QUESTIONNAIRE

Application for Full Membership

The purpose of this questionnaire is to enable the INDEPTH Board of Trustees and the Executive Director to have sufficient information on the applicant health and demographic surveillance system (HDSS) site as they review the application for full membership into the Network. Please return the fully completed questionnaire to the INDEPTH Secretariat.

The questionnaire is in two parts: PART A is the “MAIN QUESTIONNAIRE” and PART B is an additional module: PART B - HUMAN RESOURCE APPRAISAL AT INDEPTH SITES.

To consider your application for full membership, it suffices to submit a fully completed PART A. However, the Secretariat would encourage all applicants to complete and submit PART B either together with PART A or at a later date.
PART A – MAIN QUESTIONNAIRE

DEFINING INFORMATION REGARDING INDEPTH INSTITUTIONS

Please note: Responses to these questions should be with specific reference to the health and demographic surveillance system (HDSS) operated at your site, and not to the wider portfolio of research that may be based thereon.

1. Identifying details

a) Name of site/project/programme:

Kersa Demographic Surveillance and Health Research Center (KDS-HRC)

b) Geographic location: (be as specific as possible i.e. include country, province/region, district/sub-district as appropriate)

Ethiopia, Oromia, Eastern Hararge Zone, Kersa District

c) Base institution(s): (e.g. university, Ministry of Health (MOH), research council, etc or multiple of these)

Haramaya University, Ethiopia

d) Primary purpose(s) of the HDSS

The Demographic Surveillance and Health Research Center focus is to:
1. generate up-to-date community based data including vital events;
2. conduct studies in addressing national health issue;
3. assess trends of demographic, health and environmental changes;
4. evaluate health intervention activities;
5. enhance research culture in the learning and teaching process;
6. render support on research method and analysis for students and staff;
7. disseminate research findings to different users;
8. advocate utilization of research findings in improving health and other service delivery.
e) Priority Research Areas:
KDS-HRC undertakes researches in major health and health related public health problems. Some of the focus areas of research areas are:

a. Child health

b. Maternal health
c. Demographic changes
d. Reproductive health
e. HIV/AIDS and other STIs
f. Malaria and other acute infectious diseases
g. Tuberculosis and other chronic infectious diseases
h. Gender related issues
i. Nutrition
j. Water and sanitation
k. Vector borne diseases
l. Pollution
m. Occupational health
n. Mental health

o. Chronic non-infectious diseases (hypertension, diabetes and etc…)
p. Other communicable diseases
q. Health service utilization

f) Full contact details (Mailing and email addresses, Tel. and Fax)

Dr. Nega Assefa
P.O.Box 1494, Harar, Ethiopia
Tel: +251-256-666143
Fax: +251-256-668081
Email: negaassefa@yahoo.com
Website: http://www.haramaya.edu.et/research/projects/kds-hrc/
2. Key descriptive features: surveillance

a) Size of population under continuous surveillance: as of August 2011 size of population was 58,027

b) Year when surveillance was introduced: 2007

c) Has there been any interruption? No  
If yes, when was surveillance continued?

d) Indicate key variables under continuous surveillance:

<table>
<thead>
<tr>
<th></th>
<th>Y/N</th>
<th>Frequency of update (monthly, quarterly, annually)</th>
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</thead>
<tbody>
<tr>
<td>births</td>
<td>Y</td>
<td>Quarterly</td>
</tr>
<tr>
<td>deaths</td>
<td>Y</td>
<td>Quarterly</td>
</tr>
<tr>
<td>migration</td>
<td>Y</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

- Other variable(s) under continuous surveillance (please list, including frequency of update)
  - Marital status change, quarterly updates
  - Adult morbidity, quarterly updates
  - Child morbidity, quarterly updates
  - Child immunization, quarterly updates

e) Do you collect information on cause of death? Yes  
If Yes, how? Using verbal autopsy after 45 mourning days, then interpreting by physician

f) Verbal Autopsy (VA) is a method used in the absence of clinical autopsy to elicit information on cause of death [See for details: INDEPTH Network (2002). Population and Health in Developing Countries. Volume 1, Population, Health and Survival at INDEPTH Sites. IDRC, Canada. This book is available online at www.idrc.ca]

  i) Are Verbal Autopsies conducted? Yes

  ii) If yes, are the VAs on all deaths, or a sample? All deaths

g) Database:
i) Are all individual records linked prospectively within the database? Yes
Comment if necessary:

ii) Give brief details on the type of database used, and whether this was
custom-designed or is based on a system used elsewhere (e.g. HRS 1 or 2)
Our database is custom designed currently. It is called KDS soft. It uses SQL
backend and visual basic frontend.
We are also working on HRS-2. We want to shift to HRS-2 shortly

iii) Comment on data entry capability (e.g. number of resident data typist(s),
contracted out to private sector etc):
• In-house capability; If yes, specify: yes, we have in-house capability.
Our data typists are contract workers on a monthly salary.
• contracted out; If Yes, specify:

