NGO Networks
for Health

A Participant's Manual
for Baseline Surveys and Regular Monitoring

Using LQAS for Assessing Field Programs in Community
Health in Developing Countries

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MODULE ONE

Why should I do a survey and why should I use the LQAS method?

Session 1: Introducing Participants and the Training/Survey

Session 2: Uses of Surveys

Session 3: Random Sampling

Session 4: Using LQAS Sampling for Surveys

Session 5: Using LQAS for Baseline Surveys

Getting to Know Each Other

1. What organization are you from?

2. What is your position/what do you do?

3. What is your interest in doing surveys?

4. What kind of experience do you have with surveys?

Purpose of the LQAS Workshop

➤ Train participants in how to conduct surveys to collect data for establishing baselines and for regular monitoring.

➤ Train participants in how to analyze data to identify priorities for improving program coverage.

Skills to Be Learned

➢ **LQAS Sampling Methods**

➢ **Interviewing Techniques**

➢ **Data Tabulation and Analysis for Program Improvement**

Overview of the LQAS Training

PRE-SURVEY

CARRY OUT SURVEY

POST-SURVEY

Module 1.
Why should I do a survey & why should I use the LQAS method?

Module 2.
Where should I conduct my survey?

Module 3.
Who should I interview?

Module 4.
What questions do I ask and how do I ask them?

Module 5.
What do I do with the information I have collected?

1. Introducing participants and the training survey
2. Uses of surveys
3. Random Sampling
4. Using LQAS sampling for surveys
5. Using LQAS for baseline surveys

1. Introducing interview locations

1. Selecting households
2. Selecting informants
3. Field practical for numbering and selecting households

1. Reviewing the survey questionnaires
2. Interviewing skills
3. Field practical for interviewing
4. Planning for the data collection/ survey

1. Field work debriefing
2. Tabulating results
3. Analyzing results

Abbreviated Agenda for Modules 1-4:
Sampling and Data Collection Workshop

Day 1
Morning
   Opening and Introductions
   Uses of Surveys
   Random Sampling
   Using LQAS
Afternoon
   Using LQAS continued
   Identifying Interview Locations – communities
   Selecting Households

Day 2
Morning
   Selecting Informants
   Field Practical for Numbering and Selecting Households
Afternoon
   Review and Discuss Filed Practical
   Review Survey Questionnaires

Day 3
Morning
   Review Survey Questionnaires cont.
   Interviewing Techniques
Afternoon
   Field Practical for Interviewing

Day 4
Morning
   Review and Discuss Field Practical
   Improving Interviewing Skills
   Develop Final Plans for Data Collection
Afternoon
   Develop Final Plans for Data Collection cont.
   Workshop Certificates Awarded and Closing

Abbreviated Agenda for Module 5:
Tabulation and Data Analysis Workshop

Day 1
Morning
> Opening and Welcome Back
> Field Work Debriefing
> Lessons learned During the Data Collection
> Agreement on Correct Answers on Questionnaires
> How to Use the Tabulation Tables

Afternoon
> Calculating Average Coverage and it's Importance
> Two Exercises: Using the Tabulation Tables
> Begin Tabulation in Stages

Day 2
Morning
> Continue Tabulation in Stages

Afternoon
> Continue Tabulation in Stages

Day 3
Morning
> Continue Tabulation in Stages

Afternoon
> Continue Tabulation in Stages
> How to Analyze LQAS Data and Identify Priorities
> Preparing a Baseline Report
> Next Steps and the Future

Defining Catchment Area
and Supervision Areas

A

B

C

D

E
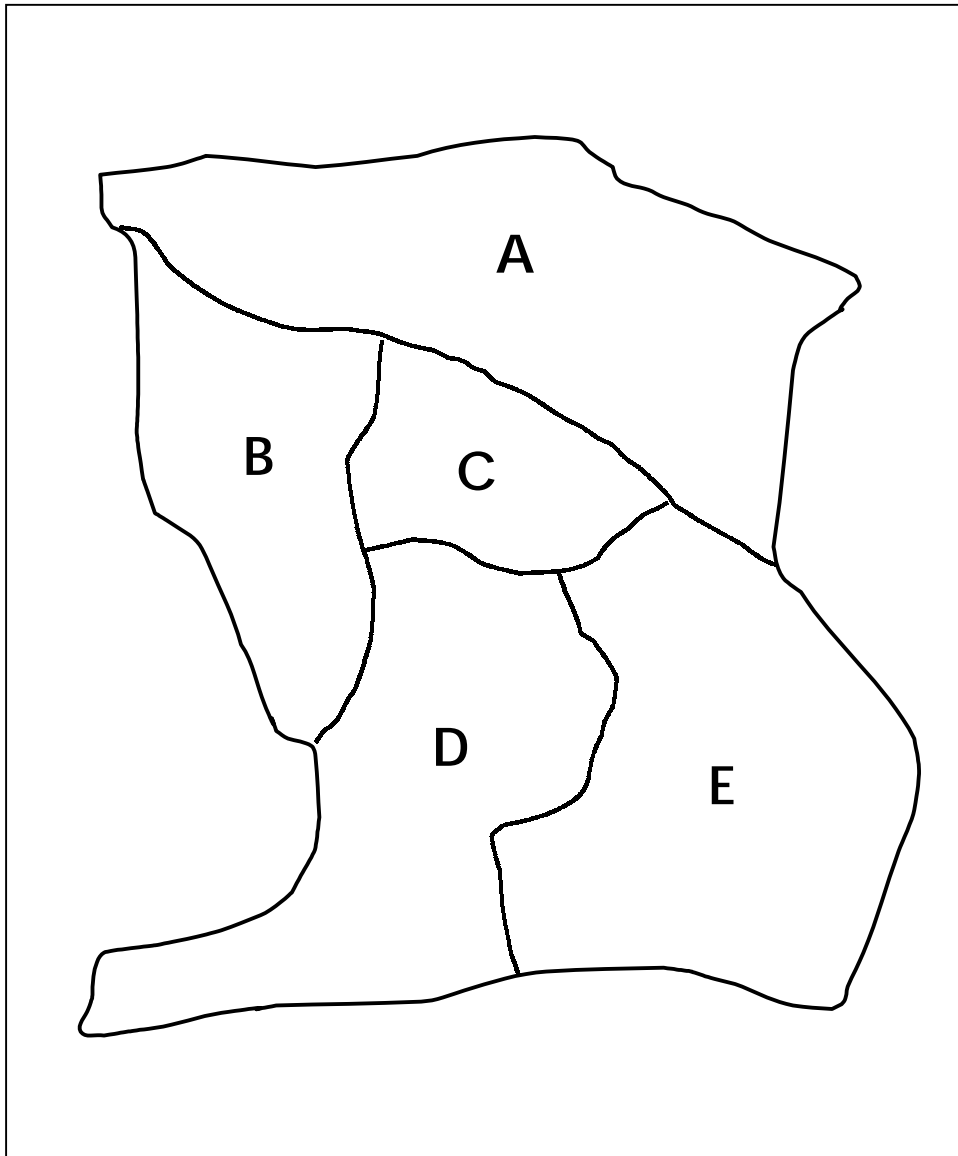
Together, A, B, C, D, and E represent the <u>Catchment Area</u>,

A, B, C, D, and E represent 5 <u>Supervision Areas</u>.

What is Coverage?

An important use of surveys is to measure coverage.

➢ What is coverage?

➢ Why is it important to know about coverage?

What Surveys Can Show You

Surveys can help you identify the level of coverage of the program area as a whole, AND if there are:

➢ *large* differences in coverage regarding health knowledge and practices between supervision areas

➢ *little* difference in coverage regarding health knowledge and practices between supervision areas

NGO PROGRAM: Scenario One (1)
Supervision Areas: A - E
Indicator: Percent of women (15-49) who know 2 or more ways to prevent HIV transmission.

A = 30

B = 40

C = 80

D = 75

E = 20
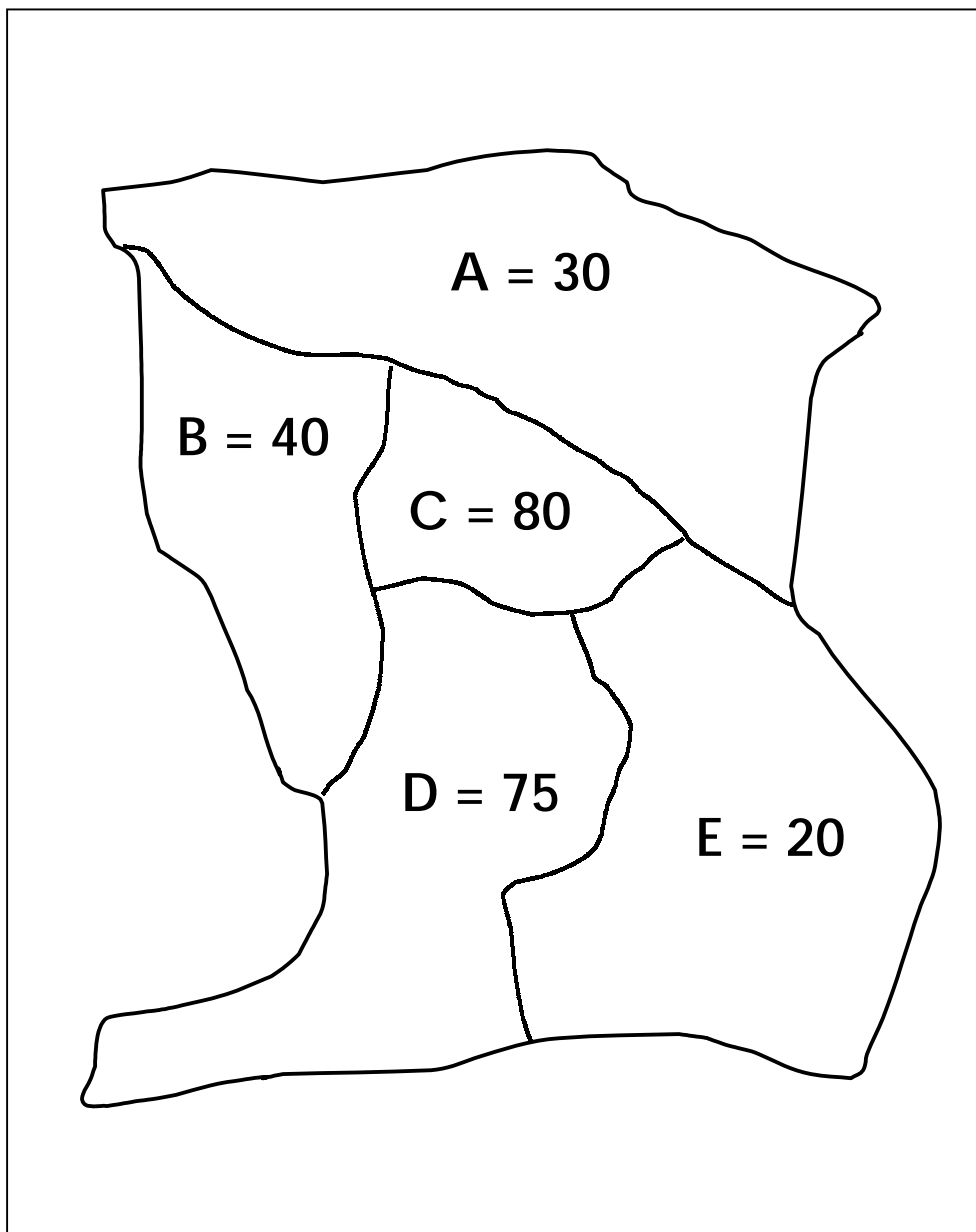
NGO PROGRAM: Scenario Two (2)
Supervision Areas: A - E
Indicator: Percent of women (15-49) who know 2 or more ways to prevent HIV transmission.

