

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

HEALTH CHALLENGES AND SYSTEMS PROGRAM

Using a Decision-Support Smartphone application to enhance Community Health Volunteers' effectiveness in reducing Maternal complications and reducing Newborn Deaths in the informal settlements of Nairobi, Kenya

Questionnaire for community health volunteers

	START TIME (24hrs Format)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIs CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME OF CHV	<input style="width:100%;" type="text"/>			
	COMMUNITY HEALTH UNIT CHV IS LINKED TO	<input style="width:100%;" type="text"/>			
	HEALTH FACILITY CHV IS LINKED TO	<input style="width:100%;" type="text"/>			

1 BACKGROUND

1.1	RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2	RESPONDENT'S AGE (COMPLETED YEARS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.3	Have you ever attended school?	YES.....	01			1.5
		NO.....	02			
1.4	What is the highest level of education that you have completed?	Pre-school	0			
		Primary school	01			
		Secondary	02			
		College (Certificate/Diploma)	03			
		Undergraduate	04			
		Postgraduate (Master/PHd)	05			
1.5	Highest class/form/year completed	<input type="checkbox"/>				

2.0 COMMUNITY SERVICES
I would like us to discuss about the community services you are involved in, some questions might require you to refer to your registers

2.1	How many years have you served this community as a community health volunteer (CHV)?	Less than 1 year.....	01			
		1 - 2 years.....	02			
		2 - 4 years.....	03			
		More than 5 years.....	04			
2.2	As a CHV, what are your roles? <i>FW instructions: Circle All that apply Do not Prompt or read the options</i>	HH Health education on Proper nutrition during pregnancy.....	A			
		Breast feeding.....	B			
		Birth plan.....	C			
		Health facility based delivery.....	D			
		ANC.....	E			
		PNC for mother	F			
		Vaccination.....	G			
		Danger signs in pregnancy.....	H			
		Danger signs in postnatal period.....	I			
		Danger signs in newborns.....	J			
		Height measurments.....	K			
		Weight measurements.....	L			
		Referrals.....	M			
		Growth monitoring of children.....	N			
		Distribution of FP commodities.....	O			
		Community mobilization.....	P			
		Home based care services.....	Q			
		Others (Specify).....	96			

2.3	How many households are allocated /assigned to you?	<input type="text"/> <input type="text"/> <input type="text"/>	
2.4	In the allocated households in Qn 2.3, how many have? <i>FW Instruction: Ask about the number of subjects in each category</i>	Non pregnant women (15 to 49 years) Pregnant women How many of the pregnant women can be categorized as having high risk pregnancies Newborns (0-28 days) Infants (29 days to 11 months) Children (12 months to 5 years)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NOW, I would like us to discuss about services that you have offered in the last one month. Some questions may require you refer to your records/registers			
Reference month _____			
2.5	How many of the following have you visited in the last one month	Non pregnant women (15 to 49 years) Pregnant women Newborns (0-28 days) Infants (29 days to 11 months) Children (12 months to 5 years)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.6	In the last month, how many women have you referred to the nearest facility for the following services FW INSTRUCTIONS :ANC >0 ask QN 2.7 The rest skip to qn 2.8	Family planning Pregnancy tests ANC Pregnancy danger signs Facility based devliver PNC for mothers Postpartum women with danger signs Women with high risk pregnancies	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.7	Among the women you referred for ANC in the last one month, how many were for	1st ANC visits At least 4th ANC visits	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.8	Kindly identify danger signs in pregnant women <i>FW instructions: Circle All mentioned Do not Prompt or read the options</i>	High fever Vaginal bleeding Baby not moving Weight loss Swelling in hands or feet Bad headache High blood Pressure Blurred vision Severe abdominal pains Difficulty breathing Painful urination Convulsions/fits Loss of consciousness Heavy vaginal discharge A lot of vomiting Very pale palms of hands or nail bed Genital ulcers Do not know Other, specify _____	A B C D E F G H U J K L M N O P Q 98 96
2.9	Kindly identify danger signs in postpartum women <i>FW instructions: Circle All mentioned Do not Prompt or read the options</i>	Fever without chills Fever with chills Heavy bleeding after birth Bad abdominal pain High blood pressure	A B C D E

