. These visits will not take more than an hour to an hour and a half each.

**Study time:** Study participation will take a total of approximately 1 to 1.5 hours for each visit. There maybe up to two visits.

**Study location:** All study procedures will take place at your location.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand the effects of providing of different handwashing, sanitation, and water treatment interventions on the health and development children.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the activity include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in intervention delivery although you can discontinue the intervention delivery at anytime.*

## Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

## Compensation/Payment

You will not be paid for taking part in this study.

## Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

## Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print

## Annex 41a – Migrant intervention delivery consent (WASH & WASH+)



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS INTERVENTION DELIVERY WRITTEN CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you agreed to participate in our research project previously and you have moved to a new area. Even though you have moved, we would like to continue to learn about your child's health..

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are conducting research on how handwashing, sanitation, and water treatment interventions affect the health and development of young children.

#### Procedures

If you agree to be in this study, you will be provided with a kipupuu (a dedicated feces removal device), a potty for potty training, bottled chlorine and if there is space, two tippy taps for handwashing. Someone from the research project will visit you once a year to check on your supplies, inform you how to use the supplies, ask you some questions regarding your experience using the supplies, and measure the growth of your child. These visits will not take more than 1 hour to 1.5 hours each.

**Study time:** Study participation will take a total of approximately 1 to 1.5 hours for each visit. There maybe up to two visits.

**Study location:** All study procedures will take place at your location.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand the effects of providing of different handwashing, sanitation, and water treatment interventions on the health and development of your children.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.

- *Time lost while participating in intervention delivery, although you can discontinue the intervention delivery at anytime.*

### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### Compensation/Payment

You will not be paid for taking part in this study.

### Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print



**CONSENT TO PARTICIPATE IN RESEARCH  
WASH BENEFITS ENDLINE PARASITE ASSESSMENT *WRITTEN* CONSENT**

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

**Introduction**

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

Your child is being invited to participate in this activity because your compound agreed to participate in our research previously. We want to get an idea of how much parasite infection children in this compound are exposed to.

**Purpose**

The purpose of this activity is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are conducting research on diarrheal diseases and through this particular study we want to learn about the health impact of diarrheal diseases in children. We are interested in learning if the exposure of a child to diarrheal disease has long term effects.

**Procedures**

If you agree to be in this activity, you will be asked to do the following:

Participation in this component of the study will only span 15-30 min. We will collect some demographic information about your household, and we will also collect biological samples, including collecting a stool and blood sample from your child. The blood and stool samples will help us understand whether your child has been exposed to parasites and other pathogens by conducting tests in a laboratory.

If you agree to participate, a field research person will visit your household up to two times for this purpose. On the day before the collection a field member will deliver a stool collection kit and instruct you how to collect stool from your child. You will be instructed to collect your child's stool on the following morning, if your child defecates before their arrival, by having your child defecate on a sheet of provided aluminum foil and use a plastic scoop to collect a small amount of fresh stool from the top of the pile into a container. The field person will collect this container when they come to collect the other specimens.

The blood sample will be collected through a finger prick. Your child will experience momentary pinch and a few drops of blood will be collected by our trained field staff.

**Study time:** Study participation will take a total of approximately *15-30 minutes* over 2 visits

**Study location:** All study procedures will take place at or near your compound.

## **Benefits**

If you choose to participate there will not be a direct benefit to you or your child but you will help us to understand about the health impact of diarrheal diseases in children.

## **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- Time lost while participating in this activity, although you can discontinue the data or sample collection at any time.
- Momentary discomfort related to your child having a small needle prick their finger
- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

## **Confidentiality**

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

***Retaining research records:*** Your child's blood and stool samples will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how diarrheal diseases affect children's health. The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy as described previously. The samples may be shipped to other countries for analysis without further consent from you.

You have the right to refuse to allow your child's blood and stool samples to be stored long term for future studies.

## **Compensation/Payment**

You will not be paid for taking part in this study.

## **Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

## **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

**Please indicate your consent or non-consent by checking the boxes of the activities that you agree or disagree to participate in:**

YES ☐ NO ☐ **Stool Collection**

YES ☐ NO ☐ **Finger Prick Blood Collection**

Long Term Storage consent

Blood

☐ YES, I do want my child's **blood** samples to be stored long term

☐ NO, I do not want my child's **blood** samples to be stored long term

Stool

☐ YES, I do want my child's **stool** samples to be stored long term

☐ NO, I do not want my child's **stool** samples to be stored long term

Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 43a – Environmental Sampling Endline



### Annex 43a

## CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS ENDLINE ENVIRONMENTAL SAMPLING *VERBAL* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because we have worked with your family before as part of the Child Health study.

### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. *We want to better understand the types of contamination that children experience in the environment.*

### Procedures

If you agree to be in this study, you will be asked to do the following:

Each of these activities should only take 10-15 minutes and will take place in your compound.

☐ **IF collecting child hand rinse:** We would like to take a rinse sample of your child's hands to understand what might be on your child's hands. To do this, we would like to wash your child's hands in a small bag of clean water. We will then take the water back for analysis at our lab in Kakamega/Bungoma.

☐ **IF collecting mother hand rinse:** We would like to take a rinse sample of your hands to understand what might be on your hands. To do this, we would like to wash your hands in a small bag of clean water. We will then take the water back for analysis at our lab.

☐ **IF collecting soil samples:** We would like to take a small sample of soil in one or more areas in your compound in order to understand how diseases may be transmitted within your compound through the environment. To do this we may ask you to identify the area where your child spends the most time playing. We will take these small samples of soil for analysis at our lab.

