

Training for PEPFAR OVC Survey Data Collectors



Cover photograph by Zahra Reynolds, MEASURE Evaluation, of small training group in Liberia.

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Facilitator's Guide



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The development of this tool kit was highly participatory. Materials represent the current best practice around the measurement of orphans and vulnerable children (OVC) and caregiver well-being in the context of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-funded OVC programs. At USAID, the development of this tool kit was shepherded by Dr. Janet Shriberg and Gretchen Bachman, with key input from the wider PEPFAR Orphans and Vulnerable Children Technical Working Group, especially, Dr. Beverly Nyberg at Peace Corps and Dr. Nicole Benham at the Office of the Global AIDS Coordinator. We thank Dr. Krista Stewart at USAID for her guidance as the MEASURE Evaluation agreement officer representative.

The important contributions of implementing partners, researchers, government staff, and other stakeholders, too numerous to list, cannot be overstated. This is truly a community tool kit, and we are grateful to our colleagues for their generosity of time, resources and experience.

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MEASURING OVC OUTCOMES: A TOOL KIT

MEASURE Evaluation has produced a set of tools for measuring quantitative child outcomes and caregiver/household outcomes in programs for orphans and vulnerable children (OVC). This tool kit was developed with the support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) OVC technical working group to:

- standardize the production of population-level child and caregiver well-being data beyond what is available from routine surveys;
- produce actionable data to inform programs and enable mid-course corrections;
- enable comparative assessments of child and caregiver well-being and household economic status across a diverse set of interventions and geographical regions.

Who Will Use the Tool Kit?

The tools will support OVC programs and research institutions with an evaluation agenda. The tool kit may be useful to you if you are seeking to answer one of these five questions:

1. Is my program having, or did my program have, an impact on the children and households it reached?
2. What are the characteristics of children and their caregivers in my area regarding education, health, protection, and psychosocial status?
3. Where do the children most in need of program support live?
4. Approximately how many children need services or support?
5. What are the needs of my program's registered beneficiaries as an entirety, in terms of education, health, protection, and psychosocial support?

While no single data collection tool can meet all OVC data needs, this set of survey tools responds to distinct information needs related to program planning and evaluation. These tools will help to standardize measures and processes for assessing child, caregiver, and household well-being at the population level.

Tools in the Tool Kit

The tool kit is available at:

<http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>.

In addition to this guide, the kit includes the following:

- *Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Manual*. Three questionnaires from the manual are also available as individual files that can be downloaded: Caregiver Questionnaire, Child Questionnaire Ages 0-9 Years, and Child Questionnaire Ages 10-17 Years.
- Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Protocol Template
- Core OVC Program Impact Indicators
- A data analysis guide.

Manual: The tool kit's manual describes the tools, question by question, and outlines how the tools may be used, and how they should not be used. The manual also includes basic guidance on implementing the tools, such as the following:

- Program outcome data should be collected by trained data collectors external to service delivery.
- A documented research protocol, outlining a technically robust, peer-reviewed study is required.
- The protocol, including data collection tools, must undergo ethical review in the country of research.
- Tools should be pilot-tested in the research setting.

Protocol template: A research protocol is a prerequisite to implementing the OVC questionnaires. The process of protocol development facilitates agreement on the implementation strategy and child protection issues, among other things. This process improves the study design, enables matching of financial and human resources to objectives, and ultimately improves the usability of the data generated from the study. Finally, the protocol is a guidance document for all

stakeholders throughout the study period, serving as a reminder to all stakeholders of the agreed strategy and timeline. The protocol template has been structured to resemble all of the components of an actual research protocol, including appendices. For each section, the information that is required has been outlined, as well as issues to consider when developing your own protocol.

Data analysis guide: Developing a data analysis plan is the first step in data analysis and should be linked to the established data use goals. A data analysis plan is important as it enables discussion and agreement of the key points of analysis, ensures that the analysis plan will address the research questions, and that the analysis reflects the strengths and limitations of the data. In order to reduce the burden on evaluators, MEASURE Evaluation developed a data analysis guide for the Child, Caregiver & Household Well-being Survey Tools. This guide includes suggested analyses by questions, as well as more general background, refresher information on data analysis.

Data collectors' training manual and materials: The field workers who will seek informed consent and administer these questionnaires must be well trained before data collection begins. MEASURE Evaluation developed a data collectors' training manual and materials to ensure a standard level of competency across data collectors. This manual describes the structure and content for a six-day training (five days for data collectors and one additional day for supervisors). MEASURE Evaluation has also developed Microsoft PowerPoint slides and handouts for the training included with the manual.

INTRODUCTION

Purpose of this Training Manual

Data collectors implementing the PEPFAR OVC survey tools must be trained to a high standard. To enable this, MEASURE Evaluation has developed a training manual and materials for data collectors. Groups wanting to implement the OVC survey tools will need to adapt this training manual and materials to reflect the aims and design of the specific study. However, the structure of the training for data collectors should be similar, regardless of study objectives or design, and there are topic areas such as interviewing children that are relevant to all types of OVC studies and OVC research questions. This training manual aims to provide as much guidance as possible for prospective data collectors to implement these tools.