A = 85

B = 80

C = 90

D = 85

E = 80
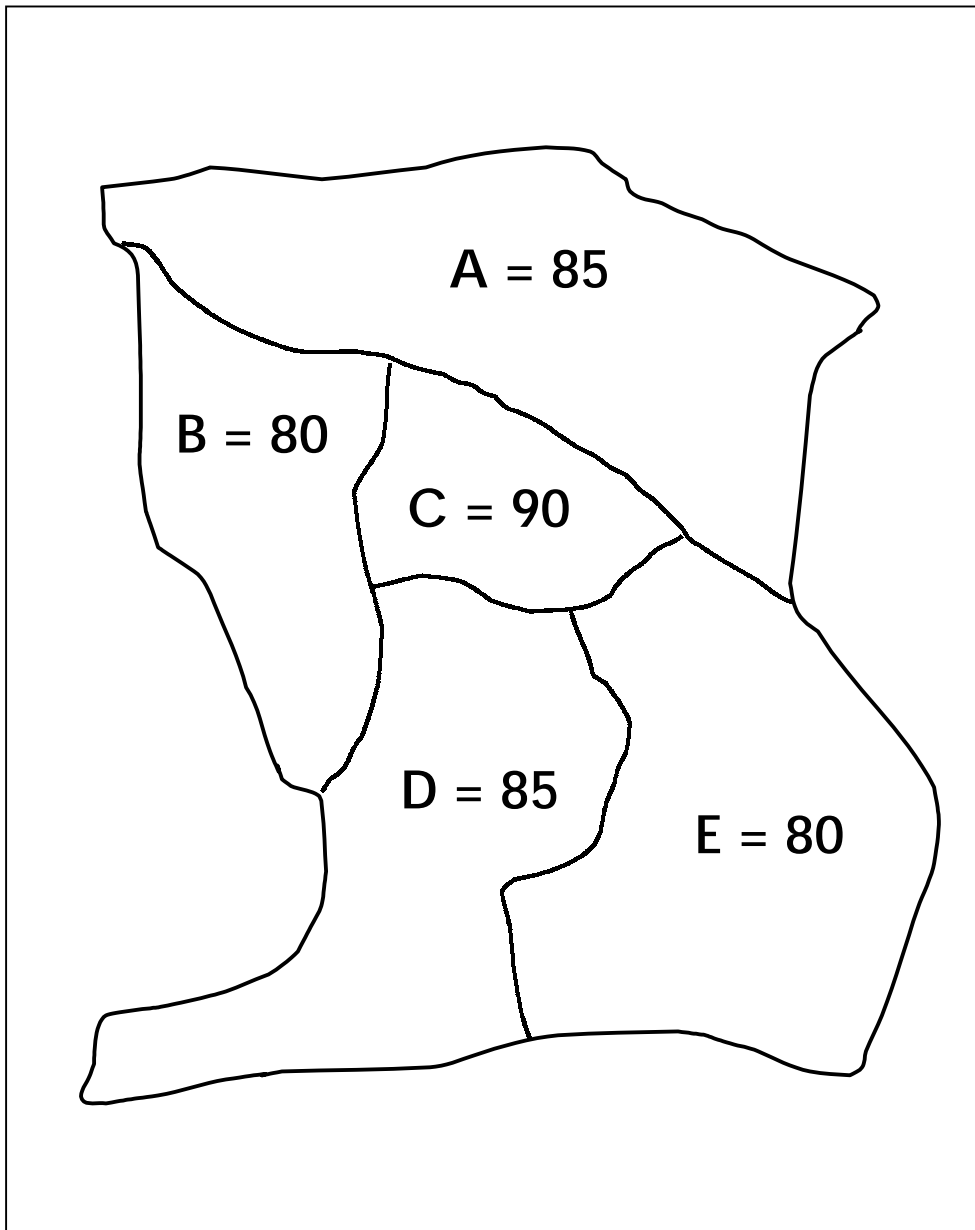
NGO PROGRAM: Scenario Three (3)
Supervision Areas: A - E
Indicator: Percent of women (15-49) who know 2 or more ways to prevent HIV transmission.

A = 25

B = 20

C = 30

D = 25

E = 20
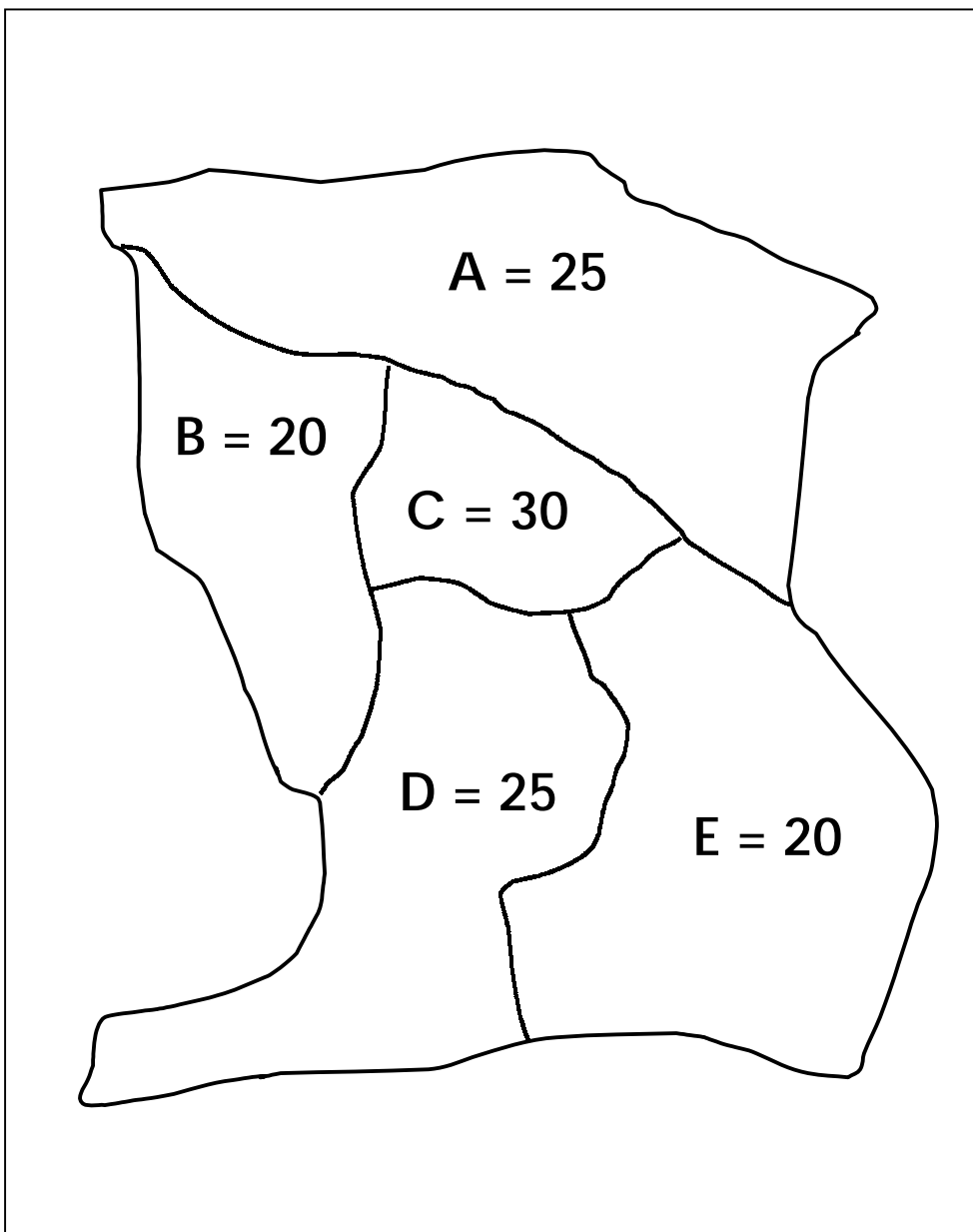
Using Survey Data

Indicator: Percent of women (15-49) who know at least two was to prevent HIV transmission

Supervision Area	Possible Scenarios		
	Scenario One (1) True Coverage (%)	Scenario Two (2) True Coverage (%)	Scenario Three (3) True Coverage (%)
A	30	85	25
B	40	80	20
C	80	90	30
D	75	85	25
E	20	80	20

Analysis:

Look only at the true coverage figures within your assigned scenario (1, 2 or 3):

1. Discuss for a few minutes the differences in coverage between the 5 supervision areas *within your scenario*:
    • What is the difference in coverage between the 5 supervision scenarios?
    • How different is this? Very different? Little difference?

2. Does coverage for the overall program area appear HIGH, LOW, or MIXED?

3. What may be possible reasons for why – in your scenario the program area has this coverage?

4. What might you propose to do about HIV/AIDS in the program area?

Uses of Surveys

Identify health knowledge and practices with:

1. <u>*Large*</u> differences in coverage between supervision areas (SAs).

➔ Identify the low coverage SAs to be able to:
- learn causes of low coverage.

- focus our efforts and resources on these SAs.

- improve coverage of the whole NGO program area by improving coverage in these SAs.

➔ Identify high coverage SAs to be able to:
- study and learn what is working well.

- identify things that can be applied to other SAs.

2. <u>*Little*</u> difference in coverage between SAs.

➔ If coverage is generally high, shift resources to improve other health knowledge and practices.

➔ If coverage is generally low:
- learn causes of low coverage.

