

INFORMED CONSENT - RAPID QUALITATIVE ASSESSMENT ON DROUGHT AND CHOLERA IN RUFUNSA

BACKGROUND

This assessment will improve our understanding of key challenges and co-create solutions for rapid response around the impact of drought in your community. The information from the community and individuals like you will contribute to better understand challenges and inform planning.

INTERVIEW/FOCUS GROUPS

For this purpose, we would like to talk to you about the impacts of drought on your family and community.

The interview/FGD will last approximately 1 hour. Participation is voluntary. We understand this is a sensitive topic. Please know that you have the right to withdraw from the interview at any time without reason and without penalty. There is no cost associated with your participation.

We will ensure that your information, opinions and experiences are kept confidential and will only be used for the purpose of the assessment outlined. We will not use your name. You may ask any questions related to the full assessment and we will answer these questions to your satisfaction. With your permission, we may also take a photograph of you. These will be used for the purpose of the current assessment and may be included in academic or technical publications and other material for UNICEF. If your photograph is published, you shall not be identified by name and confidential processes shall be followed.

In regard to collecting information for this assessment, we would greatly appreciate your help and therefore seek your consent and cooperation. If you have any questions about this assessment, you may contact Tiku Banda at UNICEF Zambia (+260 211 374 200).

Informed consent

I have been informed in detail about the purpose and nature of this assessment.
I have received satisfactory answers to all my questions relating to this assessment.
I have decided that I will participate willingly and can withdraw at any time for any reason.
I give my informed consent to participate in this assessment.

Name of Participant

Signature

Date

Name of Witness

Signature

Date

As a witness of this letter, I ensure that I have the above information has been accurately conveyed to the participant. I also ensure that they have decided to participate in this assessment freely and willingly.