This training manual has three key objectives:

1. to familiarize participants with PEPFAR's expectations around how these tools should be implemented;
2. to ensure standard and routine application of child protection and research ethics safeguards; and
3. to reduce the burden on local and international researchers who want to implement the OVC program evaluation tools.

We hope that this manual and materials will reduce the level of effort needed to implement the tools and carry out your study.

Description and Audience

The manual and supporting training materials provide guidance for facilitators who will train data collectors to administer the standardized questionnaires. With this manual, facilitators will learn about the three questionnaires and how to run an interactive training for data collectors with group work and feedback sessions, and will learn skills in engaging participants and addressing challenges that may arise during training.

Training facilitators will use this manual to train data collectors. Training facilitators may be university staff, international or national implementing partner staff, government ministry officials, or past MEASURE Evaluation OVC survey data collectors or consultants. Training participants will include data collectors/enumerators and some of these trainees will become supervisors for a group of data collectors. In addition to this guide, some training materials may be prepared or adapted by the facilitator for your specific study and circumstances. The goal of the training is for participants to learn about the questionnaires and gain the skills to use them effectively in the field.

Structure and Content

The remainder of this manual is divided into two sections:

- Section 1: Facilitation Guidance
- Section 2: Training Schedule and Content

The first section, Facilitation Guidance, includes tips for having an interactive training that uses participatory techniques and cooperative learning. The second section, Training Schedule and Content, provides a draft workshop agenda that consists of 11 modules split into sessions, with time estimates, activities, and suggested materials for a training packet. This second section includes detailed facilitators' notes, which are meant to accompany Microsoft PowerPoint slides. The slides are available for download separately at:

<http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

For each day of training, the facilitator's notes are included in a slide-by-slide format. *Facilitator knows* and *facilitator does* notes make up the bulk of the facilitator's guide notes under each day. Suggestions for *facilitator says* also appear on the slide notes.

The following items constitute the “basic training packet” and it is assumed that participants have copies of these items:

- Caregiver Questionnaire (in all interview languages for your study)
- Child Questionnaire Ages 0-9 Years (in all interview languages for your study)

- Child Questionnaire Ages 10-17 Years (in all interview languages for your study)
- Microsoft PowerPoint slides
- consent/assent forms specific to this study
- confidentiality agreement specific to this study
- referral protocol specific to this study
- interviewer control sheets specific to this study

SECTION I: FACILITATION GUIDANCE

As facilitator, it is your responsibility to present each session's content and activities as clearly as possible. You are also responsible for maintaining a comfortable learning environment for participants. You should therefore be very familiar with this training manual, the materials, and activities before each session in order to feel confident about the content and process.

Preparation

Consider the following questions.

Logistics:

1. Is the venue suitable for the training?
2. Will money be needed at the workshop venue to cover any costs?
3. Has sufficient stationery been organized?
4. Is any additional equipment required?

Participants:

1. Has accommodation for participants been arranged?
2. Are there any transport arrangements to make?
3. Have you recruited and convened a sufficiently large group of training participants?
4. Are participants able to fully participate without external distractions?

Assessment of Participants

Choosing data collectors: If you are conducting this training for a specific data collection activity, we recommend that you convene a large enough group of trainees to enable you to choose the best team to conduct the data collection. Provide all participants with a certificate of training upon completion. You will be choosing training participants with a clear mastery of the procedures and tools and with the necessary leadership qualities to be supervisors for each group of data collectors.

The pool of participants will vary from country to country and survey to survey, but you and your colleagues should select participants based on their experience and desirable personality

attributes. Then, use the training days to observe the participants' potential and commitment as data collectors. If more participants attend the training than are needed for your study, make sure you explain that participants who complete the training successfully could be selected for future studies and will receive a certificate of completion from this training.

Choice of supervisors: Out of the pool of participants, you, along with your colleagues and partners, will choose supervisors for your study teams. You will be watching performance of participants throughout the week. You will then invite supervisor candidates to stay for the last day of training. Approach supervisor candidates by Day 3 so that they can make arrangements to stay for Day 6. The other participants will depart after Day 5.

It is likely you identified some supervisors to support data collection prior to this training (for example, data collectors involved in the pilot of the survey tools are often good candidates to be study supervisors). However, after piloting, for various reasons you may want to include other supervisor candidates. This data collectors' training is your opportunity to observe performance, interpersonal and organizational skills, and ability/capacity of participants to take on the role of supervisor.

An advantage of having pre-selected supervisors is that they can assist during the training, giving them an opportunity to gain experience in a controlled setting, in addition to establishing their leadership in the survey. Supervisors may assist with the mock interviews, supervising each group in turn, and with the practice interviews in the field. Supervisors should help edit questionnaires and be a resource for the facilitators. It is helpful to call on supervisors to participate from time to time in order to identify them as leaders. Some supervisors may be used to give demonstration interviews.