- identify/study other NGO Program areas to learn what is working well.

- identify things that can be applied in own program area.

Why Sample?

Sampling allows you to use the "*few*" to describe the "*whole*," and this:

➢ **Saves time**

and

➢ **Saves money**

NGO PROGRAM: Scenario Four (4)
Supervision Areas: A - E
Indicator: Percent of women (15-49) who know at least 2 ways to prevent HIV transmission.

A = ?

B = 80

C = ?

D = 75

E = 45
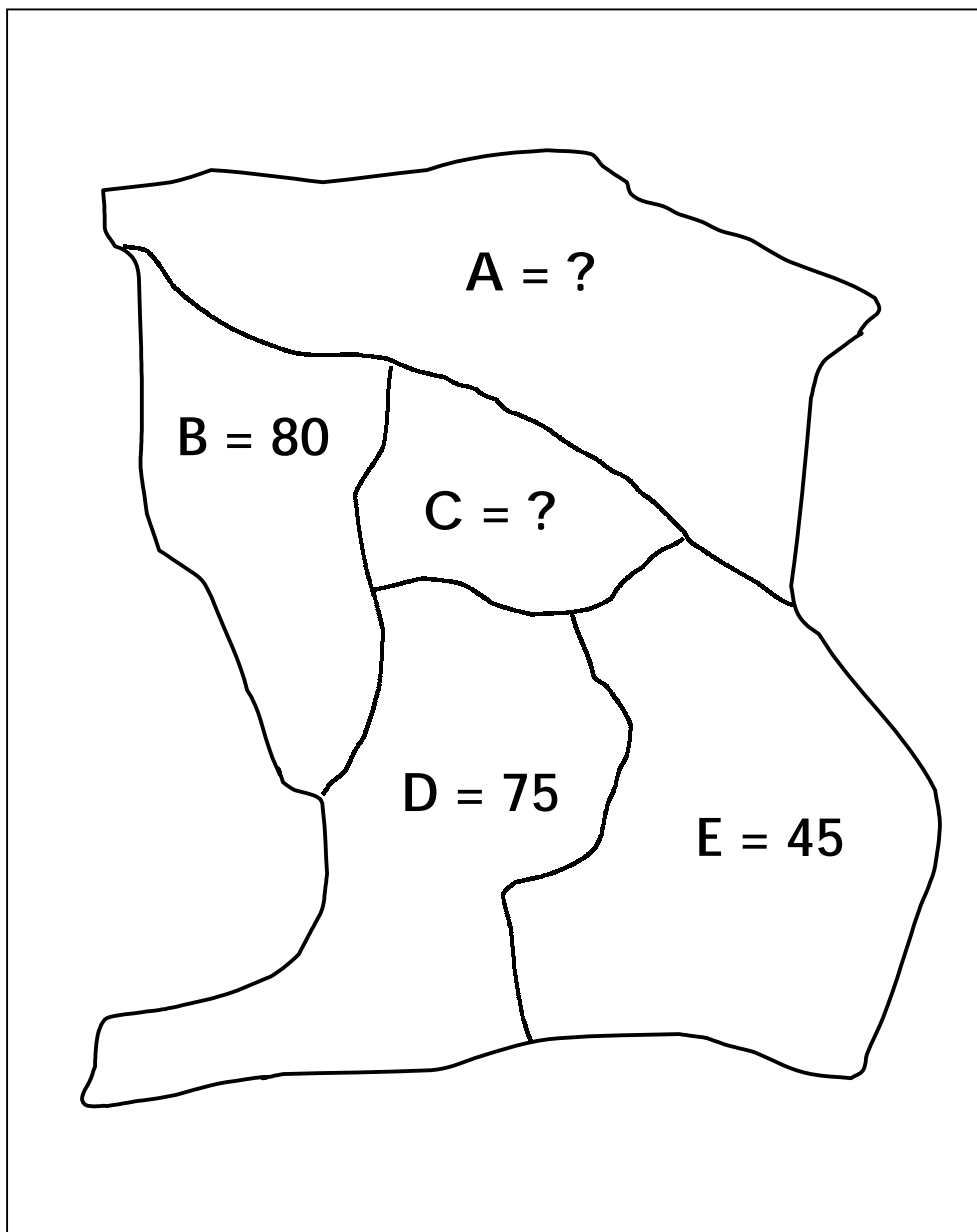
LQAS Sampling Results

Indicator: Percent of women (15-49) who know at least 2 or more ways to prevent HIV transmission.

Sample	Supervision Areas: NGO Program Area	
	A	C
	# Correct (green marbles)	# Correct (green marbles)
1		
2		
3		
4		
5		

Verify "coverage" in the bag for SA A ➜ $\dfrac{\text{Total green marbles}}{\text{Total green and red marbles}}$ = $\dfrac{\quad\quad}{\quad\quad}$ = ____ %

Verify "coverage" in the bag for SA C ➜ $\dfrac{\text{Total green marbles}}{\text{Total green and red marbles}}$ = $\dfrac{\quad\quad}{\quad\quad}$ = ____ %

LQAS Table: Decision Rules for Sample Sizes of 12-30 and Coverage Targets/Average of 10%-95%

Sample Size*	Average Coverage (Baselines) / Annual Coverage Target (Monitoring and Evaluation)																	
	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11
13	N/A	N/A	1	1	2	3	3	4	5	6	6	7	8	8	9	10	11	11
14	N/A	N/A	1	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12
15	N/A	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13
16	N/A	N/A	1	2	2	3	4	5	6	7	8	9	9	10	11	12	13	14
17	N/A	N/A	1	2	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	N/A	N/A	1	2	2	3	5	6	7	8	9	10	11	11	12	13	14	16
19	N/A	N/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20	N/A	N/A	1	2	3	4	5	6	7	8	9	11	12	13	14	15	16	17
21	N/A	N/A	1	2	3	4	5	6	8	9	10	11	12	13	14	16	17	18
22	N/A	N/A	1	2	3	4	5	7	8	9	10	12	13	14	15	16	18	19
23	N/A	N/A	1	2	3	4	6	7	8	10	11	12	13	14	16	17	18	20
24	N/A	N/A	1	2	3	4	6	7	9	10	11	13	14	15	16	18	19	21
25	N/A	1	2	2	4	5	6	8	9	10	12	13	14	16	17	18	20	21
26	N/A	1	2	3	4	5	6	8	9	11	12	14	15	16	18	19	21	22
27	N/A	1	2	3	4	5	7	8	10	11	13	14	15	17	18	20	21	23
28	N/A	1	2	3	4	5	7	8	10	12	13	15	16	18	19	21	22	24
29	N/A	1	2	3	4	5	7	9	10	12	13	15	17	18	20	21	23	25
30	N/A	1	2	3	4	5	7	9	11	12	14	16	17	19	20	22	24	26

N/A: *not applicable*, meaning LQAS can not be used in this assessment because the coverage is either too low or too high to assess an SA.

▢ :   shaded cells indicate where *alpha* or *beta* errors are ≥ 10%.

▨ :   hashed cells indicate where *alpha* or *beta* errors are > 15%.

What a Sample of 19 Can Tell Us

➢ Good for deciding what are the higher performing supervision areas to learn from

➢ Good for deciding what are the lower performing supervision areas

➢ Good for identifying knowledge/practices that have high coverage from those of low coverage

➢ Good for setting priorities among supervision areas with large differences in coverage

➢ Good for setting priorities among knowledge/practices within an SA

(if one intervention is high but the other is low, we would concentrate on the low coverage intervention)

What a Sample of 19 Cannot Tell Us

➢ Not good for calculating exact coverage in an SA (but can be used to calculate coverage for an entire program)

➢ Not good for setting priorities among supervision areas that have little difference in coverage among them

Why Use a Sample of 19?

➢ A sample of 19 provides an acceptable level of error for making management decisions; at least 92% of the time it correctly identifies SAs that have reached their coverage target.

➢ Samples larger than 19 have practically the same statistical precision as 19. They do not result in better information, and they cost more.

Five Supervision Areas & One Indicator

SUPERVISION AREA: A, B, C, D or E			
Indicator: Women who know 2 or more ways to prevent HIV transmission	**# Correct**	**Coverage Estimate =** **65.3%**	**Equal to or Above? Yes or No**
Supervision Area A	12		Yes
Supervision Area B	9		No
Supervision Area C	16	**Decision Rule =** **11**	Yes
Supervision Area D	11		Yes
Supervision Area E	14		Yes

1. Add Number Correct in all SAs: 12 + 9 + 16 + 11 +14 = **62**
   Add all Samples Sizes: 19 + 19 + 19+ 19 + 19 = **95**
   Coverage Estimate = Average Coverage = 62/95 = **65.3%** = **70%**
   (Round upward to the nearest interval of 5 to find the Decision Rule)

2. Use table to find Decision Rule.

3. Is coverage generally below average? Yes or No?

4. Can you identify Supervision Areas that are your priorities?

5. If yes which are they? If not, why can't you identify them?

LQAS Concepts for Baseline Surveys

➢ "Average Coverage" for a question/indicator is the number of people in the sample that responded correctly to a question divided by the total number of people responding that question.

➢ The "Decision Rule" tells you whether an individual supervision area reaches the average coverage or is below average coverage.

Five Supervision Areas & One Indicator:
Participant Worksheet – For Baseline Surveys

Indicator: Women who used condoms each time with intercourse	# Correct	Coverage Estimate =	Equal to or Above? Yes or No
Supervision Area A	7		
Supervision Area B	3		
Supervision Area C	2	Decision Rule (Using the LQAS Table) =	
Supervision Area D	13		
Supervision Area E	14		

Questions:

1. For baseline surveys, add number correct in all SAs:

$$7 + 3 + 2 + 13 + 14 = 39$$

Add all sample sizes: <u>19</u> +<u>19</u> + <u>19</u> +<u>19</u> + <u>19</u> = _____

Average coverage = _____/_____=_____%

2. What is the Decision Rule?

3. Is coverage generally below average? Yes or No?

4. Can you identify Supervision Areas that are your priorities?

5. If yes which are they? If not, why can't you identify them?

Supervision Area A & Five Indicators

	Indicators	# Correct	Coverage Estimate	Decision Rule	Equal to or Above? Yes or No
1	Women who used condoms each time with intercourse	7	45%	6	
2	Men who used condoms each time with intercourse	4	20%		
3	Women who know how HIV is transmitted	4	45%		
4	Men who know how HIV is transmitted	13	65%		
5	Women who know where to get tested for HIV	6	30%		

Questions:

1. Which indicators in Supervision Area A are below average for the Program Area?

2. Can you identify indicators that are your priorities?

3. If yes, which indicators are they? If not, why can't you identify them?

Comparing Supervision Areas A, B, C, D, & E
(for baseline survey)

Indicators		Supervision Area				
		A	B	C	D	E
1	Women who used condoms each time with intercourse				Y	Y
2	Men who used condoms each time with intercourse	Y	Y	Y	N	Y
3	Women who know how HIV is transmitted	N	N	Y	N	Y
4	Men who know how HIV is transmitted	Y	Y	N	N	Y
5	Women who know where to get tested for HIV	Y	Y	Y	N	Y

Questions:

1. Which Supervision Area(s) appears to be performing the best for all 5 indicators: A, B, C, D, or E? ____

2. Which SA(s) appears to need the most support for their overall program: A, B, C, D, or E? ____

3. Which indicator(s) needs improvement across most of the catchment area? ____

4. Which indicator(s) needs improvement in only a few SAs? ___

5. For these weaker indicators:
    -   Which SA(s) needs special attention? ____

    -   Which SA(s) would you visit to learn possible ways to improve this indicator? ____

MODULE TWO

Where should I conduct my survey?

