

## PARTICIPANT INFORMATION SHEET AND CONSENT FORM

### Participant Information Sheet

“Good morning /Good afternoon”, My name is \_\_\_\_\_ I am working as a data collector in the research team organized by Centre for Media Studies (CMS), London School of Hygiene & Tropical Medicine and Digital Green. In your village, Digital Green has been running a programme called ‘*Samvad*’ that shows videos and sends phone calls to discuss topics on health and nutrition of mothers and children and family planning. We are doing a study to understand how this program has been implemented and also to understand the health and family planning understanding and practices of people in this area.

For mothers: To know this, I would like to ask you some questions about the foods that you and your child eat, your knowledge of nutrition, health, and health services, and your knowledge and use of family planning. We will also ask you if and when you have seen any of these videos or phone calls. Before you decide whether you want to answer these questions, I will give you full information about the study so that you will make an informed decision.

Other participants: To know this, I would like to ask you some questions about your knowledge and use of family planning and we may ask you about income and spending patterns. We will also ask you if and when you have seen any of these videos or phone calls. Before you decide whether you want to answer these questions, I will give you full information about the study so that you will make an informed decision.

### Project title

Monitoring and Evaluation of Samvad Program

### Duration of the survey

It will take approximately 30 minutes to complete each interview with each respondent.

### Purpose of the Study

The purpose of the study is to understand the performance of the Digital Green program on improving knowledge and practices of people on health, nutrition and family planning. Specifically, the study intends to collect information on key aspects of health and nutrition messages provided by videos and other digital means such as phone calls. Overall the study aim is to help making Digital Green program more effective to improve health of mothers and children.

This part of the work is to know if community members have watched the videos and do they understand and know the advice provided through these videos and other means. We also want to understand if after watching these videos do community members follow the advices and adopt the recommended practices for their improved health and nutrition.

### Confidentiality

I strongly assure you that your name and other identifiers which we are collecting will not be shared to anyone external to the study. The information you provide us will be kept confidential and will not be used for anything other than for research purposes.

**Procedures**

For mothers: I am going to ask you information about your economic, education and social background and about any videos and phone messages about health, nutrition and family planning that you may have seen or heard. In addition, I will ask you about the practices related to health, child feeding, mothers’ diet and family planning that you currently follow.

Other participants: I am going to ask you information about your economic, education and social background, income and spending patterns, and family planning, and about any videos and phone messages about family planning that you may have seen or heard.

**Risk and Benefits of the Study**

By participating in this study and answering our questions you will not receive any direct benefit. However, you will help to improve the planning and service delivery of health and nutrition program for better health and nutrition of the people. This study involves your provision of information through pre-developed questionnaires and the LSHTM/Digital Green will keep your data in a safe place. Fully anonymised data that cannot be linked to you as an individual or to your household will be stored securely. I want to assure you that your participation in this study will not involve any harm to you.

**Rights**

Your participation in this study is voluntary and you have the right to refuse to participate or to not answer any questions that make you feel uncomfortable. If you change your mind about participating during the course of the interview, you have the right to withdraw at any time. The decision not to participate or to withdraw will not affect any aspect of your social life, or future medical care you should require or any other benefits to which you are entitled. If there is anything unclear or you need further information about, I am happy to provide it.

**Whom to contact**

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For concerns related to rights of participants, please contact CMS-Institutional Review Board at 11-26864020

**2. Declaration of the Volunteer Study Participant**

I understand that the purpose of the study is to collect information on maternal, child health, nutrition and family planning. I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked been answered to my satisfaction. I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without in any way affecting my further social life or medical care.

Signature of Informant to be interviewed \_\_\_\_\_ Date \_\_\_\_\_

Name of Informant \_\_\_\_\_

Unique survey number of informant \_\_\_\_\_

Signature of Witness (if Informant not able to sign him/herself \_\_\_\_\_

Signature of Data Collector \_\_\_\_\_ Date \_\_\_\_\_