Assessing interviewer performance: Use a quality control checklist (appendix 2) to gauge participants' performance both throughout the training days and at the end. Use this tool to determine teaming arrangements and eliminate those participants you will not use on this study. An example is included in the references section of this guide.

Tips for Facilitation

Room set-up:

1. Organize the room into tables so that participants can sit four to six people to a table. These table groups will be used for various discussions and other activities.
2. Make sure every participant is oriented to be able to see the screen you use for presentations and to converse easily with his or her table group.

Non-verbal communication:

1. Maintain eye contact with everyone in the group when speaking.
2. Stand in front of the group, especially to begin the session. It is important to appear relaxed while also being direct and confident.
3. Show that you are listening to participants by reacting to what they say with a smile or nod.
4. Move around the room to connect with participants, but ensure that you address the group from a place where you can be seen and heard by all.

Verbal communication:

1. Speak slowly, clearly, and calmly. Be aware of your tone of voice.
2. Ask open-ended questions. Open-ended questions require more than one-word answers, such as “What is your favorite memory from childhood?”, “What expectations do you have for this training experience?”, or “How do you manage all of your responsibilities at home and at work?” Use probes to get participants to offer more if you get a yes or no response—for example, “What makes you say that?” or “Tell us more about your thoughts or experiences.”
3. Encourage participants to respond to each other by asking, “Does anyone have an answer to that question?”
4. Check in with other participants to see if they agree or have different experiences when a participant makes a statement.

5. Encourage participants to speak and provide them with positive reinforcement, such as “Thank you for that,” “Great example,” “Good job” or “Yes, thanks, can we hear more about that point?”
6. Summarize participants’ statements in your own words. This will help to both cross-check your understanding and reinforce key statements.
7. Keep the discussion focused on the goal of the session. Watch out for disagreements and diversions; draw conclusions that help move the discussion in the direction you want. Point out when appropriate that some topics are not black and white and that debating the gray area in some cases is part of the training.

Leading sessions:

1. Begin sessions with a warm-up that reviews the previous day’s key learning points and provides a transition to key learning points for the day. Participants engage in this activity once they arrive and have settled in for the first session.
2. Create a “parking lot” for questions raised that do not fit into the sessions. Make time to cover these later. “Parking” those questions for later discussion will eliminate tangents and distractions but ensure that everyone’s questions are addressed. You can keep these, alongside expectations and fears, to be revisited at a later time.
3. Briefly summarize the main learnings of the day. You may choose to have a participant or several participants do this.
4. Discuss whether participants think the key learnings were achieved. If they request further review on a key learning point, take note and integrate it into the next session for review and deepening of knowledge.

Participatory Techniques

Participants learn from being able to talk about the content of the training with their peers using cooperative learning. Think about the kinds of participatory techniques you have used before as you read through this section, and be sure to consider the size of the group you will be training. Develop a plan for how you will use participatory techniques in facilitating your training. Be attentive to the amount of time you have for each session. It is important to plan how much time

you think each activity will take, how much time you want to leave for feedback and discussion, and how much time you will need for wrap-up and transitions.

Energizers and ways of forming groups/pairs:

1. *Birthday line-up*: Have participants line up by birthday, here if born in January, here if February, March, etc. Once participants are lined up, have participants pair off based on birth dates that are closest together, furthest apart, etc. You can use variations of this for future pairings.
2. *Favorite food line-up*: Ask participants to pair up using their favorite foods to select a new partner. These are aspects about one another that participants will remember and will give them associations that help them connect with each other. You can also use this method to make groups of three if you'd rather have larger groups for a specific activity. You can then use these foods to make future pairs and groups. For example, peanut sauce may have paired with fish for one activity, but then peanut sauce pairs with fried plantains, for the next activity.

Cooperative learning:

1. *Think-pair-share*: Engage the participants' thinking with a question. Participants take a few moments to think about the question. Participants then pair up to talk about their answers. The "pair" can be two, three, or four participants working together. After two or three minutes, have the participants share their responses with the whole group. Sometimes this sharing will be partners sharing each other's responses and sometimes it may be the group choosing a response that emerged from their discussion from among their group members' various responses.
2. *Interviewing each other*: The facilitator or participants can model interviews in front of the group. Participants need a visual (facial expressions, use of questionnaire, eye contact) and spatial (distance from subject, body language) example of what good interview skills look like. You may use this approach early in the training especially to demonstrate what a good interview looks like. These demonstrations will also help participants see how to use probes, how to keep the interview flowing, and how to handle uncooperative or distracted respondents. Mock interviews can be used in a jigsaw format throughout the training.