		Convulsions F Abnormal discharge G Loss of consciousness H Headaches, dizziness/faintness I Blurry vision J Difficulty breathing K Difficulty passing urine L Palm of hands and feet lighter than normal M Other (Specify) _____ 96																																				
2.10 a	In the last 3 months, how many of the following have you referred with the following ?	Pregnancy danger signs <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Women with high risk pregnancies <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Post-partum women																																				
2.10 b	Would you categorize pregnant women with the following conditions as having high risk pregnancies. <i>FW Instructions: Read out the options.</i> <i>Multiple response allowed</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">Y</th> <th style="width: 5%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">D/K</th> </tr> </thead> <tbody> <tr> <td>Carrying twins and higher-order multiples</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Gestational diabetes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>HIV positive women</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>High blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Pregnancy in teens < 17 years</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Pregnancy in women > 35 years</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Overweights/ obese women</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>History of miscarriage(s)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> </tbody> </table>		Y	N	D/K	Carrying twins and higher-order multiples	1	2	98	Gestational diabetes	1	2	98	HIV positive women	1	2	98	High blood pressure	1	2	98	Pregnancy in teens < 17 years	1	2	98	Pregnancy in women > 35 years	1	2	98	Overweights/ obese women	1	2	98	History of miscarriage(s)	1	2	98
	Y	N	D/K																																			
Carrying twins and higher-order multiples	1	2	98																																			
Gestational diabetes	1	2	98																																			
HIV positive women	1	2	98																																			
High blood pressure	1	2	98																																			
Pregnancy in teens < 17 years	1	2	98																																			
Pregnancy in women > 35 years	1	2	98																																			
Overweights/ obese women	1	2	98																																			
History of miscarriage(s)	1	2	98																																			
2.11	Kindly identify danger signs in newborns <i>FW instructions:</i> <i>Circle All mentioned</i> <i>Do not Prompt or read the options</i>	Preterm birth A Preterm lowbirth weight B Term lowbirth weight C Jaundice D Skin in palm and sole of feet turn blue E Yellow sole G Breathing difficulties H Fever (temperature above 37.5 C) I Low temperature (35.4 C or less) J Lethargy K Failure to feed L Convulsions or fits since birth M Drowsy N Fast breathing (60 breaths or more in 1 minute count) O Chest indrawing P Movement only on stimulation, or no movement even on stimulation Q Signs of local infection: umbilicus red or draining pus, skin boils and eyes draining pus. R Excessive weight loss S Interneet Other (Specify) _____																																				
2.12	In the last 3 months, how many newborns have you referred to the nearest health facility for the following services	Routine medical checks <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Vaccinations <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Seek medical care for danger signs <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																				

3.0	DATA DOCUMENTATION Now I would like us to discuss about how you currently collect data											
3.1	How do you collect data during home visits	Manually using MOH registers Electronically using mobile or electronic devices Others specify	1 2 96									
3.2	How do you determine if a woman/newborn has a danger sign and needs urgent medical attention ?	By referring to counseling cards From memory I call someone to refer I guess I don't know Other specify _____	1 2 3 4 98 96									
3.3	Are you satisfied with the current method of data collection ?	Yes No..... D/K.....	1 2 98									
3.3 b	<i>Why? Elaborate</i>	_____ _____ _____										
3.4	Do you think the current method of identifying danger signs in women and newborns is effective and efficient	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">D/K</td> </tr> <tr> <td>Effective 1</td> <td>2</td> <td>98</td> </tr> <tr> <td>Efficient 1</td> <td>2</td> <td>98</td> </tr> </table>	Y	N	D/K	Effective 1	2	98	Efficient 1	2	98	
Y	N	D/K										
Effective 1	2	98										
Efficient 1	2	98										
3.5	In your opinion, do you think an electronic / mobile data capture system will <i>Fill with the correct response</i> 1=Yes 2=No 98=Do not know	Make work easier <input type="checkbox"/> Shorten time in HHs <input type="checkbox"/> Assist in correct identification of danger signs <input type="checkbox"/> Increase timely referrals <input type="checkbox"/> Reduce misdiagnosis at community level <input type="checkbox"/> Others specify _____ 96										
3.6	Have you been trained on mobile /electronic data collection	Yes..... No.....	1 2									
FW INSTRUCTION : THANK THE PARTICIPANT FOR PARTICIPATION AND END THE INTERVIEW RECORD ANY GENERAL COMMENTS ABOUT THE INTERVIEW/RESPONDENT												
_____ _____												
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">END TIME (24 Hrs Format)</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;"><input type="text"/></td> </tr> </table>				END TIME (24 Hrs Format)	<input type="text"/>	<input type="text"/>	<input type="text"/>					
END TIME (24 Hrs Format)	<input type="text"/>	<input type="text"/>	<input type="text"/>									