**INFORMED CONSENT FORM**

**IMPLEMENTATION AND EVALUATION OF KMC DELIVERY MODEL**

**Interview with fathers/other family members**

**Consent form 3C**

This informed consent form is for in-depth interview with fathers/other members in the family with a baby weighing <2000 grams, for the study titled “*Implementation Research Initiative for Accelerating Scale-up of Kangaroo Mother Care"*

*Name of the Principal Investigator*:

*Name of Organization*:

This Informed Consent Form has two parts:

* Information Sheet (to share information about the research with you)
* Certificate of Consent (for signatures if you agree to take part)

You will be given a copy of the full Informed Consent Form.

**PART I: Information Sheet**

**Introduction and Purpose of Research**

I [name of worker] am working for the [name of the organization]. We are doing a research project on promoting Kangaroo Mother Care (KMC) for low birth weight babies. We would like to talk to you and understand your experiences with newborns with less than 2000g and learn about the difficulties and what can help, when practicing KMC at home, from your way of seeing it.

We are doing this to learn how to provide better care for low birth weight and preterm babies in the health facility and in the homes that will lead to an improved health of such babies.

The research will involve your participation in an interview at home.

**Participant Selection**

We are inviting fathers and other members in the families with a baby born with birth weight <2000grams and initiated on KMC, in the [study area], to take part in this interview.

**Voluntary Participation**

Your participation is entirely voluntarily. If you choose not to participate, you and your family will still receive the same care and attention from the health centres in the area as before.

**Procedures and duration**

If you agree with your participation in this research project, then:

* We will contact you at home.
* We will interview you and collect information on your experiences caring for newborns with less than 2000g and ask about what makes it difficult to practice KMC at home.

The interview may take 1 or 2 hours. You will not receive any compensation for participating in the interview. The interview will take place at your home, and no one, except me, will be present. The interview will be recorded so that we do not miss any information.

If you have any concerns about the interview or the project, please talk to me or other researchers, whose contact numbers are given on this information sheet.

**Risks and Benefits**

There are no physical or psychological risks of participating in this interview. If you are not comfortable, you may choose not to answer a particular question.

There are no direct benefits to you for participating in this study. As it has probably been explained to you, after the baby was born, there are no particular risks associated with KMC. The benefit that you and your child would receive is that KMC would give the baby warmth and help maintain your baby’s temperature and the baby will be able to get breastfeeding more often. It will also promote the your child’s growth. When we visit you, you will have an opportunity to ask questions about the health of your baby, how to take care of your baby and ask about ways to address barriers to practice KMC at home. The information that you will share will help us to refine the KMC intervention package and delivery model.

**Confidentiality**

The information that we collect for this research project will be kept private and confidential. No participant will be identified by name on any record. You will be given a number and only the researchers will know what your number is and we will store that information under lock and key. The recordings will be kept for 1 year.

**Sharing the Results**

The knowledge that we get from this interview will be shared through reports given to the government and through publications.

**Right to Refuse or Withdraw**

You do not have to take part in this study if you do not wish to do so, and you may also stop participating at any time during the study without giving any justification.

**Who to Contact**

If you have any questions you may ask them now or later; you may contact any of the following:

[Name of the person and contact details]

This proposal has been reviewed and approved by the Ethics Committee of [name of the local ethics committee], whose task is to make sure that research participants are protected from harm. If you wish to find out more about the ethics committee you can contact them on\_\_\_\_\_\_\_\_\_\_\_\_. The research proposal has also been reviewed by the Ethics Committee of World Health Organization (WHO) which is supporting the study.

Part II: Certificate of Consent

**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to:**

**□** Participate in the project and be interviewed.

**□** The Interview being recorded.

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If illiterate or less than 18 years of age***

**I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely to:**

**□** Participate in the project and be interviewed.

**□** The Interview being recorded.

**Name of witness\_\_\_\_\_\_\_\_\_\_\_\_ AND Thumb impression of participant**

**Signature of witness \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day/month/year**

***Statement by the researcher/person taking consent***

**I have accurately read out the information sheet to the potential participant, and to the best of my ability, made sure that the participant understands the research project. I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.** **A copy of this informed consent form has been provided to the participant.**

Name of researcher/person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of researcher /person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year