One participant interviews another. The respondent can answer truthfully or play the role of a fictitious person. These may be done for one section of the questionnaire or for a longer portion or for the whole questionnaire. You can also have participants watch an interviewer-respondent pair and take notes about issues that arise. You need to move around to various pairs when mock interviews are taking place, note issues, and discuss each section with the whole group. Participants need many opportunities to read and administer the questionnaire and you need opportunities to assess their knowledge and skills. Interviewing will occur repeatedly throughout the training. Interviewers and respondents need experience in all of the languages that will be used for the study. Be sure to attend to translation and comprehension issues and take note of edits that need to be made. Sometimes this process will include finding consensus in the large group debrief about how to make a question more understandable.

3. *Jigsaw*: Members of the pair or small group become an “expert” on one aspect of the learning material. Essentially, they teach each other about that piece, then learn from others about other pieces. Participants can then return to the larger group and teach about their piece. Or, participants can switch in and out of pairs every five minutes. Every five minutes, the two participants in the pair are trading knowledge. This way, they teach their piece several times and learn another piece from two or three different people. A variation using larger groups would have participants organized into groups with equal numbers of participants in each. Each group is given a piece of a larger task. For example, six groups of participants may be formed to study six different parts of a questionnaire. Each group works to learn that piece well enough to teach it to others. After each group has read and learned their piece, the groups are reconfigured so that each new group has a participant from each of the previous groups. Each member then teaches the others his or her piece. When the jigsaw is complete, the six pieces of the questionnaire assigned have been taught and learned by all.

Evaluation of the Training

At the end of each day, participants will complete a short evaluation of the training. This way, you will be made aware of any problems or suggestions for improvement. The evaluation can use two simple questions:

- What did you like best about the training today?
- What could we do to make the training even better?

You can ask two participants at the end of each day to collect feedback from others and present the responses to the rest of the group before departing. If you don't have time, you can also review the feedback prior to the next day of training. On the last day, a more extensive evaluation of the training is suggested. Please see Appendix 1 for a sample evaluation form for the last day of training.

SECTION II: TRAINING SCHEDULE AND CONTENT

Some of the training content requires critical thinking around the questionnaires and how to use them effectively, while other content deals with the logistics of reporting and demands mastery of procedures. The training schedule uses a Brunerian spiraling approach in which participants return and deepen knowledge and skills across the training days on the most important goals and content of the training. As the facilitator, you will be most effective using activities you can practice and pick from to use again and again. For example, if you do a jigsaw activity, then use a similar activity for the next piece of similar content the following day, participants will have a framework for how to participate and learn within that activity. The sequence of learning objectives and knowledge building aims to build questionnaire knowledge and thinking early, followed by logistical tasks and procedures skills before the field practicum.

Review the draft workshop agenda (table 1), then continue reviewing the training content. Think about your local needs and conditions, your study goals, and your training group's skill level. Consider how you may adapt the plan for emphasis in specific areas or to capitalize on the capacity of your group as you continue reviewing the content.

The quality of the results of the study is in the hands of the data collectors. It is important to organize the training in detail and run through the interviewing process multiple times throughout the training. Practice makes perfect! During the training make sure to touch on these areas of knowledge:

1. describing the study
2. stating who sponsors the research and what organizations are involved
3. teaching sufficient information on the study research methods and the data collection tools, including how they were constructed
4. explaining the sampling logic and process and why this is important (how participants were selected)
5. explaining interviewer bias and how not to inadvertently skew results
6. principles, standards, and practices essential for ethical research
7. best practices for addressing sensitive topics with research participants

8. walking through and rehearsing interviews
9. explaining how respondents should be recruited - including how to read maps, understand GPS coordinates, and identify households and respondents
10. explaining supervision and quality control (performance standards/completed questionnaire requirements)
11. explaining data collection scheduling (and how data collectors must accommodate target households' and respondents' schedules while also meeting study deadlines).
12. for supervisors' training, explaining questionnaire editing and data management

Overall Training Learning Objectives

Over the days and across the modules of this training, you will be working with training participants to achieve the following overarching objectives. They will be addressed and achieved over time, with knowledge deepening over the training period. As the facilitator, you can share these objectives with your participants on Day 1 of the training after they have completed the pre-assessment and after you have done the introductions activity. The overall learning objectives are:

1. Participants will be able to explain OVC well-being, and why and how it is measured.
2. Participants will be able to inform others about the study purpose and how the study data will be used.
3. Participants will be able to recall the sections and questions of the three questionnaires.
4. Participants will be able to explain what research ethics are, why they are important, and how to apply them to this OVC survey.
5. Participants will be able to effectively address sensitive topics with survey respondents.
6. Participants will be able to articulate child protection definitions and rules, and how they relate to this survey.
7. Participants will be able to identify data quality practices and how they will adhere to them in conducting this OVC survey.
8. Participants will be able to explain how households and children were selected for inclusion in the survey, how they will be recruited, and, if relevant, followed up over time, including how to use GPS coordinates to enable follow-up.

9. Participants will be able to describe scenario types (e.g., in child protection or data quality), how to weigh decisions, and what to do if action is needed (e.g., reporting protocols).

Workshop Agenda

A suggested workshop agenda is provided in table 1. Note again that you may need to adapt the agenda to fit the objectives of your study and the capacity of your data collectors.

