

Kaloleni-Rabai Health and Demographic Surveillance System Research Engagement Request Application Form

INSTRUCTIONS

The principal applicant responsible for overseeing the proposed research project (including any data requested) should complete this application. For ease of administration and implementation, applicants from outside AKU are encouraged to consider including at least one member of the KRHDSS Governance Committee or AKU faculty with previous engagement with the surveillance system as a collaborator in the study (e.g., co-investigator).

When requesting data for more than one study, please complete separate copies of this Research Engagement Request Application Form.

For requests other than for data summaries (i.e., those that involve extensive use of KRHDSS infrastructure and staff time), the applicant(s) is expected to contribute to the coverage of associated costs. These costs will vary depending on the nature of the proposed research activities and the support required. The KRHDSS secretariat will support the applicant(s) in generating these cost estimates. All research request application forms will be reviewed, and feedback will be provided by the governance committee within 14 – 21 working days. Please apply via email to nbi.krhdss-dph@aku.edu

Kaloleni-Rabai Health and Demographic Surveillance System Research Engagement Request Application Form

1. Applicants

Principal applicant

Name:	
Position:	
Organisation:	
Email:	
Telephone:	
Address:	

Co-applicants:

Name	Role (e.g., PI, statistician)	Institution

2. Project title:

Planned start date:	
Planned end date:	
Nature of engagement*	

* Specify the 'nature of engagement' by outlining whether you are interested in (i) data summaries; (ii) gaining access to de-identified individual level data for the purpose of re-analysis; (iii) embedding simple population screening research questions (no more than 20 items) into regular surveillance tool; (iv) establishing a sub-cohort within the main KRHDSS cohort; (v) using the database for sampling ONLY; (vi) Other (specify), e.g., record linkage between KRHDSS data and other datasets, use of the KRHDSS synthetic dataset etc.

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3. Summary of sites to be involved: Mark an X in the relevant boxes below

	Target site for study
Kaloleni sub-county	
Rabai sub-county	

4. Summary of **anonymized / de-identified** individual level data required: Mark an X in the relevant boxes below

No de-identified individual level data required

<u>Parameters measured in KRHDSS data</u>	<u>Target respondent</u>	<u>Definition</u>	<u>Information collected</u>	<u>Data required for research</u>
Orphanhood	All children <18 years	A target HH member whose one or both parents are deceased.	Yes/No	
Birth certification	All members of HH	A target HH member whose birth is registered (ascertained by availing of a birth certificate to the interviewer).	Yes/No	
Pregnancy	All women ≥12 years	A target HH member who is pregnant	Yes/No	
Birth	All newborns	A neonate/infant <6 months old born to a female member of a uniquely identified HH in the interval since the previous round.	Yes/No	
Death	All members of HH	A previously uniquely identified member of a HH who is reported to have died in the interval since the last round of data collection.	Yes/No	
In-migration	All new members	A previously unregistered persons that move into a previously uniquely identified HH or into a newly established HH within the surveillance area and plan to stay for at least 6 months.	Yes/No	
Out-migration	All members of HH	A previously uniquely identified persons that move out of a previously uniquely identified HH or outside the surveillance area and plan to stay away for at least 6 months.	Yes/No	

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Schooling	All children 6-18 years	A target HH member currently enrolled in a learning institution.	Yes/No	
Ownership of MCH Booklet	Children <5 years	A target HH member issued with the Maternal and Child Health (MCH) booklet.	Yes/No	
ANC4+ Attendance	All women who gave birth in the previous 11 months	A target HH member who attended at least 4 ante-natal care (ANC) clinics in the previous pregnancy.	Yes/No	
Skilled Birth Attendance	All women who gave birth in the previous 6 months	A target HH member who gave birth either in a health facility or through the help of a skilled healthcare worker.	Yes/No	
Exclusive breastfeeding	All children <6 months	A target HH member fed exclusively on breast milk.	Yes/No	
Use of modern family planning	All women 15-49 years	A target HH member using any of the modern methods of family planning.	Yes/No	
Penta 1 vaccination	All children 6 weeks-11 months	A target HH member who has received Pentavalent 1 vaccination.	Yes/No	
Penta 3 vaccination	All children 14 weeks-11 months	A target HH member who has received Pentavalent 3 vaccination.	Yes/No	
Measles vaccination	All children 9-18 months	A target HH member who has received Measles vaccination.	Yes/No	
Vitamin A supplementation	All children 6-59 months	A target HH member who has received Vitamin A supplementation in the previous 6 months.	Yes/No	
Complementary feeding	All children 6-23 months	A target HH member who has eaten food from all 3 main food groups in the last 24 hours.	Yes/No	
Severe malnutrition	All children 6 – 59 months	A target HH member whose Mid-upper Arm Circumference (MUAC) measurement.	Yes/No	
Moderate malnutrition	All children 6 – 59 months	A target HH member whose MUAC measurement ≥ 11 cm and ≤ 12.5 cm (range marked yellow on the MUAC tape).	Yes/No	
Use of long-lasting insecticide treated nets (LLINs)	All members of HH	A target HH member who slept under a LLIN the night before the interview.	Yes/No	

