

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
Orphans and Vulnerable Children (OVC) Project
Psycho-social Wellbeing Survey of 6-14 Year olds

PARTICIPANT INFORMATION AND INFORMED CONSENT

Introduction:

Hello! My name is... I'm currently working for The African Population and Health Research Center (APHRC) on this survey. We're talking with children between the ages of 6 and 14 years here in [name of slum site] in order to find out their experiences living in this community.

Description and Purpose of Study: APHRC is conducting a study on the plight of orphans and vulnerable children (OVCs) in Nairobi Urban Slums. The purpose of the study is to provide evidence to the government, donors and other policy makers on the plight of OVCs in the urban slums. This evidence may guide policy and interventions for OVC welfare in poor urban areas. This study has been approved by the KEMRI's ethical review committee, who are responsible for conducting such reviews at national level.

Research Procedures: Your child/ward has been selected at random (through the computer) to participate in this study. I'm going to ask you some questions the I will ask your child some personal questions that some people may find difficult to answer. So we will conduct the interview in a private place without other people present. However, if the child prefers her/his parent/caregiver to be present, it will be okay. We can ask her/him to come in at any time that the child wishes to have them to come in. The interview will take about 45 minutes.

Risk/Benefits: You or your child will not be given any monetary or material benefits neither will you/child undergoes any monetary or material costs for participating in this study. Another limitation of participating in the interview is that you/your child may experience intense emotions due to recalling difficult experiences in your/their life. The benefit of participating is that I am a trained psychosocial support person as well and can refer you/your child to organizations that may offer some forms of assistance. As I had indicated earlier, your community will benefit because this study will also provide evidence for the government and other stakeholders that may use it to provide interventions aimed at assisting OVCs in this community.

Participant's Rights: Your/your child's participation in this interview is absolutely voluntary. You/she/he do not have to answer any questions that you/she/he do not feel comfortable with, and you/she/he may end this talk at any time you want to. However, your/her/his honest answers to these questions will help us better understand the life experiences of children in this community. We will also provide you and your child with a list of resource places that may be able to offer additional psychosocial support if needed whether or not you accept to participate in this study.

Confidentiality: We will make every effort to protect your identity/child's and to keep the information you give us confidential. Your name/child's name will not be used in any report in connection with any of the information you/he/she tell me. As I had indicated earlier, we will conduct the interview in a private place but if your child prefers to have you attend the interview this will be okay.

Contact Information: If you have questions now or in the future regarding your rights or this study, you may ask me or the other field officers involved in this study or contact:

1. The Research Director, APHRC, P.O. Box 10787, 00100, Nairobi; Tel: 2720400 or Email: info@aphrc.org or
2. The Chairman, KEMRI National Ethical Review Committee P.O. Box 54840-00200; Tel: 2722541 Ext 3219.

Consent for parent/ caregiver

The above details about the study and the basis of participation have been explained to me and I agree to participate/ let my child/dependant to take part in the study. I understand that I am free to choose to participate or to have my child/dependant to be part of the study. I also understand that if I do not want to continue or have him/her go on with the study, I can withdraw /have him/her withdraw from participating in the study at any time.

Do you agree to participate in the study?

Yes ☐

No ☐

Do you agree your child/dependent to participate in the study? Yes ☐

No ☐

Name.....

Signature/ Thumb mark-----

Date -----

Signature of Interviewer

(Certifying that informed consent has been given by the parent/ caregiver)

Name.....

Signature -----

Date -----