Table 1: Suggested Workshop Agenda

<i>Time</i>	<i>Day 1</i> Well-being and Interviewing	<i>Day 2</i> Research Ethics and Interviewing	<i>Day 3</i> Child Protection and Interviewing	<i>Day 4</i> Field Practicum	<i>Day 5</i> Debrief and Data Quality	<i>Day 6</i> Supervisors' Training
8:30-9:00	Welcome	Warm-up	Warm-up	<i>Module 7:</i> Heading into the field* 7a: Preparation for field practicum (1 hour) 7b: Field practicum (rest of day)	Warm-up	Warm-up
9:00-10:45	<i>Module 1:</i> Who are we and why are we here?*	<i>Module 3:</i> Why, what, how: Research ethics*	<i>Module 5:</i> What is child protection and what do we do about it?*		<i>Module 8:</i> What happened in your field practicum?*	<i>Module 11:</i> Supervisor performance*
	1a: Introductions (1 hour) 1b: Definitions (45 minutes)	3a: General research ethics (30 minutes) 3b: Applied research ethics: consent, sampling (1 hour 15 minutes)	(1 hour 45 minutes)		8a: Debrief (2 hours 45 minutes)	11a: Error-finding exercise (1 hour 45 minutes)
10:45-11:00	Break	Break	Break		Break	Break
11:00-13:00	<i>Module 2:</i> How do we conduct interviews? (Caregiver Questionnaire)*	<i>Module 4:</i> How do we conduct interviews? (Child 10-17 Questionnaire)	<i>Module 6:</i> How do we conduct interviews? (Child 0-9 Questionnaire)		8a: Debrief (continues) 8b: Ensuring data quality (1 hour)	11b: Supervisor's job (2 hours)
	2a: Caregiver Questionnaire (30 minutes) 2b: Administering the Caregiver Questionnaire (2 hours)	4a: Child Questionnaire (10-17) (3 hours 30 minutes)	6a: Child Questionnaire (0-9) (45 minutes) 6b: Administering the Child Questionnaire (0-9) (1 hour 15 minutes)			

<i>Time</i>	<i>Day 1</i> Well-being and Interviewing	<i>Day 2</i> Research Ethics and Interviewing	<i>Day 3</i> Child Protection and Interviewing	<i>Day 4</i> Field Practicum	<i>Day 5</i> Debrief and Data Quality	<i>Day 6</i> Supervisors' Training
13:00-14:00	Lunch	Lunch	Lunch		Lunch	Lunch
14:00-15:30	2b: (continues) 2c: Administering the Caregiver Questionnaire in a local language (1 hour)	4a: Child Questionnaire (10-17) cont'd	6b: Administering the Child Questionnaire (0-9) cont'd 6c: Administering the Child Questionnaire (0-9) in the local language (1 hour)		Module 9: Sexual harassment (1 hour 30 minutes)	11c: General editing guidelines (1 hour 30 minutes)
15:30-15:45	Break	Break	Break		Break	Wrap-up
15:45-16:45	2d: Guidelines for interviewing (1 hour)	4b: Administering the Child Questionnaire (10-17) (1 hour)	6d: Anthropometry and GPS (1 hour)		Module 10: Training wrap-up (1 hour)	
16:45-17:00	Wrap-up Day Evaluation	Wrap-up Day Evaluation	Wrap-up Day Evaluation			

* Total times for each module (excluding other activities):

Module 1 = 1 hour 45 minutes
Module 2 = 4 hours 30 minutes

Module 3 = 1 hour 45 minutes
Module 4 = 4 hours 30 minutes

Module 5 = 1 hour 45 minutes
Module 6 = 4 hours

Module 7 = All day

Module 8 = 3 hours 45 minutes
Module 9 = 1 hour 30 minutes
Module 10 = 1 hour

Module 11 = 5 hours 15 minutes

Day-by-Day Facilitation Notes

As noted earlier, for each day of training, the facilitator's notes are included in a slide-by-slide format. *Facilitator knows* and *facilitator does* notes make up the bulk of the slide guide notes each day. Notes for *facilitator says* also appear on the slide notes.

Day 1: Well-being and Interviewing

Learning objectives:

1. Participants will be able to explain OVC well-being, and why and how it is measured.
2. Participants will be able to inform others about the study purpose and how the study data will be used.
3. Participants will be able to recall the sections and questions of the three questionnaires.

Materials: Laptop, screen, Microsoft PowerPoint slides for Day 1, flip chart paper, markers (if Internet connection is available and you can use higher-tech option, then pull up Google doc and Wordle)

Outline: Welcome and registration takes 30 minutes; module 1 (who we are and why are we here?) takes 1 hour and 45 minutes; and module 2 (conducting interviews) takes four hours and 30 minutes. A wrap-up session takes 15 minutes.

Slide 1

Day 1: Well-being and Interviewing

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MEASURE Evaluation is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill in partnership with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University.



