**Network Method Survey Instrument**

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| Section: Screening Script |
| I am \_\_\_\_\_, working for IMPACT Initiatives, a sister organization to ACTED, an international non-profit organization working in this area. Together with the University of Kinshasa School of Public Health and University of California Berkeley, we are doing research on methods to improve reporting of deaths in the community to better inform the health department on the number and causes of death in this area. This information helps health actors plan and run health services for the population. We are approaching you today because you are coming from, or have information on, hard-to-reach communities in Tanganyika Province. Would you have 10-15 minutes today to answer some questions about births, deaths and other health events that have occurred in your community?  If yes, I would like to make sure that you are eligible before I give you more information about our work and invite you to take part in this study. May I ask, which Zone and Aire de Santé are you coming from today?  • [Visually assess the sex of the respondent]  • [Check against list if coming from a target area]  \*\*Is the respondent eligible for the study?\*\* [ YES / NO ]  [If not eligible for interview] Thank you for your time, however we do not need information from you today. [END INTERVIEW] |

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| Section: Informed Consent |
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| [If they are eligible for interview] You are coming from an area where need information on the health situation of the population. Would you have 10-15 minutes to answer some questions for us about births, deaths or other health events that have occurred in your community?  If yes, I would like to give you some information about our work and invite you to take part in this study. If there is any part that you don’t understand you can ask me to stop and I will take time to explain, or you can ask later. [APPLY INFORMED CONSENT FORM FOR NETWORK METHOD SURVEY]  \*\* Has the respondent consented to participate? \*\* [YES / NO]  [If yes to consent] [Continue to section 1 below].  [If no to consent] Thank you for your time. [END INTERVIEW] |

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| Section 1: Respondent Characteristics | | |  |
| S/No | **Question** | **Choices** |  |
| Q1.1 | What Zone de Sante are you coming from today? | [Select one – contextual list] |  |
| Q1.2 | What Aire de Sante are you coming from today? | [Select one – contextual list] |  |
| Q1.3 | What Village are you coming from today? | [Select one – contextual list] |  |
| Q1.4 | Is [village\_name] your place of usual residence? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q1.5 | What is the sex of the respondent? | 1 = Male  2 = Female |  |
| Q1.6 | What is the age of the respondent (in completed years) | Integer (completed years) |  |
| Q1.7 | What is the marital status of the respondent? | 1 = Single  2 = Married  3 = Divorced  4 = Widowed  5 = Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Q1.8 | What is the residency status of the respondent? | 1 = Resident  2 = Internally Displaced Person (IDP)  3 = IDP Retrunee  4 = Refugee Returnee  5 = Refugee |  |
| Q1.9 | What is the highest level of education of the respondent? | 1 = Pre-primary school  2 = Primary school  3 = Lower Secondary School  4 = Secondary School  5 = Post-secondary school  6 = Trade or professional school  7 = Religious school  8 = Don’t know  9 = Prefer not to answer |  |
| Q1.10 | What does the respondent do to make money or earn food for the household? | [select multiple – contextual list of livelihood activities] |  |
| Q1.11 | What is the reason for the person’s movement through town today? | 1 = Transit to another location  2 = Access market  3 = Access health facility  4 = Visiting family or friends  5 = Work related reasons  6 = Other (specify)  8 = Don’t know  9 = Prefer not to answer |  |