☐ **IF collecting food:** We would like to take a small sample of food that you have stored in your household to help us understand the types of contamination found in food. We will rinse the food or take a sample of the food to return to our lab for analysis.

☐ **IF collecting fly assessment:** We would like to measure the presence of flies at your eating area and near your latrine. Measuring flies will help us understand how diseases may be transmitted in your compound. The flies will be observed and then counted. To count the flies we may hang sticky fly tape



in your compound out of reach of young children. The tape will trap any flies in the area, and our team will visit your house the following day to take down and dispose of the trap.

☐ **IF collecting stored water:** We would like to collect a small sample of the stored water that you currently have in your home. We will ask you to retrieve some water as you usually would for your child, and then we will take this sample back to the lab for analysis.

☐ **IF collecting toy ball:** We will give your child/children a toy ball to play with as much as they want. When we visit your home tomorrow, we will wash the ball in water and take the rinse water back to our lab for analysis.

**Study time:** Study participation will take a total of approximately *10 minutes to 1 hour* over 1 visit

**Study location:** All study procedures will take place at your compound.

### **Benefits**

There is no direct benefit to you or your child anticipated from participating in this study but you will help us to understand the ways that children experience contamination in the environment.

### **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the activity, although you can discontinue the activity at any time.*
- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

### **Confidentiality**

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be stored in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

**Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

**CONSENT**

If you wish to participate in this study, please say so.

You have been given a copy of this consent form.

**Wait for verbal acceptance or denial. Indicate respondents' preferences on the survey.**

## Annex 44a – Backchecks Midline Consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS BACKCHECKS MIDLINE SURVEY *VERBAL* CONSENT

**Study Title:** WASH Benefits – Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you were recently visited by a member of our team who asked some questions about your household.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to ensure that our research program adequately addresses these needs.

#### Procedures

If you agree to be in this study, you will be asked to do the following: To assess your interaction with the interviewer, and to ensure that the interviewer conducted and recorded the interview in the right manner, I would like to ask you a few of the questions that he/she might have asked you. Kindly provide me with the same responses to the questions as you did when the interviewer was here a few days ago. The survey should take about 30 minutes to complete.

**Study time:** Study participation will take a total of approximately 30 minutes over 1 visit

**Study location:** All study procedures will take place at your household.

#### Benefits

If you choose to answer these questions there will not be a direct benefit to you, but you will help us to understand how we are implementing our research study.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the survey, although you can discontinue the survey at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be stored in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

#### **Compensation/Payment**

You will not be paid for taking part in this study.

#### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

#### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

#### **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

## Annex 45a – Backchecks Endline Consent



### Annex 45 CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS BACKCHECKS ENDLINE SURVEY *VERBAL* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you were recently visited by a member of our team who asked some questions about your household.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to ensure that our research program adequately addresses these needs.

#### Procedures

If you agree to be in this study, you will be asked to do the following: To assess your interaction with the interviewer, and to ensure that the interviewer conducted and recorded the interview in the right manner, I would like to ask you a few of the questions that he/she might have asked you. Kindly provide me with the same responses to the questions as you did when the interviewer was here a few days ago. The survey should take about 30 minutes to complete.

**Study time:** Study participation will take a total of approximately 30 minutes over 1 visit

**Study location:** All study procedures will take place at your household.

#### Benefits

If you choose to answer these questions there will not be a direct benefit to you, but you will help us to understand how we are implementing our research study.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the survey, although you can discontinue the survey at anytime.*
- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

**Confidentiality**

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be stored in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

***Retaining research records:*** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

**Compensation/Payment**

You will not be paid for taking part in this study.

**Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

**Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

**CONSENT**

You have been given a copy of this consent form.

**Wait for verbal acceptance or denial. Indicate respondents preferences on the survey.**

## Annex 46a – FGD respondent consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS FOCUS GROUP DISCUSSION FOLLOW-UP *WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in. [SAY ONLY IF A NOTETAKER IS PRESENT] This is \_\_\_\_\_, and [she/he] is a note-taker.]

You are being invited to participate in this follow up focus group discussion portion of the study because your household/compound already agreed to take part in our research study. As part of that study someone from our team will ask a group of people who participated in the randomized control trial about your experiences working with the promoters in the study, using interventions and more generally participating in the study.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. I would like to have a discussion today about people's thoughts and opinions regarding the promoter, implementation of our program and handwashing and the tippy tap hardware, OR water treatment, OR sanitation OR a combination of the three. Over the past years, all of you have participated in our study. Your experiences, your thoughts and your opinions about this study are helpful to us. The information that you provide will help us improve programs in communities like yours. There are no right or wrong answers, so please feel free to be honest and open about your thoughts and opinions.

#### Procedures

If you agree to be in this study, you will be asked to do the following: To allow us to assess and improve our research program, we would like to ask you a few questions about the promoter, the implementation of our program and the interventions provided. This will take place in a group setting within your sub-location (a geographic unit that is not usually more than 7 KM wide). This discussion should take ~ 60-90 minutes to complete.

**[MODERATOR SAY]:** I would now like to review the structure of this discussion:

- We will only use first names in the discussion.
- You do not need to speak in order, but only one person should speak at a time. It is important that everyone be able to hear each other so that we can have a group discussion.
- I would like to hear from everyone. It is important that you share your ideas with the group. If you agree or disagree with what other people say, then please tell that to the group. Again, there is no right or wrong answer so it is okay to disagree with another group member.