Slide 2

Day 1: Well-being and Interviewing

- Module 1: Who are we and why are we here?
 - 1a: Introductions
 - 1b: Definitions
- Module 2: How do we conduct interviews?
 - 2a: Caregiver Questionnaire
 - 2b: Administering a Caregiver Questionnaire
 - 2c: Administering a Caregiver Questionnaire in the local language
 - 2d: Guidelines for Interviewing




Facilitator does: Review content on this slide to provide participants with an overview for the day.

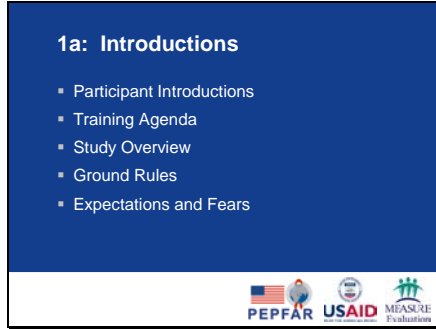
Slide 3

Module 1: Who are we and why are we here?

- 1a: Introductions
- 1b: Definitions



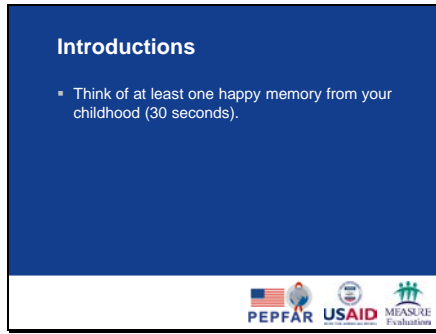
Slide 4



One hour is allocated for module 1a.

Facilitator says: This session includes participant introductions, training agenda, study overview, ground rules, expectations, and fears.

Slide 5



Facilitator says: Welcome to the training session. I am I am from My favorite food is..... My favorite childhood memory is


Now, please take 30 seconds to think of at least one happy memory from your childhood.

Facilitator does: Use an interactive approach, such as the think-pair-share exercises for participant introductions in the next two slides. Begin by welcoming the participants (5 minutes). Introduce yourself: your name, where you are from, your favorite food, and your favorite childhood memory. Tell participants they will do a think-pair-share and you'd like them to first take 30 seconds to **think** of at least one happy memory from their childhood. After 30 seconds, tell them that they will **pair** up and **share** with their partner their names, where they are from, their favorite food, and at least one happy childhood memory. Once participants have taken a moment to **think**, ask them to pair up with another participant.

Slide 6

Pair

- Find a partner (30 seconds).



Facilitator says (after 30 seconds):
Now, find a partner.

Facilitator does: Ensure that each participant has linked up with a partner.

Slide 7

Share

- Share your name, where you are from, your favorite food, and at least one happy memory from your childhood with one another.



Facilitator says: Now, in your pairs, share your name, where you are from, your favorite food, and at least one happy childhood memory.

Facilitator does: Go around the room asking for partners to introduce one another with this information to the whole group.

Facilitator knows: Take note of the foods of each pair. You will use these foods to make pairs and groups over the course of the training days.

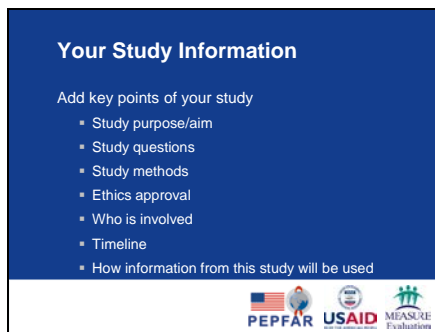
Slide 8



Facilitator says: Take out the training agenda in your training packet. *[Facilitator has included an agenda specific to your study and how you are running your training.]* Let's look at the general flow of the modules for this training.

Facilitator does: Prior to the workshop, you will have adapted the draft workshop agenda to reflect details of the specific study and relevant training objectives. Direct participants to pull out the workshop agenda from their training packet. Walk them through the various modules and entertain questions for clarification, noting that the group will discuss objectives and expectations shortly.

Slide 9



Facilitator does: Prior to the workshop, review this slide and the three that follow, and adapt them to reflect your study design:

- Study purpose/aim
- Study questions
- Study methods
- Ethics approval
- Who is involved
- Timeline
- How information from this study will be used

Slide 10

Overall Training Purpose

- Participants will learn how to collect data on child, caregiver, and household wellbeing.

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Facilitator says: The training was created to aid in training data collectors in the field across various contexts worldwide. You will learn how to collect data on child, caregiver, and household well-being.

Facilitator knows: The questionnaires are intended to be implemented through a household survey by trained data collectors. This training manual was created to aid in training data collectors in the field across various contexts worldwide. The manual and supporting training materials provide guidance for facilitators who will train data collectors to administer the standardized questionnaires.