| Q1.12 | What is the highest level of education of the respondent? | 1 = none  2 = Primary  3 = Lower Secondary  4 = Upper Secondary  5 = Superior (Post Secondary)  6 = Other  7 = Don’t know  8 = Prefer not to answer  9 = Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Q1.13 | What is the main material of your home's exterior walls? | 1 = No walls  2 = Cane / palm tree / trunks  3 = Earth  4 = Bamboo with mud  5 = Stone with mud  6 = Uncovered adobe / bamboo / wood with mud  7 = Reused wood  8 = Wood  9 = Cement  10 = Stone with lime / cement  11 = Bricks  12 = Cement blocks  13 = Coated adobe  14 = Wood planks / shingles  15 = Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Q1.14 | In your household, what type of fuel is primarily used for cooking? | 1 = Electricity  2 = Biogas  3 = Kerosene  4 = Coal, ignite  5 = Charcoal  6 = Wood  7 = Straw / shrubs / grass  8 = Agricultural crops  9 = No food cooked in the house  10 = Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Q1.15 | Does your household have at least one bed? | 1 = Yes  2 = No  3 = Don’t know  4 = No response |  |
| Q1.16 | Does your household have at least one radio? | 1 = Yes  2 = No  3 = Don’t know  4 = No response |  |
| Q1.17 | Over the last 12 months, what is your occupation, that is, what kind of work do you mainly do | 1 = Not currently working  2 = Professional, technical, or managerial worker (salaried)  3 = Clerical worker  4 = Sales worker  5 = Self-employed agricultural worker  6 = Agricultural employee  7 = Household, domestic, or service worker  8 = Skilled manual worker  9 = Unskilled manual worker  10 = Armed forces  11 = Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  12 = Don’t know  13 = No response |  |
| Q1.18 | What is the reason for the person’s movement through town today? | 1 = Visit family and/or friends  2 = Access health services  3 = Receive humanitarian aid/access social services  4 = Access stores or markets  5 = Access transport to another location  6 = Work or looking for work  7 = Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| Section 2: Network Method, Household and Neighbor ties | | | |  |
| In the following section, we want to know about the number of people you know who are your neighbors or live in your household.  Please think about all the people with your own household. By household, we mean people in most days of the previous week:   * Lived together under the same roof or in the same compound. * Shared food from the same cooking pot | | | | |
| S/No | **Question** | | **Choices** |  |
| Q2.1 | Number of boys < 5 years of age? | | Integer (total number) |  |
| Q2.2 | Number of girls < 5 years of age? | | Integer (total number) |  |
| Q2.3 | Number of boys 5 - 18 years of age? | | Integer (total number) |  |
| Q2.4 | Number of girls 5 - 18 years of age? | | Integer (total number) |  |
| Q2.5 | Number of men 18+ years of age? | | Integer (total number) |  |
| Q2.6 | Number of women 18+ years of age? | | Integer (total number) |  |
| Q2.7 | How many people in your household have died since {recall\_event}? | | Integer (total number) |  |
| Please think of the 5 households closest to your household by walking distance. Please only tell me about the people who usually live in this household. By household, we mean people in most days of the previous week:   * Lived together under the same roof or in the same compound. * Shared food from the same cooking pot | | | | |
| Repeat following questions each of the closest 5 closest households by distance, closest household to furthest. | | | | |
| Q2.8 | | Number of boys < 5 years of age? | Integer (total number) |  |
| Q2.9 | | Number of girls < 5 years of age? | Integer (total number) |  |
| Q2.10 | | Number of boys 5 - 18 years of age? | Integer (total number) |  |
| Q2.11 | | Number of girls 5 - 18 years of age? | Integer (total number) |  |
| Q2.12 | | Number of men 18+ years of age? | Integer (total number) |  |
| Q2.13 | | Number of women 18+ years of age? | Integer (total number) |  |
| Q2.14 | | How many people in have died in {Neighbor household Num} since January 1st, 2023? | Integer (total number) |  |
| Ask the following questions about the respondent’s household and 5 closest neighbors combined | | | | |
| Q2.15 | | In your household, and your closest 5 neighbours, how many people have \*\*LEFT\*\* their localite or quartier since January 1st, 2023? |  |  |
| Q2.16 | | In your household, and your closest 5 neighbours, how many people have \*\*LEFT\*\* their localite or quartier since January 1st, 2023}? |  |  |
| Q2.17 | | How many births do you know of in your household, and the households of your 5 closest neighbors since January 1st, 2023? |  |  |