- It is important that this is a true group discussion. Please talk to the whole group, not just to the person seated next to you.

I am here to facilitate the group discussion, but I am not an expert on the topic. I would just like to hear your thoughts and opinions on our topic of discussion.

**Study time:** Study participation will take a total of approximately 60-90 minutes per focus group discussion.

**Study location:** All study procedures will take place within your sub-location at a central location like a church or school.

### **Benefits**

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand how we are implementing our research study.

We will provide transportation reimbursement to reach the central location.

### **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the focus group, although you can discontinue the focus group at anytime.*

### **Confidentiality**

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.
- We ask that each of you agree to respect each other's privacy once outside of this discussion setting, by not revealing the names of the other group members or the content of our discussion together.
- I will be recording this discussion with a voice recorder. The recorder does not take any photos. [IF THERE IS A NOTE TAKER PRESENT SAY THE FOLLOWING: We have a note taker but he/she is only taking brief notes in case we need to remember a specific point.] The recording and notes are confidential and will not be shared with anyone outside of the research team.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.



**Compensation/Payment**

You will not be paid for taking part in this study. We will however provide transport reimbursement for reaching the focus group discussion venue and returning home.

**Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

**Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

**CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print

## Annex 47a – FGD promoter consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS PROMOTER FOCUS GROUP DISCUSSION FOLLOW-UP *WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in. [SAY ONLY IF A NOTETAKER IS PRESENT] This is \_\_\_\_\_, and [she/he] is a note-taker.]

You are being invited to participate in this follow up focus group discussion portion of the study because you are a promoter. As part of that study someone from our team will ask a group of people who are promoters about your experiences working with the other promoters, using interventions and more generally participating in the study.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. I would like to have a discussion today about people's thoughts and opinions regarding, implementation of our program and measuring your child, handwashing and the tippy tap hardware, OR water treatment, OR sanitation OR a combination of the three. Over the past years, all of you have participated in our study. Your experiences, your thoughts and your opinions about this study are helpful to us. The information that you provide will help us improve programs in communities like yours. There are no right or wrong answers, so please feel free to be honest and open about your thoughts and opinions.

#### Procedures

If you agree to be in this study, you will be asked to do the following: To allow us to assess and improve our research program, we would like to ask you a few questions about the, the implementation of our program and the interventions provided. This will take place in a group setting within your sub-location (a geographic unit that is not usually more than 7 KM wide). This discussion should take ~ 60-90 minutes to complete.

**[MODERATOR SAY]:** I would now like to review the structure of this discussion:

- We will only use first names in the discussion.
- You do not need to speak in order, but only one person should speak at a time. It is important that everyone be able to hear each other so that we can have a group discussion.
- I would like to hear from everyone. It is important that you share your ideas with the group. If you agree or disagree with what other people say, then please tell that to the group. Again, there is no right or wrong answer so it is okay to disagree with another group member.
- It is important that this is a true group discussion. Please talk to the whole group, not just to the person seated next to you.

I am here to facilitate the group discussion, but I am not an expert on the topic. I would just like to hear your thoughts and opinions on our topic of discussion.

**Study time:** Study participation will take a total of approximately 60-90 minutes per focus group discussion.

**Study location:** All study procedures will take place within your sub-location at a central location like a church or school.

### **Benefits**

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand how we are implementing our research study.

We will provide transportation reimbursement to reach the central location.

### **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the focus group, although you can discontinue the focus group at anytime.*

### **Confidentiality**

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.
- We ask that each of you agree to respect each other's privacy once outside of this discussion setting, by not revealing the names of the other group members or the content of our discussion together.
- I will be recording this discussion with a voice recorder. The recorder does not take any photos. [IF THERE IS A NOTE TAKER PRESENT SAY THE FOLLOWING: We have a note taker but he/she is only taking brief notes in case we need to remember a specific point.] The recording and notes are confidential and will not be shared with anyone outside of the research team.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study. We will however provide transport reimbursement for reaching the focus group discussion venue and returning home.

**Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

**Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

**CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print



**CONSENT TO PARTICIPATE IN RESEARCH  
WASH BENEFITS IN DEPTH INTERVIEW DISCUSSION FOLLOW-UP *WRITTEN*  
CONSENT**

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

**Introduction**

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in. [SAY ONLY IF A NOTETAKER IS PRESENT] This is \_\_\_\_\_, and [she/he] is a note-taker.]

You are being invited to participate in this follow up in depth interview discussion portion of the study because your household/compound agreed to take part in our research study previously. As part of that study someone from our team will ask you about your experiences working with the promoters, using interventions and more generally participating in the study.

**Purpose**

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. I would like to have a discussion today about people's thoughts and opinions regarding the promoter, implementation of our program and handwashing and the tippy tap hardware, OR water treatment, OR sanitation OR a combination of the three. Over the past years, all of you have participated in our study. Your experiences, your thoughts and your opinions about this study are helpful to us. The information that you provide will help us improve programs in communities like yours. There are no right or wrong answers, so please feel free to be honest and open about your thoughts and opinions.

**Procedures**

If you agree to be in this study, you will be asked to do the following: To allow us to assess and improve our research program, we would like to ask you a few questions about the promoter, the implementation of our program and the interventions provided. This will take place in an individual setting within your sub-location (a geographic unit that is not usually more than 7 KM wide). This discussion should take ~ 60-90 minutes to complete.