Slide 11

Data Collection Tools

In early 2012 MEASURE Evaluation developed three quantitative *child outcomes* and *caregiver/household outcomes* measurement tools for global application:

- Caregiver Questionnaire (Administered to Caregiver)
- Child Questionnaire Ages 0-9 Years (Administered to Caregiver)
- Child Questionnaire Ages 10-17 Years (Administered to Child)

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Facilitator says: In order to collect data on child wellbeing, we need data collection tools. For this study, we are using three tools, as you see on this slide. Two are administered to the household caregiver and one is administered to a child in the household who is between the ages of 10 and 17. These are the questionnaires you will learn how to use effectively at this training.

Facilitator knows: U.S. government and other investments in programs to improve the well-being of orphans and vulnerable children and their households have been substantial. Yet, the impact of this investment is uncertain and there are still questions regarding “what works” in improving OVC well-being. One of the challenges to understanding impact is the lack of standardized measures and measurement tools for child and household well-being that are tailored to the OVC population.

Slide 12

Overall Learning Objectives

1. Participants will be able to explain OVC wellbeing, and why and how it is measured.
2. Participants will be able to inform others about the study purpose and how the study data will be used.
3. Participants will be able to recall the sections and questions of the three questionnaires.
4. Participants will be able to explain what research ethics are, why they are important, and how to apply them to this OVC survey.




Facilitator says: [Read/review bullets on slide.]

Facilitator does: Using this slide and the next, orient the participants to the eight overall learning objectives around which the training program was designed. As you review the objectives, check with the participants for understanding.

Slide 13

More Learning Objectives


5. Identify data quality practices and how they will adhere to them in conducting this OVC survey.
6. Articulate child protection definitions and rules, and how they relate to this survey.
7. Explain how subjects were selected and how they will be recruited, and, if relevant, followed up over time, including how to use GPS units to enable follow-up
8. Describe scenario types (e.g. in child protection or data quality), how to weigh decisions, and what to do if action is needed (e.g. reporting protocols).



Slide 14

Ground Rules

- Suggest the rules you would like to include that will make these days of training the most productive.
- Record on flip chart paper.
- Agree with the group on a set of rules.



Facilitator says: Please suggest ground rules for our work together over the next days. Can I have a volunteer to record these on this flip chart paper? Thank you.

Now, let's agree on a basic set of rules.

Facilitator does: Facilitate a brainstorm session to generate ground rules for the workshop. Sample ground rules may include: "be on time," "one person talks at a time," or "listen to others."

While a volunteer records

suggestions on a flip chart, talk through the list.

If not proposed independently by a participant, include a ground rule about participant confidentiality and freedom to speak on sensitive issues and scenarios. Once the list is complete, ask the volunteer to post a legible version of the ground rules in the training room.

Slide 15



Expectations and Reservations

Pair up using favorite foods.
In pairs, discuss for five minutes:

- What are your expectations of the training?
- What are your reservations?

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Facilitator says: Pair up using your colleagues' favorite foods. You shared your favorite foods in our participant introductions. Now pair up with a new partner. If you were chocolate and peanut sauce together before, then this time peanut sauce pairs with fish and rice or some such.

Facilitator does: Ask each pair to discuss his/her expectations for and reservations about the training. After the exchange, the pairs share their findings with the whole group. Document the responses on a flip chart for later reference.

Facilitator knows: These are aspects about one another that participants will remember and will give them associations that help them connect with each other. You can also use this method to make groups of three if you'd rather have larger groups for this activity.

Slide 16

1b: Definitions

- Defining well-being
- Defining OVC

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Forty-five minutes are allocated for module 1b.

Facilitator does: Tell participants that they will now transition to constructing a working understanding of well-being.

Facilitator knows: In this session, participants will define well-being by moving from their childhood memories to considering the elements that make up well-being and describing and defining the construct together. Defining well-being and defining OVC are an important component of session 1b.

Slide 17

Key Elements of Well-being

- Think about the memory you shared from your childhood.
- What elements does it include?
- What made up the good in your memory?

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Facilitator says: Think about the memory you shared from your childhood. What elements does it include?

Facilitator does: As participants start sharing, see if these categories come up: Family members? Food? Your home? Friends? School? Participants may call out many elements from their own childhood memories: Food, Home/House, Siblings, Parents, Relatives, etc. Let them generate these categories first before you mention them.

Have a participant from this plenary group session serve as scribe and write these words on flip chart paper. If you have an Internet connection you can record them in a Google doc that is projected for all to see. Then, later, copy and paste all of the terms into Wordle and unveil a Wordle of all of these brainstormed words. You can

Slide 18

Sections	Core questions	Optional modules
Section 1: Household schedule	<ul style="list-style-type: none">Household scheduleChange in household composition	
Section 2: Background information on Caregiver and Household	<ul style="list-style-type: none">Demographic informationWorkAccess to moneyOther	<ul style="list-style-type: none">Household Economic StatusProgress out of Poverty Index (Economic Agency) or similar
Section 3: Household Food Security	<ul style="list-style-type: none">Household food security	<ul style="list-style-type: none">HOUSEHOLD FOOD SECURITY
Section 4: Caregiver Well being	<ul style="list-style-type: none">General healthSocial supportParental self-efficacy	<ul style="list-style-type: none">Gender roles and decision-making powerPerceptions and experience of child discipline, including violence discipline
Section 5: HIV/AIDS Training, Knowledge, Attitudes	<ul style="list-style-type: none">Basic HIV/AIDS knowledgePrV testing experience	<ul style="list-style-type: none">WHO-2011 attitudes
Section 6: Access to HIV Prevention, Care & Support	<ul style="list-style-type: none">Household access to services	

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use <http://www.wordle.net/>. You may find that the group-generated product echoes many words from the sections of the child and caregiver surveys.