Session 1: Identifying Interview Locations

Identifying Locations for Interviews

Step 1. List communities and total population.

Step 2. Calculate the cumulative population.

Step 3. Calculate the sampling interval.

Step 4. Choose a random number.

Step 5. Beginning with the random number, use the sampling interval to identify communities for the 19 sets of interviews.

List of Communities and Total Population
for a Supervision Area

Name of Community	Total Population
Pagai	548
Santai	730
Serina	686
Mulrose	280
Fanta	1256
Bagia	684
Rostam	919
Mt. Sil	1374
Livton	1136
Farry	544
Tunis	193
Pulau	375
Sasarota	333
Pingra	3504
Kanata	336
Sirvish	2115
Balding	258
Rescuut	678
Krista	207
Manalopa	1162
Garafa	408
Spiltar	455
Masraf	978
Abrama	335
Junagadh	541
Singri	725
Kalarata	355
Ichimota	498
Chaplar	347
Sr. Kitt	186
Nevis	1346
TOTAL	**23489**

Calculate the Cumulative Population
for a Supervision Area

Name of Community	Total Population	Cumulative Population
Pagai	548	548
Santai	730	
Serina	686	
Mulrose	280	
Fanta	1256	3500
Bagia	684	4184
Rostam	919	5103
Mt. Sil	1374	6477
Livton	1136	7610
Farry	544	8154
Tunis	193	8347
Pulau	375	8722
Sasarota	333	9055
Pingra	3504	12559
Kanata	336	12895
Sirvish	2115	15010
Balding	258	15268
Rescuut	678	15946
Krista	207	16153
Manalopa	1162	17315
Garafa	408	17723
Spiltar	455	18178
Masraf	978	
Abrama	335	
Junagadh	541	
Singri	725	
Kalarata	355	
Ichimota	498	
Chaplar	347	
Sr. Kitt	186	
Nevis	1346	
TOTAL	**23489**	

Calculate the Cumulative Population
for a Supervision Area

Name of Community	Total Population	Cumulative Population
Pagai	548	548
Santai	730	1278
Serina	686	1964
Mulrose	280	2244
Fanta	1256	3500
Bagia	684	4184
Rostam	919	5103
Mt. Sil	1374	6477
Livton	1136	7610
Farry	544	8154
Tunis	193	8347
Pulau	375	8722
Sasarota	333	9055
Pingra	3504	12559
Kanata	336	12895
Sirvish	2115	15010
Balding	258	15268
Rescuut	678	15946
Krista	207	16153
Manalopa	1162	17315
Garafa	408	17723
Spiltar	455	18178
Masraf	978	19156
Abrama	335	19491
Junagadh	541	20032
Singri	725	20757
Kalarata	355	21112
Ichimota	498	21610
Chaplar	347	21957
Sr. Kitt	186	22143
Nevis	1346	23489
TOTAL	**23489**	--

Sampling Interval = Total Cumulative Population/19 = $\boxed{?}$

A Random Number Table

```
87172  43062  39719  10020  32722  86545  86985  04962  54546  23138  62135  55870  97083  67875
28900  50851  30543  89185  16747  95104  49852  26467  58869  79053  06894  23975  34902  23587
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10531  51391  41884  69759  32741  70072  01902  96656  90584  59263  49995  27235  40055  20917
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23988  13019  78830  17069  58267  69796  94329  34050  25622  55349  10403  93790  77631  74261
37137  47689  82466  24243  10756  54009  44053  74870  28352  66389  38729  80349  50509  56465
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44653  58412  91751  14954  87949  81399  51105  29718  82780  11262  23712  99782  42829  26308
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59566  26527  44706  85670  96223  36275  82013  82673  60955  62617  90214  24589  59715  57612
10946  24676  66513  56743  96911  89042  08263  70753  89045  39189  04306  06090  94515  17772
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72570  36278  06602  56406  85679  85529  08576  50874  59706  01019  29980  56742  05356  04810
92041  68829  02163  59918  83041  71241  90678  79835  86324  13075  29913  99831  25688  53648
71240  74119  53090  23693  14007  90107  68804  54927  68964  26535  28184  21630  12362  67990
```

Identify the Location of Each of the 19
Interviews in a Supervision Area: Work Sheet

Random Number = 622 Sampling Interval = 1236.26

LQAS No.	Calculation	Interview Location
1.	Random Number = Location Number 1	**622**
2.	RN + Sampling Interval = Location Number 2	622+1236.26= **1858.26**
3.	Interview Location Number 2 + Sampling Interval	1858.26+1236.26= **3094.52**
4.	Interview Location Number 3 + Sampling Interval	3094.52+1236.26= **4330.78**
5.	Interview Location Number 4 + Sampling Interval	
6.	Interview Location Number 5 + Sampling Interval	
7.	Interview Location Number 6 + Sampling Interval	
8.	Interview Location Number 7 + Sampling Interval	
9.	Interview Location Number 8 + Sampling Interval	
10.	Interview Location Number 9 + Sampling Interval	
11.	Interview Location Number 10 + Sampling Interval	
12.	Interview Location Number 11 + Sampling Interval	
13.	Interview Location Number 12 + Sampling Interval	
14.	Interview Location Number 13 + Sampling Interval	
15.	Interview Location Number 14 + Sampling Interval	
16.	Interview Location Number 15 + Sampling Interval	
17.	Interview Location Number 16 + Sampling Interval	
18.	Interview Location Number 17 + Sampling Interval	
19.	Interview Location Number 18 + Sampling Interval	

LQAS Sampling Frame for a Supervision Area

Name of Community	Total Population	Cumulative Population	Interview Location Number	Number of Interviews
Pagai	548	548		
Santai	730	1278	**622**	
Serina	686	1964	1858	
Mulrose	280	2244		
Fanta	1256	3500		
Bagia	684	4184		
Rostam	919	5103		
Mt. Sil	1374	6477		
Livton	1136	7610		
Farry	544	8154		
Tunis	193	8347		
Pulau	375	8722		
Sasarota	333	9055		
Pingra	3504	12559		
Kanata	336	12895		
Sirvish	2115	15010	12984, 14220	
Balding	258	15268		
Rescuut	678	15946	15457	
Krista	207	16153		
Manalopa	1162	17315	16693	
Garafa	408	17723		
Spiltar	455	18178	17929	
Masraf	978	19156		
Abrama	335	19491	19165	
Junagadh	541	20032		
Singri	725	20757	203402	
Kalarata	355	21112		
Ichimota	498	21610		
Chaplar	347	21957	21638	
Sr. Kitt	186	22143		
Nevis	1346	23489	22874	
TOTAL	**23489**			**19**

MODULE THREE

Whom should I interview?

Session 1: Selecting Households

Session 2: Selecting Informants

Session 3: Field Practical for Numbering and Selecting Households

How to Assign Numbers to Households

IF:	THEN:
A complete household list is available (Tax list, census, map)	Assign a number to each house… …Work is done!
If the community size is "about" 30 households or less	Make a household list or map with the location of each household (use assistance of a key informant from the community)… Alternatively, you can use the "spin the bottle technique"… And then assign a number to each house… … Work is done!
If the community size is more than "about" 30 households	Sub-divide the community into sections of households with a size "about" 30 households or less… …Select one section at random… …Make a house list or map with the location of each household (use an assistant or key informant from your community)… Alternatively, you can use the "spin the bottle technique"… And then assign a number to each house …Work is done!

<u>Household</u> = group of persons who share the same kitchen or hearth; or, a group of persons who eat from the same cooking pot.

