**Annex 42a**

**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

**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 stoolsamples 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.

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

Thumb print

Participant's Name *(please print)* Date

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

Participant's Signature Date

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

Person Obtaining Consent Date