| Q2.18 | | How many births do you know of in your household, and the households of your 5 closest neighbors since January 1st, 2023? |  |  |
| Q2.19 | | How many children under-5 years do you know in \*\*your household, and the households of your 5 closest neighbours\*\*, who had \*\*MEASLES\*\* since January 1st, 2023? |  |  |

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| Section 2: Network Method, Extended Kin | | |  |
| We want to know about people you know who:   - Reside in the same Zone De Sante as you - You are blood related to - Are still alive today | | | |
| Q3.1 | How many of \*YOUR OWN FEMALE CHILDREN\*\* in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ | Integer |  |
| Q3.2 | How many of \*YOUR OWN MALE CHILDREN\*\* in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.3 | How many of \*YOUR OWN FEMALE GRANDCHILDREN\*\* in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.4 | How many of \*YOUR OWN MALE GRANDCHILDREN \*\* in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.5 | How many of \*YOUR OWN SISTERS\*\* in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.6 | How many of \*YOUR OWN BROTHERS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.7 | How many of \*YOUR OWN FEMALE COUSINS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.8 | How many of \*YOUR OWN MALE COUSINS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.9 | How many of \*YOUR OWN PARENTS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.10 | How many of \*YOUR OWN FEMALE COUSINS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.11 | How many of \*YOUR OWN AUNTS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.12 | How many of \*YOUR OWN UNCLES\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.13 | How many of \*YOUR OWN PARENTS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.14 | How many of \*YOUR OWN MALE GRANDPARENTS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age | Integer |  |
| Q3.15 | How many of \*YOUR OWN FEMALE GRANDPARENTS\*\* are in {zone\_de\_sante\_name} are:   * < 5 years of age * 5–18 years of age * 18+ years of age |  |  |
| *Ask below questions about all above kin relationships pooled* | | | |
| Q3.16 | Within your \*\*EXTENDED FAMILY\*\* which you counted, how many people do you know that have left their localite or quartier since January 1st, 2023 ? |  |  |
| Q3.17 | Within your \*\*EXTENDED FAMILY\*\* which you counted, how many people do you know that have \*\*JOINED\*\* their localite or quartier since January 1st, 2023? |  |  |
| Q3.18 | Within your \*\*EXTENDED FAMILY\*\*, how many births do you know since January 1st, 2023 within your extended family ? |  |  |
| Q3.19 | Within your \*\*EXTENDED FAMILY\*\*, how many older children (5+ years) or adults do you know who had \*\*serious acute watery diarrhoea\*\* since January 1st, 2023 ? |  |  |
| Q3.20 | Within your \*\*EXTENDED FAMILY\*\*, how many children under-5 years of age do you know who had \*\*MEASLES\*\* since January 1st, 2023? |  |  |

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| Section 4: Births | | | |
| You reported:  -{num\_births\_neighbours} births from your household and your 5 closest neighbours  -{num\_births\_kin} births from your extended family | | | |
| Q4.1 | How many total, unique births really happened since January 1st, 2023 | Integer |  |
| *Repeat below questions for each birth reported* | | | |
| Q4.2 | What is your relationship to child #{birth\_pos}? |  |  |
| Q4.3 | What is the family relationship? |  |  |
| Q4.4 | Do you know the sex of the child? | 1 = Male  2 = Female; |  |
| Q4.5 | Do you know the day, month, and year of child #{birth\_pos} birth? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q4.6 | What is the \*\*date of birth\*\* for the child? | Date |  |
| Q4.7 | If not exact date, can you estimate the \*\*month-year of birth\*\* for the child? | Month-Year |  |
| Q4.8 | What was the outcome of this birth? | 1 = Born, and alive  2 = Born, but now dead  3 = Child not born alive  4 = Don’t Know  5 = Other, please describe: \_\_\_\_\_ |  |

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| Section 5: Suspect Cholera | | |  |
| *You reported:*   * *-{num\_awd\_neighbours} serious acute watery diarrhoea cases from your household and your 5 closest neighbours* * *-{num\_awd\_kin} serious acute watery diarrhoea cases from your extended family* | | | |