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Knowledge of HIV status	All members of a HH>6 years	A target HH member who tested for HIV in the last 6 months.	Yes/No	
Access to safe water	All HHs	A target HH that source water for drinking or HH use from either piped water into dwelling, piped water to yard/ plot, public tap or standpipe, borehole, protected dug well, protected spring, bottled water, or harvested rainwater.	Yes/No	
Treatment of drinking water	All HHs	A target HH that treat drinking water by either boiling, adding bleach/chlorine, use a water filter (electrical, ceramic, sand, composite), or solar disinfection.	Yes/No	
Ownership of handwashing equipment	All HHs	A target HH that owns/has access to hand washing facilities that use running water, e.g., tippy-tap, leaky tin, piped water sink.	Yes/No	
Ownership of a functional latrine	All HHs	A target HH that owns/has access to the following types of sanitation facilities: flush to piped sewer system; flush to septic tank; flush/pour flush to pit; composting toilet; VIP latrine; pit latrine with(out) a slab with an added assessment of functionality (clear path to the toilet, not in a bushy isolated area, smell, offering privacy etc.).	Yes/No	
Ownership of a refuse disposal facility	All HHs	A target HH that has owns/shares the following types of sanitation facilities: waste disposal bin, pit, or disposes waste by burning.	Yes/No	
HH data	GPS coordinates of all households.	GPS coordinates for one of several adjacent houses/dwellings that accommodates a nuclear family under the same household head.	GPS coordinates	

***HH – Household**

KRHDSS collects data from each household bi-annually. The surveillance has currently (as of December 2022) completed 12 rounds of data collection. Specify what round of data collection is needed.

Data collection round	<input type="checkbox"/> ALL	<input type="checkbox"/> Specific rounds, list:
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5. Is funding required to complete the project? Yes No

Funding Status	Yes	No	Funder/Amount funded/Date
Applied for funding			
Planning to apply for funding			
Date expected to hear outcome of funding application			
Funded			

6. **Protocol** (no more than 4 pages) *If a grant has already been approved for this project, please attach the implementation protocol.

Outline the background of the study (including study assumptions)

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Outline study aims

Anticipated impact of proposed research (including impact on the community)

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Outline procedures and methods to be used (Study design, study population, methods of recruitment, variables of interest, sample size, methods of data collection, data collection tools and procedures, double data elicitation and entry for validation and plan of data analysis).

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Outputs management and sharing (Consider the following questions: i) What outputs will your research generate? ii) When will these outputs be made available? ii) Where will you make these outputs available? iv) How will they be discovered and accessed by different population groups, including the community members, and other interested parties, e.g., county, and national policymakers, researchers, health, and education professionals, etc.)

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References

A large empty rectangular box intended for entering references.

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If you are planning on conducting any additional data collection, please give an overview of the study, including where the study will be done, what data will be collected and how it relates to the KRHDSS dataset being requested / research activities proposed. Include details of other grants/sponsored projects that are ongoing and have overlap with your proposed research activities.

7. Summary of target population of interest

Age:	<input type="checkbox"/> Any	<input type="checkbox"/> Specific ages, list:	
Gender:	<input type="checkbox"/> Any	<input type="checkbox"/> Female Only	<input type="checkbox"/> Male Only
Pregnancy status:	<input type="checkbox"/> N/A	<input type="checkbox"/> Currently pregnant	
Postpartum status:	<input type="checkbox"/> N/A	<input type="checkbox"/> Currently postpartum	
Site:	<input type="checkbox"/> Any	<input type="checkbox"/> Peri-urban*	<input type="checkbox"/> Rural
Disease / Health status:			

***3 out of the 10 Community Health Units (Buni, Vishakani and Mwele-Kisurutini) included in the surveillance system are considered peri urban as they are adjacent to urban areas or encompass parts of local rural towns within the sub-counties of interest.**

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8. Agreement

Signature:

If you are sending this form by email then you should note that in the absence of this signature, the email of this proposal constitutes your personal certification that the details are correct.

Date:

Name (*on behalf of applicants*):

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	Date	Outcome	Comments
Received application form		Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discussed at KRHDSS Governance Committee Meeting		<input type="checkbox"/> Declined <input type="checkbox"/> Declined but can resubmit <input type="checkbox"/> Provisionally accepted <input type="checkbox"/> Accepted	
Re-submitted for review		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Re-discussed at KRHDSS Governance Committee Meeting		<input type="checkbox"/> Declined <input type="checkbox"/> Declined but can resubmit <input type="checkbox"/> Provisionally accepted <input type="checkbox"/> Accepted	
Project agreement requested		<input type="checkbox"/> Yes <input type="checkbox"/> No	
All contracts/agreements confirmed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Data shared / Study confirmed		<input type="checkbox"/> Yes <input type="checkbox"/> No	