Situation 2: Household List Not Available – Size 'About' 30
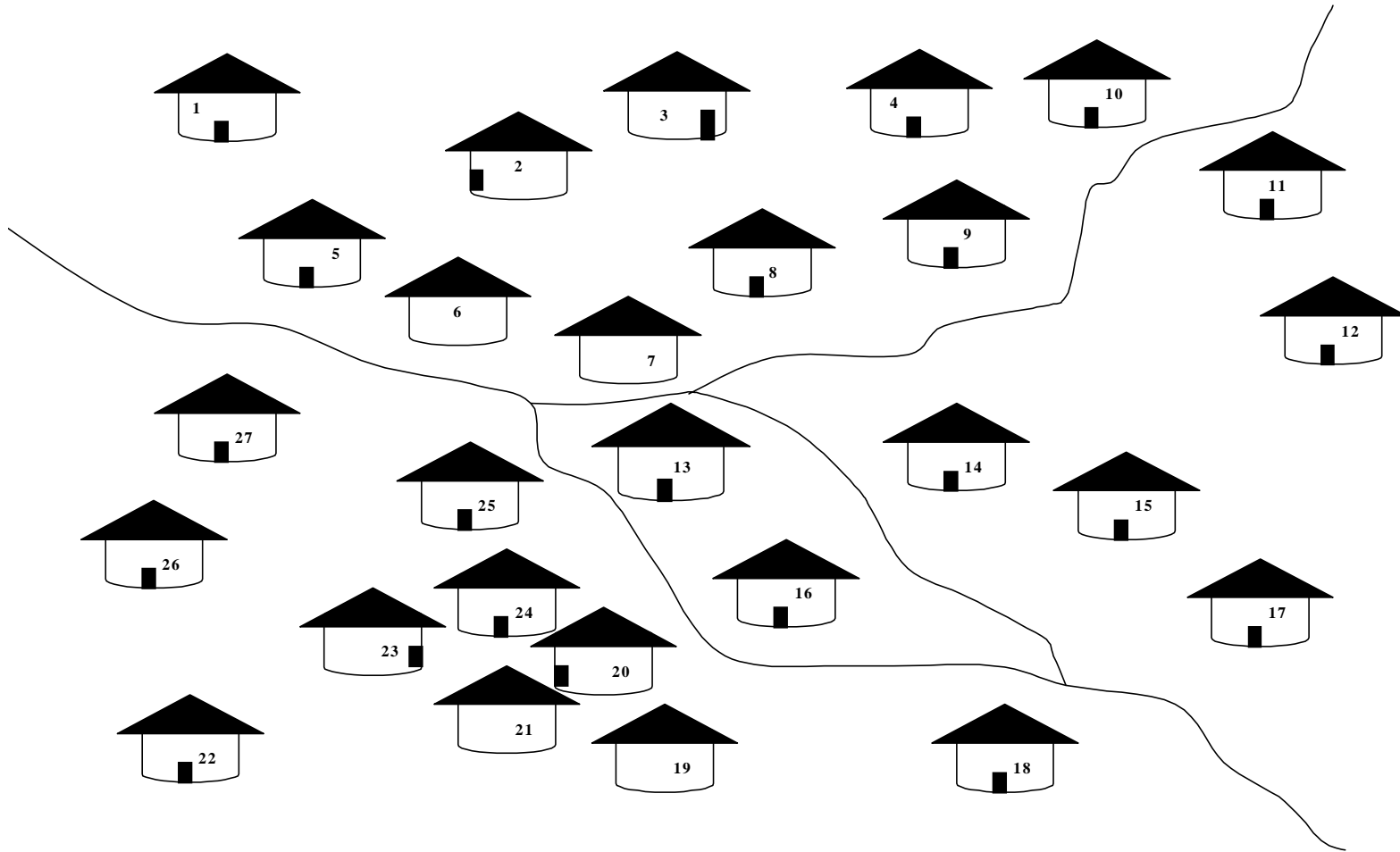
Situation 3: Household List Not Available; Size > 30
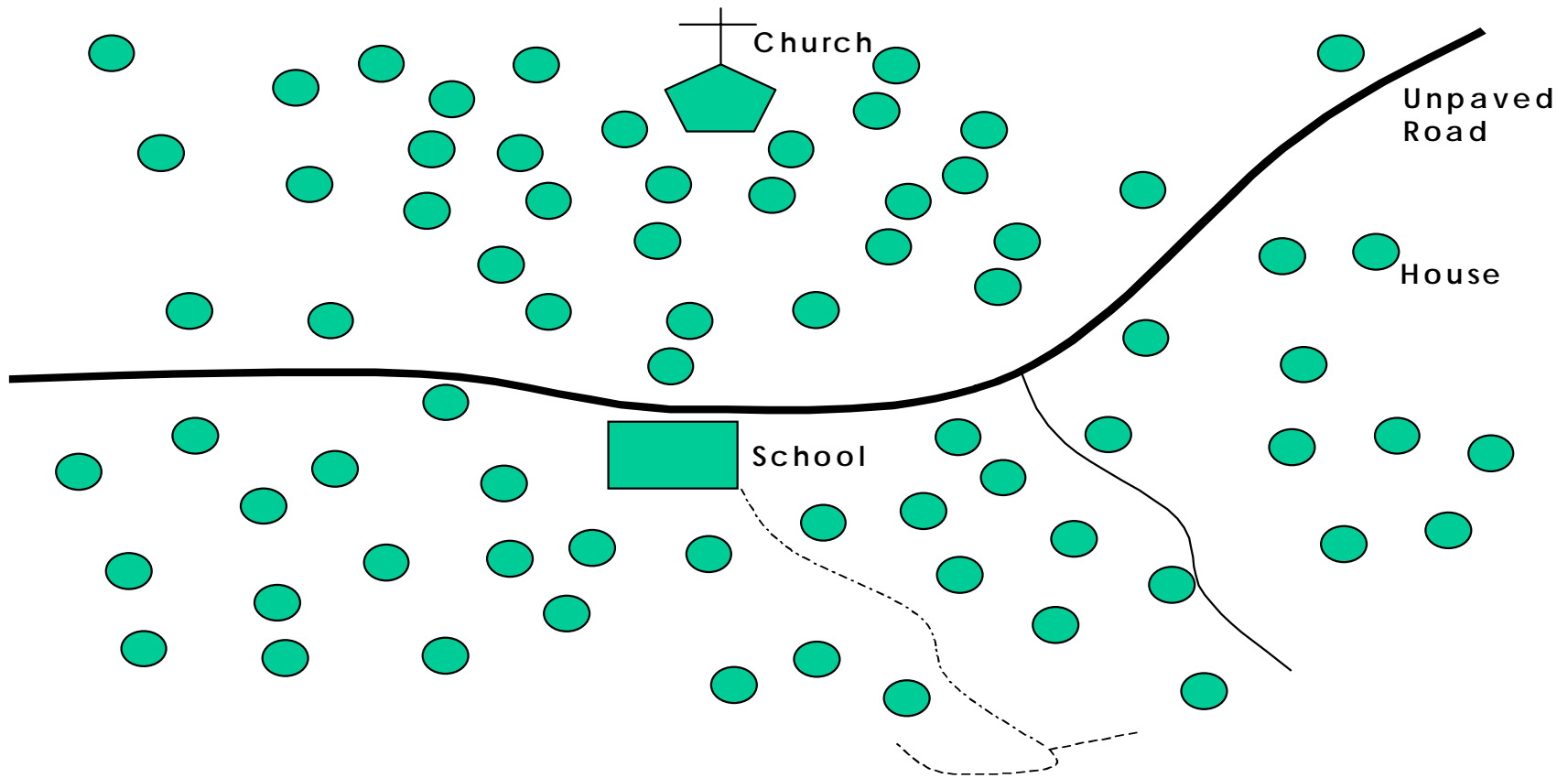
Rules for Identifying Informants

If the type of informant you are looking for:	Then:
Is at the household* you selected	<u>Interview</u> that person <u>if</u> he/she consents.
Does <u>not</u> live at that household you selected	Go to the next nearest household <u>from the front entrance</u> to the household you are at, and check at this "next nearest" household... <u>Continue</u> this process <u>until</u> you find the informant type you are looking for.
Lives at that household **BUT** is absent and far away (<u>more than</u> 30 minutes away)	[Hint: if 2 households are equally near then choose the one with the closest door. Otherwise "flip a coin."]
Lives at that household, is absent **BUT** is nearby (<u>within</u> 30 minutes)	Go <u>find</u> the informant with the help of a guide from the community.... **IF** you <u>cannot</u> find the person in the next 30 minutes... **GO** to the next nearest household <u>from the front entrance</u> of the household of the person you cannot find.

* <u>Household</u> = group of persons who share the same kitchen or hearth; or, a group of persons who eat from the same cooking pot.

24 Household Composition Scenarios

♦ **Household #1**
• Mother 35 years with children 6 months old and 23 months old
• Sister of woman is 23 years old
• Grandmother is 50 years old

♦ **Household #2**
• Mother 18 years old with child 24 months, pregnant
• Father 26 years

♦ **Household #3**
• Abandoned house – owners absent

♦ **Household #4**
• Girl 12 years old
• 3 month old baby
• 6 month old baby
• Mother of 3 month old in market, and she is the sister of the 12 year old
• Mother of 6 month old is dead, also sister of 12 year old
• Father in nearby field

♦ **Household #5**
• Man 65 years
• Man's wife 60 years
• Mother of 15 month old absent in field nearby – might be pregnant, doesn't know
• 15 month old baby
• Father in city

♦ **Household #6**
- Father 45 years old
- One wife, 48 years old
- Daughter, 24 years and pregnant
- Children 2 and 3 years old

♦ **Household #7**
- Mother of 9 year old child is not home – child does not know when mother will be back
- 9 year old child
- 8 month old child of women
- No father

♦ **Household #8**
- Mother and father are not at home
- 15 year old girl and 16 year old boy are present

♦ **Household #9**
- 18 year old son
- Mother of 18 year old is 40
- Father of 18 year old is 70
- 18 month child of mother's sister is in city

♦ **Household #10**
- Woman 20 years old with child 6 months
- Sister of 20 year old is 25 years old and has child 3 years old
- 3rd sister 30 years old with 12 month old baby
- 2 husbands, one is 25 years old, the other is 32 years – both in market playing cards

- ♦ **Household #11**
  - 12 year old boy
  - 10 year old sister
  - 30 year old aunt – she is pregnant
  - Woman 75 years old mother of pregnant aunt
  - Grandfather 80 years old
  - Mother of children in the city

- ♦ **Household #12**
  - Mother 35 years old – pregnant
  - Child of pregnant mother is 13 months old
  - Neighbor woman is 35 years old
  - Neighbor's 10 month old baby

- ♦ **Household #13**
  - Girl 10 years old
  - 35 year old sister of 10 year old is at neighbor's house
  - 10 month old baby with mother at neighbor's house

- ♦ **Household #14**
  - 8-month-old twin girls
  - Mother of twins, 27 years old
  - 40-year-old brother of mother
  - 32-year-old wife of brother (of mother)

- ♦ **Household #15**
  - New bride of 14 years with 2 month old baby
  - Her 19 year old husband
  - Mother-in-law 47 years
  - Husband's 46 year old brother visiting

- ◆ **Household #16**
- • Refugees women from Angola with 3 year old
- • Her sister who immigrated to Malawi when she was 39, about 12 years ago
- • Sister's father 47 years old

Household #17
- • Guesthouse has 42 year old female owner who lives at the guesthouse
- • Guest: include 42 year old businessman
- • Guest: Mother 43 years with teenage children
- • Guest: 30 year old truck driver

- ◆ **Household #18**
- • Priest is 38 years old. He lives on the church grounds and does not maintain a separate house.
- • 42-year-old female cook also lives on the church grounds.

- ◆ **Household #19**
- • Three sisters, one with a six-week-old baby, one with an 8-month-old and one who is childless.
- • Husband of sister with 8 months old is 24 years.

