**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.

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

Thumb print

Participant's Name *(please print)* Date

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

Participant's Signature Date

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

Person Obtaining Consent Date