**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.

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

Thumb print

Participant's Name *(please print)* Date

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

Participant's Signature Date

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

Person Obtaining Consent Date