- ◆ **Household #20**
- • Mother 18 – pregnant has four-month-old baby
- • Father is working on the roof of the house

- ◆ **Household #21**
- • 8 year old boy
- • His 32 year old father is taking a shower
- • His mother, 24 years, is cooking dinner

- ◆ **Household #22**
- • Mother 18 years old with child 24 months, pregnant
- • Father 26 years

- **Household #23**
- Abandoned house – owners absent

- **Household #24**
- Father 45 years old
- Wife, 35 years old and pregnant

Group of 27 Households: Numbered for random selection of 1 household
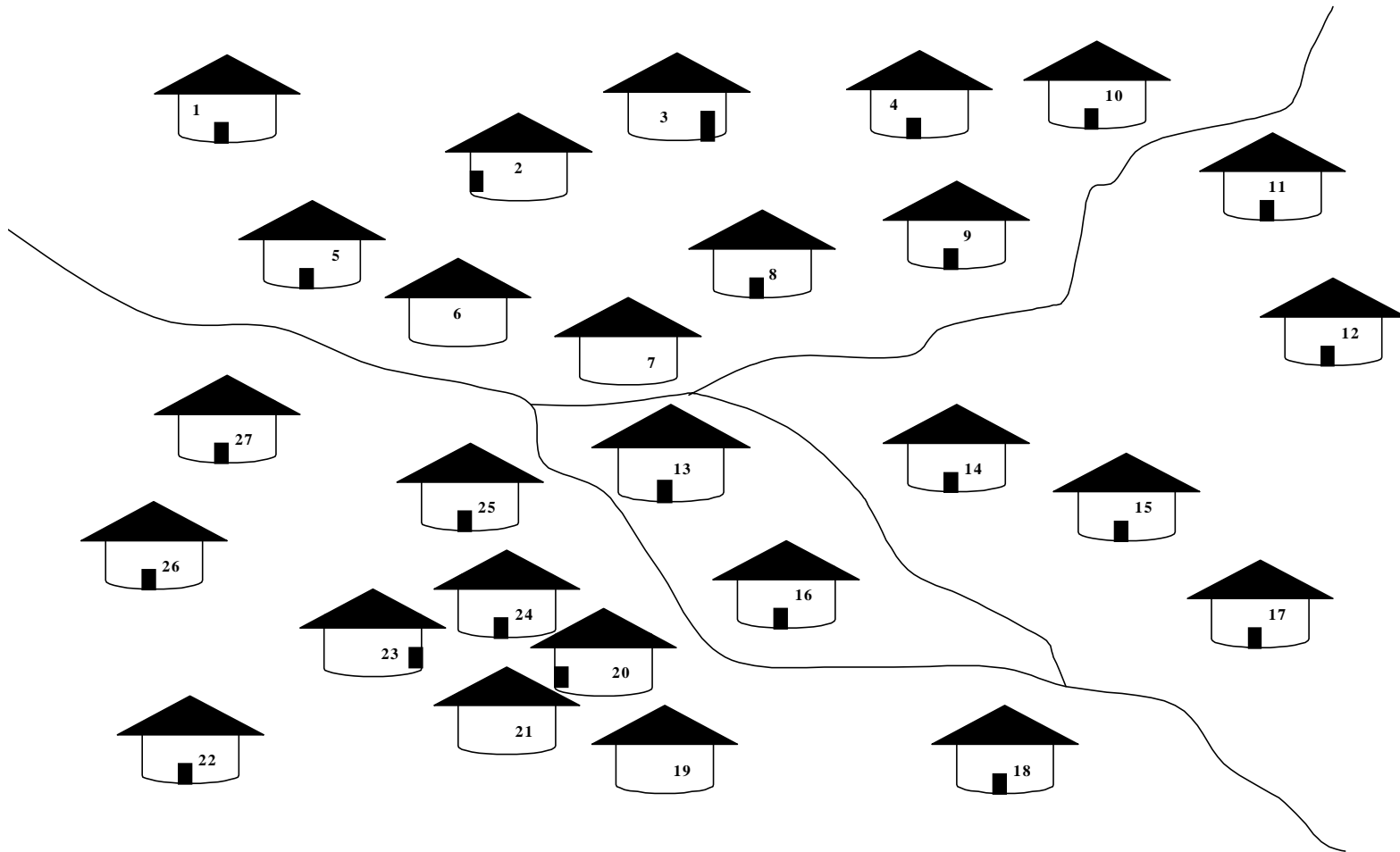
Process for Field Practical

1. Meet with community leader.

2. Revise and/or create community map.

3. Subdivide the community into sections of 30 or fewer households.

4. Give each section (each group of 30 or fewer households) a number.

5. Select a section using a random number:

6. Perform steps 3 through 5 again if the selected section is still too large.

7. Assign numbers to households in selected section.

8. Select a starting household using a random number table.

9. Identify the "next nearest" household at least two times.

MODULE FOUR

What questions do I ask and how should I ask them?

Session 1: Reviewing the Survey Questionnaires
  (*no overheads*)

Session 2: Interviewing Skills

Session 3: Field Practical for Interviewing
  (*no overheads*)

Session 4: Planning for the Data Collection/Survey

Why Interviewing is Important

> ➢ **Sound programming decisions depend on reliable data,**

> **and**

> ➢ **reliable data depends on getting good information from local informants,**

> **and**

> ➢ **getting good information from informants depends on conducting effective interviews.**

Interview Etiquette

➢ Dress appropriately.

➢ Present official document/certificate from organization or project if necessary.

➢ Be punctual (if appointments have been made).

➢ Do not enter the house unless you are invited.

➢ If you remain outside, do not ask for a chair; sit on the porch, steps, etc.

➢ Tell people how long the questionnaire will take.

➢ Do not accept lunch (unless it would be rude to refuse).

➢ Do not give gifts to interviewees.

➢ Thank interviewees at the end.

Effective Interviewing Techniques

1.   Introduce yourself, your organization, and the purpose of the survey (show document or certificate if necessary).

2.   Maintain confidentiality:
   - Do not interview the informant in the presence of others (unless he/she indicates otherwise).
   - Explain that all answers will be kept confidential.

3.   Ask questions exactly as written or with minor changes that were agreed upon during the training.

4.   Wait for a response; be silent, then probe.

5.   If the informant doesn't understand or the answer is unclear, ask the question again, making as few changes in wording as possible.

6.   Do not suggest – by tone of voice, facial expression, or body language – the answer you want.

7.   Do not ask leading questions, questions that signal the correct answer to the informant or suggest the answer you would like.

8.   Try not to react to answers in such a way as to show that you approve or disapprove.

9.   If one answer is inconsistent with another, try to clear up the confusion.

10.   Try to maintain a conversational tone of voice; don't make the interview seem like an interrogation.

11.   Know the local words for sensitive/delicate topics.

12.   Use neutral probes (e.g., anything more?)

Survey Checklists

1. PRE-SURVEY CHECKLIST

Before the survey begins, be sure the following tasks have been completed:

1. Review the sampling frame before designing the plan for data collection.

2. Count the questionnaires to be sure you have 19 for each type of informant and for each supervision area.

3. Number questionnaires 1 through 19 for each supervision area.

4. Review each one of the 19 questionnaires to make sure that they have the correct number of pages and they are securely stapled.

5. Review the materials checklist below. Be sure you have (or have decided you don't need) the following materials:

Materials Checklist

❑ 19 questionnaires women 15 to 49 not pregnant + 2 extras
❑ 19 questionnaires men 15 to 49 + 2 extras
❑ 19 questionnaires mothers with a child 0 to 11 months + 2 extras
❑ 19 questionnaires mothers with a child 12 to 23 months + 2 extras
❑ Pencil
❑ Pencil sharpener
❑ Eraser
❑ Clipboard
❑ Day pack or bag to carry questionnaires and materials
❑ Random number table
❑ Reading test for judging literacy
❑ Rules to select informants in a household
❑ ORS, container to measure ORS, Vitamin A, iron
❑ Raincoat
❑ Community maps or paper for making maps

2. CHECKLIST FOR DATA COLLECTORS

After you are in the field, make sure participants complete the survey in the following manner:

1. If a community census is available, number households and randomly select a starting household (and proceed as in step 6. below).

2. If no community census is available, update community maps, as needed, before selecting starting household(s), identifying all houses in the community. If no map is available, make one, being sure to include landmarks and showing the relative number of houses in each section of the community.

3. If the community is small, e.g., less than 30 houses, number all houses.

4. If the community is large, e.g., more than 30 houses: into sections (each section with a similar number of houses);
   • number each section;
   • randomly select one of the community sections; (If you have divided the community into 3 sections, select a random number between 1 and 3.)
   • go to the selected section to confirm the number of houses and the location of each house (and, if necessary, update the community map); if the section is large, subdivide it into subsections and randomly select one (and repeat this process until you get a subsection with 30 or fewer houses);
   • number on the map each house in the section or subsection selected;
   • randomly select one house.

5. If it is very difficult to divide the community or a section of it into sections, then:
   • ask an informant to take you to a place where exactly 50% of the houses are in front of you, 50% of the houses are behind you, 50% are to the right and 50% are to the left;
   • number these 4 sections;
   • choose one randomly;
   • go to that section and repeat the procedure until you can see a manageable number of houses you can easily count;
   • select one of those houses randomly.

6. Go to the selected house to begin interviewing.

7. If you cannot complete all interviews in the selected house, visit the closest house until all interviews in the set have been completed.

8. After all interviews in the set are complete, select another starting household (or section and then household) at random if there is more than one sampling point in the community or continue to a new community.

Remember: For each set of questionnaires, randomly select a starting household and then go to the closest house until all interviews in the set are complete.

3. CHECKLIST FOR MANAGERS

The following is a checklist for program managers:

1. Review the data collection plan with each interviewer and supervisor.

2. Indicate the minimum number of sets; each needs to be completed in one day.

3. During day 1 you can let data collectors work in pairs if you think this will increase their confidence.

4. Provide the technical and administrative support required by each interviewer (transport, lunch, etc.).

5. At the end of each day always review the questionnaires of each interviewer to assure that they have been correctly filled out and are complete. Check for any <u>missing</u> information or responses.

6. Make necessary corrections to questionnaire and inform the interviewer of problems found. If information is missing, the interviewer should revisit the house to complete the questionnaire before going to another community.

7. Confirm that 19 sets of questionnaires have been filled in for each supervision area and that no pages are missing.

8. Organize the questionnaires by number (from 1 to 19), according to the supervision area and type of informant. For three supervision areas, for example, you would organize the questionnaires as follows:

Folder 1:   Women, 15-49, Area 1: 01 to 19
Folder 2:   Women, 15-49, Area 2: 01 to 19
Folder 3:   Women, 15-49, Area 3: 01 to 19
Folder 4:   Men, 15-49, Area 1: 01 to 19
Folder 5:   Men, 15-49, Area 2: 01 to 19
Folder 6:   Men, 15-49, Area 3: 01 to 19
Folder 7:   Women with young children, 0 to 11 months, Area 1: 01 to 19
Folder 8:   Women with young children, 0 to 11 months, Area 2: 01 to 19
Folder 9:   Women with young children, 0 to 11 months, Area 3: 01 to 19
Folder 10:   Women with young children, 12 to 23 months, Area 1:01 to 19
Folder 11:   Women with young children, 12 to 23 months, Area 2:01 to 19
Folder 12:   Women with young children, 12 to 23 months, Area 3:01 to 19
NB: Be sure to bring all the questionnaires to the tabulation workshop.