3. Key results
(These results may be preliminary in case the HDSS has just been established. Please
attached pages if necessary)

a) Population pyramid (include as a separate page) see population pyramid of the
baseline and the last update attached.

b) Mortality rates*

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>54,495</td>
<td>54,881</td>
<td>55,794</td>
<td>58,027</td>
</tr>
<tr>
<td>Deaths</td>
<td>456</td>
<td>479</td>
<td>386</td>
<td>412</td>
</tr>
<tr>
<td>Rate</td>
<td>8.4</td>
<td>8.7</td>
<td>6.9</td>
<td>7.1</td>
</tr>
</tbody>
</table>

c) Fertility rates*

<table>
<thead>
<tr>
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<th>2008</th>
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<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
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<td>54,495</td>
<td>54,881</td>
<td>55,794</td>
<td>58,027</td>
</tr>
<tr>
<td>Births</td>
<td>1456</td>
<td>1561</td>
<td>1972</td>
<td>1105</td>
</tr>
<tr>
<td>Rate</td>
<td>26.7</td>
<td>28.4</td>
<td>35.3</td>
<td>19.0</td>
</tr>
</tbody>
</table>

d) Include in- and out-migration rates (preferably on the same graph)

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</tr>
<tr>
<td>In migration</td>
<td>11</td>
<td>33</td>
<td>112</td>
<td>87</td>
</tr>
<tr>
<td>In migration rate/1000</td>
<td>0.2</td>
<td>0.6</td>
<td>2.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Outmigration</td>
<td>313</td>
<td>490</td>
<td>522</td>
<td>207</td>
</tr>
<tr>
<td>Out migration rate /1000</td>
<td>5.7</td>
<td>8.9</td>
<td>9.4</td>
<td>3.6</td>
</tr>
</tbody>
</table>
(* with mortality and fertility rates include trend lines, if available, based on retrospective and prospective analyses)

If some or all of the above results are not available, please state reason:
Some of rates are not put by age and sex. The rates for August 2012 are not put. It will be communicated shortly.

4. Management and human resources

a) Management/accountability structure: please outline
The research center has a department status in the college of health and Medical Sciences, Haramaya University.

b) Project leader/director

Dr. Nega Assefa (Ph.D)

c) Alternate contact person

Dr. Nigussie Dechasa (Vice President for Research of Haramaya University)

Email:

c) Senior research staff (provide a brief list only. To provide a detailed list, please complete PART B. For PART A, the purpose is to grasp the senior research capability available to the project)

We have Reproductive Health professional, Epidemiologist, Statistician, Demographers and Public Health Professionals in the team working on the DHS.

5. Funding sources / Collaborators

a) Current main funders/donors (please list)

CDC

b) Future potential funders/donors (list)

Not known

c) Funding is guaranteed until? (End of current funding October 2013 but it is highly likely they will continue funding) (if funding is likely though not guaranteed, please clarify)

d) Who are your collaborators? (Other institutions and researchers)
6. Role/contribution of an international network of field sites

Focus first on what would be of particular benefit to your own site and its work; thereafter, if appropriate, consider some of the broader roles and contributions such a network might make.

a) Contributions of the Network to particular site/project: We expect the network will help in handling our data base, specially the use of HRS-2 is our priority. We also expect the network to provide us trainings on statistical methods on longitudinal data analysis.

b) Broader contributions: Sharing new techniques and procedures. Engagement in multicenter study.

c) What contributions do you envisage your site to make to the Network? We want to share our data and work experience among the members.

d) The INDEPTH Network is keen on taking the lead on public access to data that we generate. Tools are being developed for data access to be possible at various levels to ensure that we strike the right collaborations as well as ensure our work has the greatest impact. Please share with us your thoughts on public access to data that you are generating at your site. Our data should be accessed by the wider public in Ethiopia and across the other developing countries. But it should be governed by the data sharing policy.

8. Publications

a) Please list at most five (5) key publications that have resulted from your HDSS. (Provide full details of publications and enclose copies if possible.)


b) Please include your latest annual report. *Please find attached a brief summary of last year report.*

9. **Other considerations**

Although this enquiry does not aim to be comprehensive, it may be that we have omitted certain key issues or concerns. If so, please list or describe these in this section.

**PART B: INDEPTH HUMAN RESOURCE APPRAISAL**