I am here to facilitate the conversation, but I am not an expert on the topic. I would just like to hear your thoughts and opinions on our topic of discussion.

**Study time:** Study participation will take a total of approximately 60-90 minutes per in depth interview.

**Study location:** All study procedures will take place within your sub-location at a central location like a church or school or within your household.

## Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand how we are implementing our research study.

We will provide transportation reimbursement to reach the central location if we are not at your household.

## Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the in depth interview, although you can discontinue the in depth interview at anytime.*

## Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.
- I will be recording this discussion with a voice recorder. The recorder does not take any photos. [IF THERE IS A NOTE TAKER PRESENT SAY THE FOLLOWING: We have a note taker but he/she is only taking brief notes in case we need to remember a specific point.] The recording and notes are confidential and will not be shared with anyone outside of the research team.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

## Compensation/Payment

You will not be paid for taking part in this study. We will however provide transport reimbursement for reaching the in depth interview discussion venue and returning home if it is not in your household.

## Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

## Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 49a – IDI promoter Consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS PROMOTER IN DEPTH INTERVIEW DISCUSSION FOLLOW-UP *WRITTEN CONSENT*

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### **Introduction**

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in. [SAY ONLY IF A NOTETAKER IS PRESENT] This is \_\_\_\_\_, and [she/he] is a note-taker.]

You are being invited to participate in this follow up in depth interview discussion portion of the study because you are a promoter. As part of that study someone from our team will ask you about your experiences working with the other promoters, using interventions and more generally participating in the study.

#### **Purpose**

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. I would like to have a discussion today about people's thoughts and opinions regarding the, implementation of our program and measuring your child, handwashing and the tippy tap hardware, OR water treatment, OR sanitation OR a combination of the three. Over the past years, all of you have participated in our study. Your experiences, your thoughts and your opinions about this study are helpful to us. The information that you provide will help us improve programs in communities like yours. There are no right or wrong answers, so please feel free to be honest and open about your thoughts and opinions.

#### **Procedures**

If you agree to be in this study, you will be asked to do the following: To allow us to assess and improve our research program, we would like to ask you a few questions about, the implementation of our program and the interventions provided. This will take place in an individual setting within your sub-location (a geographic unit that is not usually more than 7 KM wide). This discussion should take ~ 60-90 minutes to complete.

I am here to facilitate the conversation, but I am not an expert on the topic. I would just like to hear your thoughts and opinions on our topic of discussion.

**Study time:** Study participation will take a total of approximately 60-90 minutes per in depth interview.

**Study location:** All study procedures will take place within your sub-location at a central location like a church or school or within your household.

#### **Benefits**



If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand how we are implementing our research study.

We will provide transportation reimbursement to reach the central location if we are not at your household.

### **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the in depth interview, although you can discontinue the in depth interview at anytime.*

### **Confidentiality**

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.
- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.
- I will be recording this discussion with a voice recorder. The recorder does not take any photos. [IF THERE IS A NOTE TAKER PRESENT SAY THE FOLLOWING: We have a note taker but he/she is only taking brief notes in case we need to remember a specific point.] The recording and notes are confidential and will not be shared with anyone outside of the research team.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study. We will however provide transport reimbursement for reaching the in depth interview discussion venue and returning home if it is not in your household.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 50a – Promoter Survey Midline Consent



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS PROMOTER SURVEY MIDLINE *WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you were selected by members of your community and were trained by IPA staff to be a promoter.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to understand how our health promotion programs influence the behaviors of community members.

#### Procedures

If you agree to be in this study, you will be asked to do the following: I will speak to you today to collect some information, do some observations and take some measurements. Our staff will collect some information about your household and your environment. Participation in this activity will take about 1 hour.

**Study time:** Study participation will take a total of approximately 1 hour over 1 visit

**Study location:** All study procedures will take place at your compound.

#### Benefits

If you chose to answer these questions there will not be a direct benefit to you but you will help us to understand how we are implementing our research study.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the survey, although you can discontinue the survey at anytime.*

#### Confidentiality

- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## **CONSENT**

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 51a – Promoter Survey Endline Consent



### Annex 51 CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS PROMOTER SURVEY ENDLINE *WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you were selected by members of your community and were trained by IPA staff to be a promoter.

#### Purpose

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We would like to understand how our health promotion programs influence the behaviors of community members.

#### Procedures

If you agree to be in this study, you will be asked to do the following: I will speak to you today in a private place to collect some information and ask you questions about your thoughts and experiences related to being a promoter, health topics, do some observations of your hands and compound area and take some measurements of your latrine. Our staff will collect some information about your household and your environment. Participation in this activity will take about 1 hour.

**Study time:** Study participation will take a total of approximately 1 hour over 1 visit

**Study location:** All study procedures will take place at your compound.

#### Benefits

There is no direct benefit to you anticipated from participating in this study but you will help us to understand the ways that children experience contamination in the environment.

#### Risks/Discomforts

Possible risks, discomforts, and/or side effects related to the study include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the survey, although you can discontinue the survey at anytime.*
- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

## Confidentiality

- Your study data 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
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

## Compensation/Payment

You will not be paid for taking part in this study.

## Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

## Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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## Annex 52a – Environmental Enteropathy Midline



### **CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS MIDLINE ENVIRONMENTAL ENTEROPATHY /*WRITTEN* CONSENT**

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### **Introduction**

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

**You are being invited to participate in this study because we collected information on your household earlier in our study and would like to learn more about your child's growth and development.**

#### **Purpose**

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are interested in learning if the exposure of a child to diarrheal disease has long-term effects. **We also are interested in learning how certain foods, nutrition, or life experiences in general may interact with diarrhea or other illnesses.**

**We are also doing research on factors children inherit from their parents that affect the way they fight serious illnesses in this community, such as malaria. Children inherit many things from their parents and grandparents. Most people know about physical characteristics, like height. But children can also inherit factors from their parents that make them stronger or weaker than others at fighting particular illnesses. Finding these inherited factors will help scientists to develop new drugs and vaccines for these illnesses.**

We are interested in evaluating your child's blood, stool, saliva, hair and urine for markers of nutritional status, infections and health. We are also interested in evaluating your saliva, hair, blood, and urine for markers of infections, stress and health.

#### **Procedures**

To achieve the aim of the project, if you agree to be in this study, we will collect a blood, stool, and urine sample from your child. With your permission, we might also collect 4 saliva samples and 3-4 strands of hair from your child and a urine sample, a blood sample, 4 saliva samples, and 3-4 strands of hair from you. From the blood sample, we will measure nutritional markers, indicators of factors children inherit from their parents, and we will be able to understand whether your child has been exposed to infection. The urine sample will help us understand whether there has been a long-term physical effect as a result of diarrhea. We will also collect a stool sample from your child with your

help to measure infections, such as worms. The blood, saliva, hair, and urine samples from you and your child will help us to understand the long-term physical effects of infections and stress.

If you agree to participate, today a field staff member will administer a short, 15-minute survey and give you a stool collection kit and instruct you how to collect stool from your child. You will be instructed to collect your child's stool tomorrow morning, if the child defecates before the arrival of the field team, by having your child defecate on a sheet of provided aluminum foil or a diaper and by using a plastic scoop to collect a small amount of fresh stool from the top of the pile into a container. The field person will collect this container and the used diaper when they come to collect the other specimens tomorrow. With your permission, using a needle we will also draw a small amount (5ml) of blood from your child's vein. We might also collect a small amount (5ml) of blood from your vein. We might also collect 3 saliva samples each from both you and your child before, during, and after the blood draw. The field representative will also weigh the child using a scale, measure his/her height using a height board and head circumference and mid upper arm circumference using a tape measure and collect general health measures of blood pressure, sweat, and heart rate. The blood pressure and heart rate results from your child will be provided to you after the testing. The field representative will also weigh you, measure your height and mid upper arm circumference, and collect general health measures of blood pressure, sweat, and heart rate. Your blood pressure and heart rate results will be provided to you after the testing. The field representative will also cut and collect 3-4 strands of hair from you and your child. Total participation time today will be approximately 3 hours.

Tomorrow, we will ask you to collect your first urine sample of the morning immediately after you wake up. The main procedure will involve feeding your child sugar syrup and then collecting their urine sample over a period of 5 hours. You/the mother will be requested to not feed your child for at least one hour before we feed him/her the syrup. During this fasting period, we will collect your child's urine for 1 hour by attaching the urine collection bag with a drainage tube (show sample) to the child. We will also collect one additional saliva sample from you and your child. We will then give a dose of the sugar syrup to the child and collect the urine for 5 hours. We will ask you to encourage the child to breastfeed or drink water 30 minutes after taking the syrup to help urination. The field representative will remove the urine from the bag, whenever the child urinates. This collection will take place for 5 hours after which the bag will be removed from the child. During the 5-hour period of urine collection, you will be asked about foods and eating practices in your household. You will also be asked about your personal life experiences and health. You will be asked about perceptions regarding social norms that may affect a child's health. Total participation time tomorrow will be approximately 7 hours.

Later, at the laboratory, we will measure your blood, saliva, hair, and urine samples and your child's blood, stool, saliva, hair, and urine samples for markers of nutritional status, infections, and health.

**Study time:** Study participation will take a total of approximately *10 hours over 2 days*,

**Study location:** Today, all study procedures will take place here at this central location , and tomorrow we will visit you at your home.

### **Benefits**

If you choose to answer these questions there will not be a direct benefit to you but you will help us to understand *the health impact of diarrheal diseases and how certain foods, nutrition, and life experiences in general may interact with diarrhea or other illnesses.*

### **Risks/Discomforts**



Possible risks, discomforts, and/or side effects related to the study procedures include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. You may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the discussion/interview/survey if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- Your child may not like the syrup, even though it is a natural sugar solution that tastes pleasant.
- Drawing blood may cause temporary discomfort from the needle stick, bruising, or very rarely, infection. To minimize these risks the blood will be collected by a trained professional.
- Your child may feel some discomfort due to the presence of urine collection bag for 5 hours.
- There is also a slight risk of breach of confidentiality.

### **Confidentiality**

**Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Your study data 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.

To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

***Retaining research records:*** Your child's blood, stool, saliva, hair, and urine samples and your blood, saliva, hair, and urine samples will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how diarrheal diseases affect children's health. The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy as described previously. The samples may be shipped to other countries for analysis without further consent from you.

