Participant Information Sheet (caregivers)
30 September 2022
Version 1

Title of Project: *Impact evaluation of a pilot cash transfer programme in Xiengkhouang Province in Lao PDR*

Introduction

We would like to invite you [and your child] to take part in a research study. Joining the study is entirely up to you. Before you decide, you need to understand why the research is being done and what it would involve. I will read this information sheet to you now. Ask questions if anything is not clear or you would like more information.

What is the purpose of the study?

The London School of Hygiene & Tropical Medicine (LSHTM), a university in the United Kingdom, and the National Institute of Public Health, a research institute in Laos, are conducting research about how households support children and young people with disabilities. This includes their experiences of accessing health services, providing care, and supporting the child's health, wellbeing and quality of life.

Why have I been asked to take part?

You have been invited because our records indicate that your child has a disability or a health condition. You may have been identified as a possible participant by the Laos government or UNICEF Laos.

Do I have to take part?

No. It is up to you to decide to take part or not. Your decision to participate or not participate will have no effect on any services you or your child receive now or in the future. We will not share your decision with anyone outside the research team, including the organisation that identified you as a possible participant.

[Caregivers of children 5+ years]: We would also like to ask your child some questions. With your permission, we would like to ask him/her if he/she wants to talk to us.

What will I have to do?

If you agree to take part, I will first ask you to sign/thumbprint a document confirming you've been told about the study and that you agree to participate.

We will then ask you some questions about your and your child's health and wellbeing and your household's economic status. The process will last about 60 minutes.

We will contact you again in 12 months to ask you further questions about changes in your experiences in accessing health services, providing care, and supporting the child's health, wellbeing and quality of life. You can decided then if you want to speak to us again.

[Caregivers of children 5+ years]: We would also like to speak to your child about their daily life and well-being for about 20 minutes. We will first ask him/her if they are happy to talk to us and explain the study. He/she can decide for him/herself if he/she wants to talk to us both now and again in 12 months.

What are the possible risks and disadvantages?

There are no risks to participating, although it is possible you [or your child] may feel distressed at discussing your or your child's experiences.

What are the possible benefits?
Participation in this study is completely voluntary. The information we get from the study will help our knowledge and understanding of how to improve the lives of children with disabilities. We will provide you with [specific amount to be determined] for your time and any costs you paid to take part.

Who can I contact for more information?
If you have a concern or want more information about any aspect of this study, you can ask me any questions. If you have questions later or would prefer to speak to other members of the researcher team, you can contact [contact name to be identified] who works at National Institute of Public Health at [phone number]. You can also contact [contact name and number to be identified] at the Ethics and Health Research Department of the Laos Institute of Public Health if you have any complaints about this study.

Can I change my mind about taking part?
Yes. You [or your child's] can stop the discussion at any time without giving a reason. There will be no negative consequences for you or your child if you[/he/she] decide to withdraw from the study.

What will happen to information collected about me?
All information collected about you [and your child's] will be kept private.

Your [and your child's] data will be anonymised. This means that we will remove personal details, like your and your child's name, contact details and address, so that you cannot be recognised when looking at your data. Only the study staff and authorities who check that the study is being carried out properly will be allowed to look at your personal details. Files with your [and your child's] personal data will be stored securely (e.g. password protected files, secure servers) and destroyed within 2 years of the end of the study. An anonymized copy of your [and your child's] data will be sent to the research team at LSHTM in the United Kingdom.

We may include details that you [and your child] share with us on an online data repository. A data repository is a site where other researchers outside this study team can look at data from different studies so that they can confirm our findings or use data for other research purposes. All information that could potentially identify you or your child will be removed before we put it on this site.

What will happen to the results of this study?
The study results will be published in a journal so that policymakers and practitioners can learn from them. We will also share the learning with policymakers and practitioners directly. Your and your child's personal information will not be included in any study materials so that you can't be identified from it.

Impact evaluation of a pilot cash transfer programme in Pek and Khoun districts of Xiengkhouang Province in Lao PDR (caregivers direct participation)

1. PLEASE TICK THE RELEVANT BOXES

- ☐ I confirm that I have read or been read, and that I understand, the Participant Information Sheet. I have had the opportunity to consider the information provided, ask questions about the study, and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving a reason.
- ☐ (Quantitative only): I agree to my child's anonymous data being uploaded onto a public repository that people can access for research purposes. The repository will not include any personal details about my child that could be used to identify him/her, such as his/her or my name, address or contact information.
- ☐ (Qualitative interviews only): I agree to the discussion being recorded.
- ☐ I agree to take part in the above study.

Signature/Thumbprint of caregiver

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Name (caregiver) Signature of participant Date

Name (child)

Signature of the witness (needed only if thumbprint signed)

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Name Signature of witness Date

Signature of researcher (needed only if thumbprint signed)
I believe the participant is giving informed consent to participate in this study

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Name Signature of researcher Date