| Q5.1 | *How many total, unique cases of serious acute watery diarrhoea really happened since January 1st, 2023?* | Integer |  |
| *Repeat below questions for each unique case reported* | | | |
| Q5.2 | What was the sex of the person ? | 1 = Male  2 = Female |  |
| Q5.3 | What was the age in years of the person? | Integer |  |
| Q5.4 | Did you observe the person directly when they were sick? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q5.5 | Did the person have at least 3 loose stools during a 24-hour period? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q5.6 | Did the person have any vomiting? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q5.7 | Did the person have sunken eyes? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q5.8 | Do you know the \*\*day, month, and year\*\* that the person last had symptoms? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q5.9 | What is the \*\*last date\*\* that you are aware the person had symptoms? | Date |  |
| Q5.10 | If not exact date, can you estimate the \*\*month-year\*\* that the person had symptoms? | Month-Year |  |
| Q5.11 | Did the person seek health care? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q5.12 | If so, what place was health care sought? | 1 = Govt. hospital  2 = Govt. health center  3 = Govt. health post  4 = Other govt. medical facility  5 = Private hospital  6 = Private clinic  7 = Other private facility  8 = NGO hospital  9 = NGO clinic  10 = Other NGO facility  11 = Other (please specify)  12 = Don’t know |  |
| Q5.13 | What was the outcome of the person’s illness? | 1 = Person recovered  2 = Person still sick  3 = Person died  4 = Don’t know  5 = Other (please specify) |  |

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| Section 6: Suspect Measles | | |  |
| You reported:   * {num\_measles\_neighbours} measles cases from your household and your 5 closest neighbours * {num\_measles\_kin} measles cases from your extended family | | | |
| Q6.1 | How many children (under-5 years) do you know who had measles since January 1st, 2023? | Integer |  |
| *Repeat below questions for each person reported* | | | |
| Q6.2 | What was the sex of the child ? | 1 = Male  2 = Female |  |
| Q6.3 | What was the age in years of the child? | Integer |  |
| Q6.4 | Did you observe the child directly when they were sick? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q6.5 | Did the child have a rash on their head and/or neck? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q6.6 | Did the child have fever? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q6.7 | Do you know the \*\*day, month, and year\*\* that the child had measles? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q6.8 | What is the \*\*last date\*\* that you are aware the child had measles symptoms? | Date |  |
| Q6.9 | If not exact date, can you estimate the \*\*month-year\*\* that the child had measles symptoms? | Month-Year |  |
| Q6.10 | Did the child seek health care? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q6.11 | If so, what place was health care sought? | 1 = Govt. hospital  2 = Govt. health center  3 = Govt. health post  4 = Other govt. medical facility  5 = Private hospital  6 = Private clinic  7 = Other private facility  8 = NGO hospital  9 = NGO clinic  10 = Other NGO facility  11 = Other (please specify)  12 = Don’t know |  |
| Q6.12 | What was the outcome of the child's illness? | 1 = Person recovered  2 = Person still sick  3 = Person died  4 = Don’t know  5 = Other (please specify) |  |

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| Section 7: Deaths | | |  |
| You reported:   * {num\_deaths\_hh} deaths from your own household * {num\_deaths\_neighbours} deaths from your 5 closest neighbours * {num\_deaths\_kin} deaths from your extended family | | | |
| Q7.1 | How many total, unique deaths really happened since {recall\_event}? | Integer |  |
| *Repeat below questions for each person reported* | | | |
| Q7.2 | What was the first name of the deceased individual? | Text |  |
| Q7.3 | What was the family name of the deceased individual? | Text |  |
| Q7.4 | Was [name\_deceased] known by any other names or nicknames? | Text |  |
| Q7.5 | What was the sex of [name\_deceased]? | 1 = Male  2 = Female; |  |
| Q7.6 | What was the age in completed years of [name\_deceased] ? | Integer |  |