**You have the right to refuse to allow your child's blood, stool, saliva, hair, and urine samples and your blood, saliva, hair, and urine samples to be stored long term for future studies.**

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect the assistance that IPA may or may not provide to you or your community.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions or concerns about your rights and treatment as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003, or the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

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If you agree to allow your child to participate, please indicate that by checking the boxes of the activities that you will agree to below:

**Urine Collection** ☐ mother ☐ child

**Venous Blood Collection** ☐ mother ☐ child

**Stool Collection** ☐ child

**Saliva sample collection** ☐ mother ☐ child

**Hair sample collection** ☐ mother ☐ child

Opt-out

**Urine Long-term storage** ☐ mother ☐ child

**Venous Blood Long-term storage** ☐ mother ☐ child

**Stool Long-term storage** ☐ child

**Saliva sample Long-term storage** ☐ mother ☐ child

**Hair sample Long-term storage** ☐ mother ☐ child



## Annex 53A – WASH Benefits Environmental Enteropathy Endline Consent – English

### **Study Title: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)**

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because we collected information on your household earlier in our study and would like to learn more about your child's growth and development.

#### **Purpose**

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health. We are interested in learning if the exposure of a child to diarrheal disease has long-term effects. We also are interested in learning how certain foods, nutrition, or life experiences in general may interact with diarrhea or other illnesses.

We are also doing research on factors children inherit from their parents that affect the way they fight serious illnesses in this community, such as malaria. Children inherit many things from their parents and grandparents. Most people know about physical characteristics, like height. But children can also inherit factors from their parents that make them stronger or weaker than others at fighting particular illnesses. Finding these inherited factors will help scientists to develop new drugs and vaccines for these illnesses.

We are interested in evaluating your child's blood, stool, saliva, and urine for markers of nutritional status, infections and health.

#### **Procedures**

To achieve the aim of the project, if you agree to be in this study, we will collect a blood, stool, and urine sample from your child. With your permission, we will collect 4 saliva samples from your child. From the blood sample, we will measure nutritional markers, indicators of factors children inherit from their parents, and we will be able to understand whether your child has been exposed to infection. The urine sample will help us understand whether there has been a long-term physical effect as a result of diarrhea. We will also collect a stool sample from your child with your help to measure infections, such as worms. The blood, saliva, and urine samples from your child will help us to understand the long-term physical effects of infections and stress.

If you agree to participate, today a field staff member will administer a short, 15-minute survey and give you a stool collection kit and instruct you how to collect stool from your child. You will be instructed to collect your child's stool tomorrow morning, if the child defecates before the arrival of the field team, by having your child defecate on a sheet of provided aluminum foil or a diaper and by using a plastic scoop to collect a small amount of fresh stool from the top of the pile into a container. The field person will collect this container and the used diaper when they come to collect the other specimens tomorrow. With your permission, using a needle we will also draw a small amount (5ml) of blood from your child's vein. **One drop of blood will be used to check for anemia in your child, a condition of not enough red blood cells. We will provide these results to you after the test.** We will record how your child responds to these procedures. If you agree, we would like to videotape your child during the blood-draw. We will use this information to better understand how these procedures affect child behavior. We will also ask you about how your child reacts to new situations, and what helps your child feel comfortable in new situations, which will take 10-15 minutes. This will help us understand your child's reaction to the different procedures we are administering for this project. We will also collect 4 saliva samples from your child before, during, and after the blood draw. The field representative will also weigh the child using a scale, measure his/her height using a height board and head circumference and mid upper arm circumference using a tape measure and collect general health measures of blood pressure and heart rate. The blood pressure and heart rate results from your child will be provided to you after the testing. The field representative will also weigh you, measure your height and mid upper arm circumference, and collect general health measures of blood pressure and heart rate. Your blood pressure and heart rate results will be provided to you after the testing. Total participation time today will be approximately 3 hours and 15 minutes.

Tomorrow, the main procedure will involve feeding your child sugar syrup and then collecting their urine sample over a period of 5 hours. You/the mother will be requested to not feed your child for at least one hour before we feed him/her the syrup. During this fasting period, we will collect your child's urine for 1 hour by attaching the urine collection bag with a drainage tube (show sample) to the child. We will then give a dose of the sugar syrup to the child and collect the urine for 5 hours. We will ask you to encourage the child to breastfeed or drink water 30 minutes after taking the syrup to help urination. The field representative will remove the urine from the bag, whenever the child urinates. This collection will take place for 5 hours after which the bag will be removed from the child. During the 5-hour period of urine collection, you will be asked about foods and eating practices in your household. You will also be asked about your personal life experiences and health. Total participation time tomorrow will be approximately 7 hours.

Later, at the laboratory, we will measure your child's blood, stool, saliva, and urine samples for markers of nutritional status, infections, and health.

**Study time:** Study participation will take a total of approximately *10 hours and 15 minutes over 2 days*,

**Study location:** Today, all study procedures will take place here at this central location, and tomorrow we will visit you at your home.

### **Benefits**

There is no direct benefit anticipated to you or your child but you will help us to understand the health impact of diarrheal diseases and how certain foods, nutrition, and life experiences in general may interact with diarrhea or other illnesses.

## **Risks/Discomforts**

### **Possible risks, discomforts, and/or side effects related to the study procedures include:**

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. You may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the discussion/interview/survey if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- Your child may not like the syrup, even though it is a natural sugar solution that tastes pleasant.
- Drawing blood may cause temporary discomfort from the needle stick, bruising, or very rarely, infection. To minimize these risks the blood will be collected by a trained professional.
- Your child may feel some discomfort due to the presence of urine collection bag for 5 hours.
- Breach of confidentiality: As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

## **Confidentiality**

- Your study data 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.
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.
- All video recordings will be identified by a number only; no recordings will identify you or your child by name. These will be viewed only by trained personnel for coding of your child's response to the procedure. The videos will not be viewed by any other person. The videos will be stored in a locked cabinet accessible by study personnel only. Video recordings will only be available to study personnel.

