

**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, heath 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.*

**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.

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

Thumb print

Participant's Name *(please print)* Date

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

Participant's Signature Date

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

Person Obtaining Consent Date