MODULE FIVE

What do I do with the
information I have collected?

Session 1: Fieldwork Debriefing

Session 2: Tabulating Results

Session 3: Analyzing Results

Status Report on Data Collection
From Each NGO or MOH Administrative Area:

NGO or MOH Administrative Area:_____

Total Supervision Areas Included
in Baseline Survey = #_____

SA Number or Name	No. of Questionnaires <u>Completed</u>	No. of Questionnaires Remaining (If Any)	No. of Questionnaires Brought To The Workshop	Plan to Finish Tabulation: Dates for Data Collection, Deadline for Completion
1				
2				
3				
4				
5				
6				

| Result Tabulation Table for a Supervision Area: Baseline Survey and Regular Monitoring
Females 15 – 49 Years |

Supervision Area: _____ **Supervisor:** _____

CORRECT = 1 **INCORRECT = 0** **SKIPPED = S** **MISSING = X**

#	Indicator	Correct Response Key	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct in SA	Total Sample Size (all '0's and '1's)
Section 3: Family Planning																							
1	Age of mother at first birth	20 – 35 Years																						
2	How long should a female wait after the birth of a child to have another?	2 or more years																						
3	What can a female or male do to avoid pregnancy?	3 or more of 1-10																						
Section 4: HIV/AIDS and Other Sexually Transmitted Infections																							
1	Have you ever heard of an illness called HIV/AIDS?	1 (if 2 or 88 then Quest. 3-5 automatically incorrect)																						
2	Is there anything a man can do avoid getting HIV/AIDS?	1																						
3	What can a man do to avoid getting HIV/AIDS?	2 or more of 1-19 or 14																						
4	Is there anything a woman can do avoid getting HIV/AIDS?	1																						
5	What can a woman do to avoid getting HIV/AIDS?	2 or more of 1-19 or 14																						

Tabulation Quality Checklist

As you tabulate your questionnaire, use the following checklist.

➢ **Before You Begin:**

1. Be sure the questionnaires you are about to tabulate match the type of tabulation table you have (right age, sex, etc.)

2. Confirm that questionnaires are in the correct order: 01 – 19

➢ **During Tabulation:**

1. Work in threes.

2. The first person reads the correct answer on the tabulation sheet.

3. The second person looks at the answer on the questionnaire, determines if the answer is a "1" correct or a "0" incorrect. Mark an "S" for intentionally skipped questions that can <u>not</u> be judged as either correct or incorrect, and an "X" for questions that should have responses but the responses are missing. An "X" should be taken out of the denominator. An "S" should only be marked if the person should be taken out of the denominator. For example, if the question concerns a sick child but the respondent's child has not been sick, then all the questions about the sickness would be marked as "S" since they are irrelevant for this respondent. However, in most cases a skipped question is equivalent to an automatic incorrect and should be coded as "0". For example, if an informant says they do

not know how to prepare ORS, then all subsequent questions related to ORS preparation would be automatically incorrect. Similarly, if an informant does not have a vaccination card for their child, then all of the child's vaccinations would be judged as "0". On rare occasions it is an automatic correct and should be coded "1".

4. The first person records the answer on the tabulation sheet.

5. The third person confirms that the second person correctly determined if the answer should be coded "1" or "0" or "S" or "X" and that the first person recorded it properly.

➤ **After Completing Each Column (all responses from one informant):**

1. Check that all the marks are in the same column; there should be no marks in the column to the right of the column just completed.

2. Check that there are no blank cells in the column just completed.
- Be sure that no cells are blank. For any blank cell review the questionnaire to see if it should be coded a 0, 1, S, or X.
- Almost all responses should be a 0 or 1.
- If the cell has an "S" then check to see that it satisfies this criterion: The respondent was skipped because the question should not be asked her/him because they can not be included in the denominator. In a way, this means they are not part of the universe being assessed.

EXAMPLE 1: Some questions are asked on mothers if their child has had diarrhea in the last 2-weeks. If they are not asked the question. These children are coded "S" because the question cannot be asked of them.

EXAMPLE 2: Some questions are not asked because the questions are automatically INCORRECT or 0. – If a women is asked if she has ever heard of HIV/AIDS, and responds "No". That question is coded a 0 since it is not the desired response – it is incorrect. Any following question that asks questions about how HIV is transmitted or prevention of HIV transmission would be SKIPPED since they are automatically counted as INCORRECT since we know the person cannot know the correct response because she does not even know that HIV exists.

- If the cell has an "X" this means that responded should have responded to the question but for some reason no response was recorded. This could be because the interviewer forgot to do this. Sometimes an interviewer circles several responses when they should have only circled one of them. These responses are also coded as "X" since there is no clear response. Also, if you cannot decipher the response written on a questionnaire then "X" is an appropriate code. All "Xs" are removed from the denominator in any calculation.

3. Ask a trainer to check your tabulation sheet after you have completed the first column.

➢ **After Completing a Tabulation Sheet:**

1. Enter the total number correct in the appropriate column.

2. Enter the total sample size in the appropriate column.

3. Look at all questions where the sample is less than 19 and confirm the reason:

- All questions should have a "0", "1", "S", or "X." If this is not the case, find out why, so you can make an entry in the space provided.

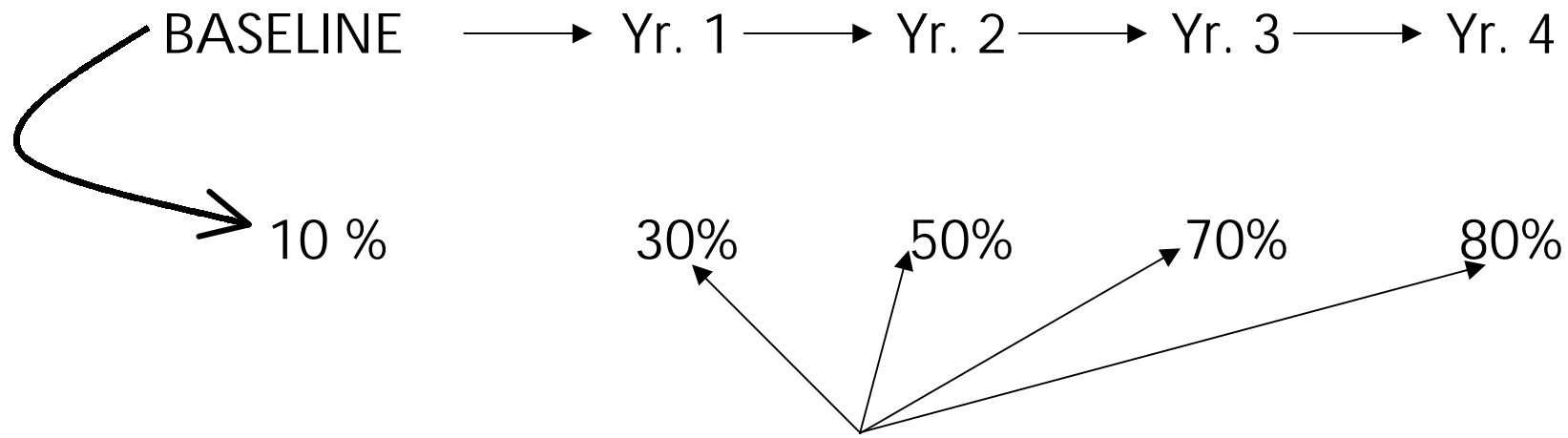|								Total							Total	Average
Summary Tabulation Table: Baseline Survey Females 15 – 49 Years																	
#	Indicator	Total Correct in Each SA/Decision Rule							Total Correct in Program	Sample Size							Total Sample Size in Program	**Average Coverage = <u>Total Correct</u> Sample Size**
		1	2	3	4	5	6		1	2	3	4	5	6		
Section 3: Family Planning																	
1	Age of mother at first birth															
2	How long should a female wait after the birth of a child to have another?															
3	What can a female or male do to avoid pregnancy?															
Section 4: HIV/AIDS and Other Sexually Transmitted Infections																	
1	Have you ever heard of an illness called HIV/AIDS?															
2	Is there anything a man can do to avoid getting HIV/AIDS?															
3	What can a man do to avoid getting HIV/AIDS?															
4	Is there anything a woman can do avoid getting HIV/AIDS?															
5	What can a woman do to avoid getting HIV/AIDS?															
* To find the "Decision Rule" for each indicator, using the LQAS Table, find the "Sample Size" in the left column. Then for *baseline surveys*: look for the "Average Coverage" across the top and look down the column for the "Decision Rule". Then for *monitoring surveys*: look for the "Annual Coverage Target" across the top and look down the column for the "Decision Rule".																	

LQAS Table: Decision Rules for Sample Sizes of 12-30 and Coverage Targets/Average of 10%-95%

Sample Size*	Average Coverage (Baselines) / Annual Coverage Target (Monitoring and Evaluation)																	
	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11
13	N/A	N/A	1	1	2	3	3	4	5	6	6	7	8	8	9	10	11	11
14	N/A	N/A	1	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12
15	N/A	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13
16	N/A	N/A	1	2	2	3	4	5	6	7	8	9	9	10	11	12	13	14
17	N/A	N/A	1	2	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	N/A	N/A	1	2	2	3	5	6	7	8	9	10	11	11	12	13	14	16
19	N/A	N/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20	N/A	N/A	1	2	3	4	5	6	7	8	9	11	12	13	14	15	16	17
21	N/A	N/A	1	2	3	4	5	6	8	9	10	11	12	13	14	16	17	18
22	N/A	N/A	1	2	3	4	5	7	8	9	10	12	13	14	15	16	18	19
23	N/A	N/A	1	2	3	4	6	7	8	10	11	12	13	14	16	17	18	20
24	N/A	N/A	1	2	3	4	6	7	9	10	11	13	14	15	16	18	19	21
25	N/A	1	2	2	4	5	6	8	9	10	12	13	14	16	17	18	20	21
26	N/A	1	2	3	4	5	6	8	9	11	12	14	15	16	18	19	21	22
27	N/A	1	2	3	4	5	7	8	10	11	13	14	15	17	18	20	21	23
28	N/A	1	2	3	4	5	7	8	10	12	13	15	16	18	19	21	22	24
29	N/A	1	2	3	4	5	7	9	10	12	13	15	17	18	20	21	23	25
30	N/A	1	2	3	4	5	7	9	11	12	14	16	17	19	20	22	24	26

N/A: *not applicable*, meaning LQAS can not be used in this assessment because the coverage is either too low or too high to assess an SA.