***Retaining research records:*** Your child's blood, stool, saliva, and urine samples will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how diarrheal diseases affect children's health. The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy as described previously. The samples may be shipped to other countries for analysis without further consent from you. The videos will be stored indefinitely.

You have the right to refuse to allow your child's blood, stool, saliva, and urine samples to be stored long term for future studies.

## **Compensation/Payment**

You will not be paid for taking part in this study.

## Rights

*Participation in research is completely voluntary.* You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect the assistance that IPA may or may not provide to you or your community.

## Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions or concerns about your rights and treatment as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003, or the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT

**You have been given a copy of this consent form.**

**If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.**

---

**Participant's Name (*please print*)**

---

**Date**

---

**Participant's Signature**

---

**Date**

Thumb print

---

**Person Obtaining Consent**

---

**Date**

**If you agree to allow your child to participate, please indicate that by checking the boxes of the activities that you will agree or disagree to below:**

**Urine Collection Yes ☐ No ☐ child**

**Venous Blood Collection Yes ☐ No ☐ child**

**Stool Collection Yes ☐ No ☐ child**

**Saliva sample collection Yes ☐ No ☐ child**

**Video recording Yes ☐ No ☐ child**

## **Consent to long term storage**

Long Term Storage consent

Urine

☐ YES, I do want my child's **urine** samples to be stored long term

☐ NO, I do not want my child's **urine** samples to be stored long term

Venous Blood

☐ YES, I do want my child's **blood** samples to be stored long term

☐ NO, I do not want my child's **blood** samples to be stored long term

Stool

☐ YES, I do want my child's **stool** samples to be stored long term

☐ NO, I do not want my child's **stool** samples to be stored long term

## **Saliva sample**

☐ YES, I do want my child's **saliva** samples to be stored long term

☐ NO, I do not want my child's **saliva** samples to be stored long term

## **Video recording**

☐ YES, I do want my child's **video recordings** to be stored long term

☐ NO, I do not want my child's **video recordings** to be stored long term

## Annex 54a – Father’s life experiences Midline



### CONSENT TO PARTICIPATE IN RESEARCH WASH BENEFITS MIDLINE FATHER’S LIFE EXPERIENCES /*WRITTEN* CONSENT

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

#### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null Innovations for Poverty Action in the United States. I am *[We are]* planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because we collected information on your household earlier in our study and would like to learn more about your health and life experiences.

#### Purpose

The purpose of this study is to conduct research on children’s health to better understand how nutrition and environmental factors might affect child growth and health. We are interested in learning if the exposure of a child to diarrheal disease has long-term effects. We also are interested in learning how certain foods, nutrition, or life experiences in general may interact with diarrhea or other illnesses.

We are also doing research on factors children inherit from their parents that affect the way they fight serious illnesses in this community, such as malaria. Children inherit many things from their parents and grandparents. Most people know about physical characteristics, like height. But children can also inherit factors from their parents that make them stronger or weaker than others at fighting particular illnesses. Finding these inherited factors will help scientists to develop new drugs and vaccines for these illnesses.

We are interested in evaluating your saliva for markers of infections, stress and health.

#### Procedures

To achieve the aim of the project, if you agree to be in this study, today, we will collect a saliva sample from you. The saliva sample from you will help us to understand indicators of factors children inherit from their parents and the long-term physical effects of infections and stress.

If you agree to participate today, we will collect your saliva sample and administer a short, 10-minute survey. You will also be asked about your personal life experiences, health, and social norms that may affect a child’s health.

Total participation time today will be approximately 15 minutes.

Later, at the laboratory, we will measure your saliva for markers of infections, stress, and health.



**Study time:** Study participation will take a total of approximately *15 minutes*.

**Study location:** Today, all study procedures will take place here at your household.

### **Benefits**

If you choose to answer these questions there will not be a direct benefit to you but you will help us to understand *the health impact of infections, stress, and life experiences in general and how they interact with health and disease*.

### **Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the study procedures include:

- Some of the questions I would like to ask you may seem private or personal since they touch on your life and health. You may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the discussion/interview/survey if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- There is also a slight risk of breach of confidentiality.

### **Confidentiality**

**Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Your study data 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.

To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

***Retaining research records:*** Your saliva sample will be stored for a long time after the study ends. This is because new laboratory techniques will become available in the future to help us better understand how infections, stress, and life experiences affect health. The information collected from this study may be shared with other researchers if needed, but we will strictly maintain your confidentiality and privacy as described previously. The samples may be shipped to other countries for analysis without further consent from you.

You have the right to refuse to allow your saliva samples to be stored long term for future studies.

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

***Participation in research is completely voluntary.*** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect the assistance that IPA may or may not provide to you or your community.

### Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions or concerns about your rights and treatment as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003, or the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

### CONSENT

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate.

Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print

### Opt-out

☐ I do not want my saliva samples to be collected

☐ I do not want my saliva samples to be stored long term



**CONSENT/PERMISSION TO PARTICIPATE IN RESEARCH  
WASH BENEFITS INFANT DIET REPEAT RECALL *WRITTEN* CONSENT**

**Study Title:** WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)

**Introduction**

My name is \_\_\_\_\_, [staff name], I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from IPA and with scientists at the University of California, Berkeley in the United States. I am [We are] planning to conduct a follow up to our research study, which I invite you to take part in.