| Q7.7 | Do you know the day, month, and year of [name\_deceased] birth? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.8 | What is the \*\*date of birth\*\* for [name\_deceased]? | Date |  |
| Q7.9 | If not exact date, can you estimate the \*\*month-year of birth\*\* for [name\_deceased] ? | Month-Year |  |
| Q7.10 | Do you know the day, month, and year that [name\_deceased] passed away? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.11 | Do you know the exact date that [name\_deceased] passed away? | Date |  |
| Q7.12 | If not, please estimate the month-year of death as close as possible? | Month-Year |  |
| Q7.13 | What was the main cause of death for [name\_deceased]? | 1 = Acute disease  2 = Chronic disease  3 = Intentional violence  4 = Accident/trauma  5 = Post-partum (0-42 days)  6 = During pregnancy  7 = During delivery  8 = Other (please specify)  9 = Don’t know |  |
| Q7.14 | Where did the [name\_deceased] pass away? | 1 = Current location of residence  2 = Health facility at current location of residence  3 = During migration or displacement  4 = At last place of residence  5 = Health facility at last place of residence |  |
| Q7.15 | Did [name\_deceased] seek health care in the 2 weeks before dying? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.16 | If so, what place was health care sought? | 1 = Govt. hospital  2 = Govt. health center  3 = Govt. health post  4 = Other govt. medical facility  5 = Private hospital  6 = Private clinic  7 = Other private facility  8 = NGO hospital  9 = NGO clinic  10 = Other NGO facility  11 = Other (please specify)  12 = Don’t know |  |
| Q7.17 | If not, what was the main reason for not seeking care in a health structure/facility? | 1 = Immediate death  2 = No money/consultation too expensive  3 = Too sick to seek care  4 = Not sick enough to seek care  5 = Health facility too far away  6 = Went to a traditional healer  7 = No time to go/too busy to go  8 = No trust in the health facility  9 = Safety issue  10 = Care was refused at the health center  11 = Other please specify  12 = Don’t know |  |
| Q7.18 | In your own words, can you provide any other details about the circumstances of [name\_deceased]'s death? | Text |  |
| Q7.19 | Was [name\_deceased} a part of your own household? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.20 | Was [name\_deceased] a membre of the community you currently live in? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.21 | If no, what Zone de Sante did [name\_deceased] live at the time of death? | [Select one – contextual list] |  |
| Q7.22 | If no, what Aire de Sante did [name\_deceased] live at the time of death? | [Select one – contextual list] |  |
| Q7.23 | If no, what Village did [name\_deceased] live at the time of death? | [Select one – contextual list] |  |
| Q7.24 | We would like to follow up more closely with the household of [name\_deceased] to better understand the causes of their death. This will help us understand the causes of high mortality in Tanganyika Province so the health department and NGOs can better plan their response.  We would like to ask your permission to follow up with [name\_deceased]'s household directly to better understand the causes of death. We would not disclose your information that you told us about the death, but it would increase the risk of breaching your confidentiality if we discussed with the household. If you are not comfortable with us following up with the household, please tell us. We will only follow up with them if you give us permission to do so.  \*\*Do we have your permission to follow up with the household of [name\_deceased]? \*\* | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.25 | Do you have any phone number you can share for [name\_deceased]'s household? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.26 | \*\*Do we have your permission from household of [name\_deceased] the follow-up with some questions about cause of death? \*\* | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.27 | Phone number | Phone Number |  |
| Q7.28 | Is there anyone else we could call by phone who could connect us with [name\_deceased]'s household? | 1 = Yes  2 = No  8 = Don’t know  9 = Prefer not to answer |  |
| Q7.29 | Phone number (alternate): | Phone Number |  |
| Q7.30 | Do you have any other information on how we could reach or contact [name\_deceased]'s household? | Text |  |