▨ : shaded cells indicate where *alpha* or *beta* errors are ≥ 10%.

▨ : hashed cells indicate where *alpha* or *beta* errors are > 15%.

After the Baseline
Define Program Goals and Annual Targets

BASELINE ⟶ Yr. 1 ⟶ Yr. 2 ⟶ Yr. 3 ⟶ Yr. 4

10 %   30%   50%   70%   80%

PROGRAM GOALS FROM BASELINE
UNTIL YEAR 4 OF THE PROJECT

IMPROVEMENT ⟶

		Total Correct in Each SA/Decision Rule						Total Correct in Program	Sample Size						Total Sample Size in Program	Average Coverage = Total Correct / Sample Size	Coverage Target
#	Indicator	1	2	3	4	5	6		1	2	3	4	5	6			

Summary Tabulation Table: Regular Monitoring Females 15 – 49 Years

CIRLCE IF BELOW AVERAGE COVERAGE DECISION RULE   MARK WITH A STAR (*) IF BELOW COVERAGE TARGET DECISION RULE

Section 3: Family Planning

#	Indicator
1	Age of mother at first birth
2	How long should a female wait after the birth of a child to have another?
3	What can a female or male do to avoid pregnancy?

Section 4: HIV/AIDS and Other Sexually Transmitted Infections

#	Indicator
1	Have you ever heard of an illness called HIV/AIDS?
2	Is there anything a man can do to avoid getting HIV/AIDS?
3	What can a man do to avoid getting HIV/AIDS?
4	Is there anything a woman can do to avoid getting HIV/AIDS?
5	What can a woman do to avoid getting HIV/AIDS?

		Total Correct in Each SA/Decision Rule						Total Correct in Program	Sample Size						Total Sample Size in Program	Average Coverage = Total Correct / Sample Size	Coverage Target
#	Indicator	1	2	3	4	5	6		1	2	3	4	5	6			
CIRLCE IF BELOW AVERAGE COVERAGE DECISION RULE								MARK WITH A STAR (*) IF BELOW COVERAGE TARGET DECISION RULE									
Section 3: Family Planning																	
1	Age of mother at first birth	13	6*	9	11	(5*)	(5*)		19	19	19	19	19	19	114	43.0%	50%
		6 7	6 7	6 7	6 7	6 7	6 7										
2	How long should a female wait after the birth of a child to have another?																
3	What can a female or male do to avoid pregnancy?																
Section 4: HIV/AIDS and Other Sexually Transmitted Infections																	
1	Have you ever heard of an illness called HIV/AIDS?																
2	Is there anything a man can do to avoid getting HIV/AIDS?																
3	What can a man do to avoid getting HIV/AIDS?																
4	Is there anything a woman can do to avoid getting HIV/AIDS?																
5	What can a woman do to avoid getting HIV/AIDS?																

Summary Tabulation Table: Monitoring Females 15 – 49 Years

How to Identify Priority Supervision Areas Using the Summary Tables During Monitoring

| SA Classification Results		Priority Status
Below the Coverage Target	Below Average	Highest
Below the Coverage Target	Not Below Average	Second Highest
Not Below the Coverage Target	Below Average	Second Highest
Not Below the Coverage Target	Not Below Average	Not a Priority

Using LQAS to Assess One Indicator

	BASELINE	Year 1	Year 2	Year 3	Year 4
Target		50	55	60	75
Decision Rule		7	8	9	12
Rounded Average	45	45	55	70	80
Decision Rule	6	6	8	11	13
SA 1	12	13	14	12	(12)
SA 2	7	6*	(7*)	14	(12)
SA 3	6	9	12	11	17
SA 4	10	11	11	(10)	13
SA 5	(5)	(5*)	10	14	16
SA 6	6	(5*)	11	15	18
Average	40.4%	43.0%	50.9%	66.7%	77.2%

Which SAs are below average?
… and which have reached the coverage target?

Monitoring Targets and Average Coverage Over Time: In a Catchment Area
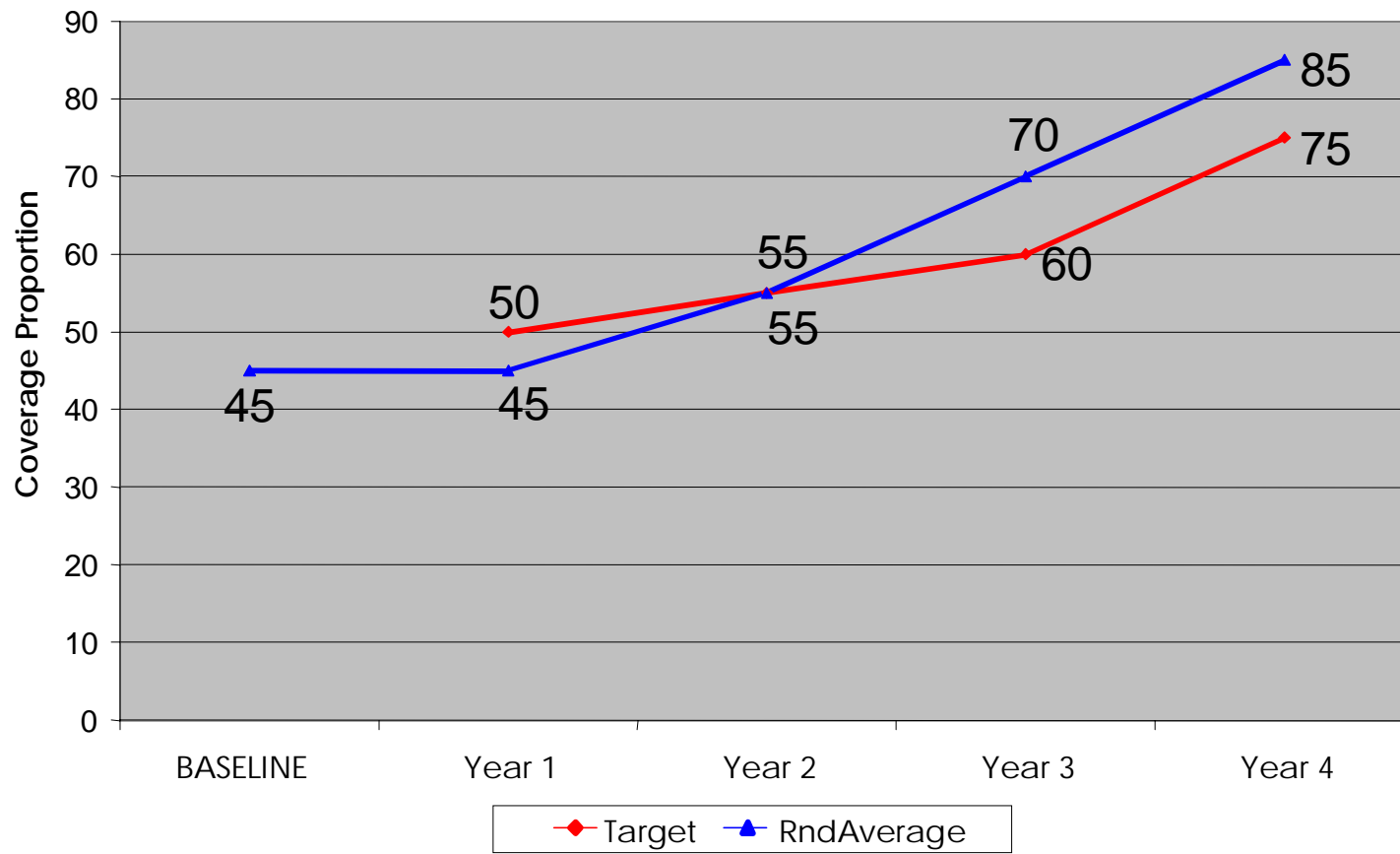
How to Analyze Data and Identify Priorities Using the Summary Tables

Group Work

1. Discuss within your group the following (25 minutes):

   - Priorities <u>among </u>Supervision Areas for each indicator in a group of related indicators

   - Priorities <u>within one</u> Supervision Area among a group of related indicators

2. Report main findings to all workshop participants (10 minutes each)

Baseline Survey Report Format

CONTENT	MAXIMUM PAGES (13, Exc. Appendix)
Summary	1
Program Overview (locations, objectives, main activities, beneficiaries, etc.)	1
Purpose of Baseline Survey and Methodology	1
Main Findings: Priorities by Supervision Area and for the Program as a Whole	5
Action Plans and Goals/Coverage targets for Key Indicators	2
Conclusions and Recommendations	2
Appendix (Photocopy Summary Tabulation Tables)	1

Methodology
(Illustrative of aspects that could be included)

➢ Training in LQAS (principles and concepts.)

➢ Used a sample of 19 (randomly selected) in each supervision area.

➢ Number of questionnaires used, which were discussed, tested and revised by NGO staff.

➢ Updated the maps in each supervision area with the assistance of chiefs, health workers, etc.

➢ Households were randomly chosen and, in some cases, respondents were also chosen randomly.

➢ Organization for data collection (e.g., as a group, etc.)

➢ *Hand tabulation using separate tables.*

Main Findings:

✓ Priorities: Specify the program priorities by indicator, by supervision area and by type of respondent (e.g., men, women, and/or mothers with children of different age groups.)

For example:

The percent of women who know danger signs during pregnancy (that indicate the need to seek care) is below average only in Supervision Areas 3 and 5. We need to focus on Areas 3 and 5 in our efforts to improve this indicator.

Among the infant and child feeding indicators, the percent of mothers who continue to breastfeed up to and beyond 12 months of age appears to be the biggest problem (across all Supervision Areas, only 20% of mother of children aged 12-15 months were breastfeeding at the time of the survey). This practice will receive special attention in the project's nutrition intervention.

Action Plans Goals/Coverage Targets
for Key Indicators

➢ For each priority, list the main activities that your organization will implement to reduce the identified problems.

➢ For example, a priority activity could be to identify terms, perceived causes, preferred treatments and preferred providers for the danger signs during pregnancy that women in the community recognize. Then we can build upon the local understanding of pregnancy danger signs to develop appropriate strategies for improving recognition and care seeking further.

➢ Report key indicators, coverage targets, and goals for your future planning.

Results of Baseline Survey, Coverage targets, and End of Project Goals (Men 15-49 Years)

Key Indicators	Baseline Average Coverage	Projected Coverage target Year 1	Protected Coverage target Year 2	Protected Coverage target Year 3	End of Project Goal Year 4