You are being invited to participate in this study because you have recently been visited by our research team to describe the foods that your child eats in detail.

**Purpose**

The purpose of this study is to conduct research on children's health to better understand how nutrition and environmental factors might affect child growth and health.

**Procedures**

If you agree to be in this study, I will ask you a series of questions about what your child ate yesterday.

**Study time:** Study participation will take a total of approximately 30 minutes over 1 visit (today).

**Study location:** All study procedures will take place at your home.

**Benefits**

There is no direct benefit anticipated to you or your child but you will help us to understand how the foods children eat impact their health, which may benefit the community in the future.

**Risks/Discomforts**

Possible risks, discomforts, and/or side effects related to the interview include:

- All your answers will be kept as confidential as possible, and we anticipate that the risks from participating in this survey will be very minimal.
- *Time lost while participating in the interview, although you can discontinue the interview at anytime.*
- **Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

## Confidentiality

- Your child's study data 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.
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your child's other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your and your child's personal information may be given out if required by law.

**Retaining research records:** When the research is completed, the investigators may save the data for use in future research done by themselves or others. We will retain this study information for the duration of this study and for follow up studies. The same measures described above will be taken to protect confidentiality of this study data. Your answers will not affect the assistance that IPA may or may not provide to you or your community.

## Compensation/Payment

You will not be paid for taking part in this study.

## Rights

**Participation in research is completely voluntary.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

## Questions

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions about your rights as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003.

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects, at 510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

## CONSENT/PERMISSION

You have been given a copy of this consent form.

If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent

\_\_\_\_\_  
Date

Thumb print



## Annex 55a– WASH Benefits Environmental Enteropathy Repeat Blood Draw Endline Consent – English

**Study Title: WASH Benefits - Handwashing, Water Treatment, Sanitation, and Nutrition Interventions and Outcome Measures in Rural Kenya (also known as the Child Health Project)**

### Introduction

My name is \_\_\_\_\_, *[staff name]*, I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. I am working with Clair Null from Innovations for Poverty Action and with scientists at the University of California, Berkeley in the United States. We collected information on your child and your household earlier in our study in order to learn more about your child's growth and development. Today, we would like to ask to take an additional blood sample from your child.

### Purpose

The purpose of this visit is to talk to you about Sickle Cell Disorder and take blood sample from your child. You may remember that we previously collected blood samples from your child. We tested your child's blood for Sickle Cell Disorder and the test indicated that your child might have this condition. But, we need to conduct another test to be sure. This is a special visit made just to you and a few other families in the study.

Sickle cell disorder is a condition that affects the blood and is always inherited from both parents. This means that people are born with it, just as they are born with other characteristics such as height or skin color. Although the disorder is inherited, the parents, and even grandparents, of a child with this condition may not have any signs of the disorder.

Sickle Cell Disorder is not an infection, and others cannot catch it from being near person with the condition. However, if your child is confirmed to have the condition, he or she will need special care. If we do find that your child has Sickle Cell Disorder, we will provide you with the results and some additional information about Sickle Cell Disorder. We will also provide you with transportation to the nearest facility which can care for your child.

### Procedures

If you agree to participate, for this visit, we only need to sit with you and your child for a moment to take a blood sample. We will also answer any questions you may have. This should only take about 15 minutes today.

With your permission, using a needle we will also draw a small amount (0.5 mL) of blood from your child's vein. We will send this to a laboratory for a repeat test for Sickle Cell Disorder. After the test has been conducted, your child's blood sample that is taken today will be destroyed and no further tests will be conducted. The results from this blood test will be reported back to you within one month time.

**Study Time:** Participation will take approximately 15 minutes today and time when we deliver the results.

**Study Location:** Today, all study procedures will take place at your home or in a central location near your home.

### **Benefits**

The benefit of this visit is that it will allow us to inform you if your child has Sickle Cell Disorder. We will inform you of the test result and, if the test result is positive, we will provide you with a referral and information about where your child can receive treatment.

### **Risks/Discomforts**

There are no major risks involved in this visit. Drawing blood may cause temporary discomfort from the needle stick, bruising, or very rarely, infection. To minimize these risks the blood will be collected by a trained professional.

**Breach of confidentiality:** As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

### **Confidentiality**

- Your study data 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.
- To minimize the risks to confidentiality, we will limit access to study records to only the necessary IPA staff and investigators. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. All paper data will be sorted in secured locked locations. All electronic data will be encrypted. Your personal information may be given out if required by law.

### **Retaining Research Records**

**This blood sample will not be retained after the sickle cell test is done.**

### **Compensation/Payment**

You will not be paid for taking part in this study.

### **Rights**

*Participation in research is completely voluntary.* You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect the assistance that IPA may or may not provide to you or your community. If you refuse to have your child's blood sample taken today, we will not conduct the second test for Sickle Cell Disorder.

### **Questions**

If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661. If you have additional questions or concerns about your rights and treatment as a research subject, you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-

400003, or the office of UC Berkeley's Committee for the Protection of Human Subjects at +1-510-642-7461 or [subjects@berkeley.edu](mailto:subjects@berkeley.edu).

**CONSENT**

**You have been given a copy of this consent form.**

**If you wish to participate in this study, please confirm by indicating if you are willing to participate. Please sign and date below.**

**Venous Blood Collection Yes ☐ No ☐**

\_\_\_\_\_  
**Participant's Name (*please print*)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

Thumb print
-------------

\_\_\_\_\_  
**Person Obtaining Consent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_