**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 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.

**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**

If you chose to answer these questions there will not be a direct benefit to you 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.*

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Consent Date