RESEARCH AT THE CHILD'S YOUTH CENTER
Permission Form for Child to take baseline assessment
For Child's Parent, Guardian or Advocate

Title: Evaluation of CyberRwanda intervention in Youth Centers in Rwanda
Protocol Number: 1819991
Sponsor: FHI 360
Principal Investigators: xxxxxxxxxxx and xxxxxxxxxxxxxx

Addresses:

xxxxxxxxxxxxx	xxxxxxxxxxx

Study Sites: 8 districts within Rwanda
Study related phone numbers:

xxxxxxxxxxxx, Principal Investigator	xxxxxxxxxxxxxx
xxxxxxxxxxxx, Principal Investigator	xxxxxxxxxxxxxx

Key Information

- Your child is being invited to participate in a research study. Your child is being asked to participate because he/she attends a youth center.
- **Participation in research is completely voluntary. Participation is <u>not</u> required by the youth program.**
- The purpose of the study is to understand the health and well-being among youth attending youth centers in this district of Rwanda.
- If you choose to let your child participate, he/she will be asked to complete a survey. The survey will take up to 45 minutes for your child to complete.
- The survey will be done by a trained research assistant in private.
- Your child will be asked some questions that are personal and sensitive. Your child may be embarrassed and not want to answer these questions, and that is OK. Your child can refuse to answer any question they do not want to answer or end their participation at any time without penalty.
- There are no direct benefits to you or your child. We hope that the results of the research will help improve how we reach youth with information on their health and well-being in the future.

Introduction

We are requesting the participation of your child in a research study that is taking place at the youth center he/she attends. This research is being conducted by Dr. xxxxxxxxxxxx, xxxxxxxxxxxx and Dr

xxxxxxxxxxxxx. We are also working with Society for Family Health (SFH) to conduct this study. About 1200 other youth will complete the survey across 9 youth centers.

Before you and your child decide whether he/she will agree to be part of this study, it's important to understand why we are doing the research and what your child is being asked to do.

Please read this information carefully. Your child will also be told about the study and asked if they agree. However, children must first receive consent from their parent to participate. Both you and your child have to agree for them to be in the study. We encourage you to discuss the study with your child. Feel free to ask us if you or your child have questions about the research. Contact information is provided at the end of this form.

Purpose

We are doing this study to understand more about the health and well-being of youth. More specifically, youth between the ages of 12 and 19 who are in youth center activities. We are inviting your child to participate because he/she is in this age range and attends a youth centerThe study's goal is to understand how a digital program, called CyberRwanda, might help change young people's knowledge and ways of thinking about health.

At the youth center, your child may access CyberRwanda. CyberRwanda is a digital program that provides information about health and preparing for the future. For example, the program teaches young people about things like how their bodies work, about healthy relationships, and about careers and goal setting.

Procedures

If you give your permission and your child also agrees we will ask him/her to:
Complete one survey, which will take place within the next few weeks.

Your child will be asked to complete a survey. The survey will be administered by an adult interviewer from the research study. The survey may take up to 45minutes to complete. It will be administered in a private location at the youth center at a pre-arranged time.

Your child will be asked some sensitive questions about their sexual behavior and ways to prevent pregnancy. We will also ask questions about their life, school attendance, work and about home. It is OK for your child to refuse to answer any question or stop the survey at any time.

Benefits

There is no benefit to your child personally for taking part in this study. We hope the results of the research will help improve how we reach youth with information on their health and well-being in the future.

Risks/Discomforts

- Some personal and sensitive questions will be asked on the survey. These questions may make your child feel uncomfortable or distressed. Your child can ask to skip a question or can stop the survey at any time – without penalty.

- If participation in this study upsets your child, a nurse from the youth center will be available for your child to talk to, if they want.

- A possible risk to participation is people outside the study might learn your child was in this study and what they said. We will do everything we can to minimize this risk.

Confidentiality
We will keep information about your child as safe as we can. If we publish or present the study results, we will not use individual names or other personally identifiable information. To keep your child's information safe, we will do the following:

- Your child's name will be replaced with a code (like a number) in the study records. This is so your child's name and contact information may be kept separate from their survey responses. The master list linking your child's name and code will be destroyed after data collection is completed.
- Your child's research records will be securely stored to the best of our ability:
    - Paper forms with personal information, such as this consent form, will be stored in a locked cabinet in a locked office in a secured building.
    - Your child's anonymous survey responses will be stored in computers that require a password. Only authorized study team members will have access

    - When reports are made, your child's survey responses will be combined together with that of other children taking the survey. Publications or presentations of study results will not use individual names or other personally identifiable information.

Future use of study data
Information from this study may be shared for future research studies or distributed without additional informed consent from you or your child. Before information is shared all information which may identify your child will be removed.

Compensation/Payment
We will provide your child with RWF 5,000 (US $5) to reimburse him/her for their time or transportation costs associated with completing the study survey.
Other Ways to Participation in this Study
There are no other ways to participate in this study in addition to the activities described in this form.

Rights
Participation in research is completely voluntary. You have the right to decline your child's participation or to withdraw your child at any point from this study without penalty or loss of benefits to which you are otherwise entitled. Your child has the same rights to decline to participate or withdraw from the study at any time.

Questions
If you have any questions please you can ask me or you can contact xxxxxxxxxxxxxx at **xxxxxxxxxxxx** or email**:** xxxxxxxxxx at any time. If you would like to direct your question to the international study team directly, you can contact Dr. xxxxxxxxxxxx in the United States at xxxxxxxxxxxxxx or xxxxxxxxxxxxx.

If you have any questions or concerns about your child's rights and treatment in this research, you may contact Dr. xxxxxxxxxxxxx, the xxxxxxxxxxx of the Rwanda National Ethics Committee at xxxxxxxxxxx or you can call Dr. xxxxxxxxxxxxx, the xxxxxxxxxxx of the Rwanda National Ethics Committee at xxxxxxxxxx. You may also contact the Protection of Human Subjects Committee in the USA, phone number: xxxxxxxxxx, e-mail: xxxxxxxxxxxxxx.

PARENT PERMISSION

We will give you a copy of this form to keep for future reference.

If you decide that your child* may participate in this study, ***please print your child's name below and also sign or make your mark and date below.***

*Child Participant Name (*please print*)

_____

Parent/Guardian's Name (*please print*) _____ Date

_____ _____

Parent/Guardian's Signature or Mark Date

****If advocate is providing consent, please complete the following:

_____

Advocate's Name (*please print*)

_____

Advocate's position (or relationship to youth) (please print)

_____

Advocate's Signature or Mark _____ Date