ANNEX 2A: INFORMED CONSENT FORM FOR CHILDREN

Participant Information Sheet

Name of Project: Comparative evaluation of two impact assessment methodologies for schistosomiasis preventive chemotherapy program in Ondo, Southwestern, Nigeria

Name of Principal Investigator: Professor Uwem Friday Ekpo

Name of Organization(s): Federal University of Agriculture Abeokuta, Ondo State Ministry of Health, and MITOSATH

Funding Source: MITOSATH

Objectives of the study:

I would like to read to you, the information contained in this paper, about a study we would like to do with you, here in your school. We are researchers who work at a university. We are conducting this study about the medicines that are usually distributed in schools and the community to control schistosomiasis. We would be collecting feces and urine samples from you, and ask you some few questions to know if the medicines are working as expected. We plan to use the information we get, to take decision on how improve the control of the disease. For example, if we can stop the distribution, or provide more medicines. Your participation in this study will therefore be very helpful. After reading the information in this document to you, we will like you to take a decision if you will be part of the study, or not. If so, you will be asked to sign the last page of this consent form to confirm your willingness to participate.

Participant Selection

You are being invited to participate in this research because of your importance in the community, and because you are among the eligible groups benefitting from the mass administration of praziquantel for control of schistosomiasis.

Voluntary Participation

Your participation in this study is entirely voluntary. It is your choice whether you want to participate or not.

Risks

If you feel uncomfortable at any point in the interview, you do not have to continue, if you don't wish to do so. Also, if there are some questions you do not wish to be asked, or answer, kindly discuss this with us.

Benefits

There will be no direct benefit to you, but your participation is likely to provide information on how to improve the delivery of praziquantel for control of schistosomiasis.

Confidentiality
The information that we collect from you will be anonymized and stored securely in a confidential manner. They will also be deleted after analysis.

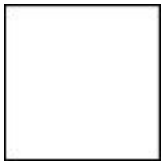
Sharing the results
The knowledge obtained from this research will be shared with the community and the NTD unit, before it is made available to the public. We will share the findings for the wider public in conferences, journals and meetings so that other interested people may learn from the research.

Who to contact.
If you have any questions, you can ask them now or later. If you wish to ask questions or make a complaint about the research, you may contact the Lead Researcher: Prof. Uwem F. Ekpo (ufekpo@hotmail.com, +234809 202 4306)

Consent: I heard and understood the reading and explanations. My questions have been answered. I willingly agree to participate.

Name of the Participant: _____

_____ _____ _____
Study Participant Signature Date Time



Study Participant's Fingerprint

I heard and understood this document. My questions have been answered. I voluntarily agree that the participant of whom I am a parent or legal guardian participates:

Name of legal guardian: _____

_____ _____ _____
Signature of legal guardian Date Time

Name of researcher taking the consent:_____

_____ _____ _____
Signature of legal guardian Date Time