Facilitator says: Look at the core questions documents in your training packets. Note key sections and core questions for each.

Facilitator does: Review the questionnaires relevant to your study with the participants. You can either ask them to pull the hard copy out of their packets or project the questionnaires on screen with Microsoft PowerPoint.

Facilitator knows: Both the caregiver questionnaire and the child questionnaire (ages 0-9) will be answered by the household caregiver, so this respondent will be answering two questionnaires. The child questionnaire (ages 10-17) will be posed directly to that child, not to the caregiver, with caregiver consent and child assent.

Slide 19

Child Questionnaire (Ages 10-17)

Section	Core questions	Additional questions
Section 1: Demographic information and consent	• Demographic information • Consent and signature	
Section 2: School	• School type	
Section 3: Healthcare	• Current attendance, caregivers	
Section 4: Children's Rights	• Child • Abuse	
Section 5: Health & Nutrition	• Food consumption • Food consumption • Food consumption	• Dietary diversity
Section 6: Health, Support & Protection	• Health condition • General health • Mental health	• Health for children living with HIV/AIDS • Psychological and social well-being of children
Section 7: HIV Testing, Knowledge, and Attitudes	• HIV testing experience • HIV testing experience • HIV testing experience	• HIV testing experience • HIV testing experience • HIV testing experience
Section 8: Sexual Involvement	• Sexual involvement (ages 15-17)	• Sexual involvement (ages 15-17)
Section 9: Sexual Abuse	• Sexual abuse (ages 15-17)	• Sexual abuse (ages 15-17)
Section 10: Anthropometry	• Height • Weight • Mid-upper arm circumference	

Slide 20

Child Questionnaire (Ages 0-9)

Section	Core questions	Additional questions
Section 1: Demographic information and consent	• Demographic information • Consent and signature	
Section 2: School	• School type	
Section 3: Healthcare	• Current attendance, caregivers	
Section 4: Children's Rights	• Child • Abuse	
Section 5: Health & Nutrition	• Food consumption • Food consumption • Food consumption	• Dietary diversity
Section 6: Health, Support & Protection	• Health condition • General health • Mental health	• Health for children living with HIV/AIDS • Psychological and social well-being of children
Section 7: HIV Testing, Knowledge, and Attitudes	• HIV testing experience • HIV testing experience • HIV testing experience	• HIV testing experience • HIV testing experience • HIV testing experience
Section 8: Sexual Involvement	• Sexual involvement (ages 15-17)	• Sexual involvement (ages 15-17)
Section 9: Sexual Abuse	• Sexual abuse (ages 15-17)	• Sexual abuse (ages 15-17)
Section 10: Anthropometry	• Height • Weight • Mid-upper arm circumference	

Facilitator says: Now, we will compare the group-generated ‘key elements of well-being’ with the sections in the questionnaires. Look at the core questions for each of the questionnaires. Which core questions do you see across all three questionnaires and which are specific to only one or two questionnaires?

Use the table in your training packet to map these core questions and which ones you see in which questionnaires.

Facilitator does: Ask participants to take out their Mapping Core Questions table from their training packets. You should also have the Facilitator Answer Key for this table to help you lead the discussion (see appendix 3). Lead participants through a comparison of the group-generated *List of key elements of childhood well-being* against the sections that appear on the questionnaires. Peruse the questionnaires and come up with a list of sections used in them to investigate child well-being.

Facilitator knows: Core questions on each questionnaire include:

- For children and caregivers: food consumption, health, HIV (testing), access to services, felt support.
- For children ages 10-17 and caregivers: HIV (knowledge).
- For children ages 0-9: care/neglect.
- For all children: vaccinations, schooling and early childhood stimulation, nutrition/size, chores/work.
- For caregivers: access to money, shelter.
- Refer to completed “Mapping of Core Questions” to see each of the core questions for each type of questionnaire.

Slide 21

How Do You Define Well-being?

- With your group, discuss what elements need to be included in a one- to two-sentence definition of well-being.
- Produce a definition with input from all of your group members.

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Facilitator says: Break into groups of three (you choose the number to be in groups depending on how many participants you have). Create a one or two sentence definition of well-being with your group members. Write it down on an index card or a paper in your training packet.

Now, in the full group, which groups would like to quickly share their definitions?

Facilitator does: Note that participants are aiming to define “well-being” in general, rather than “childhood” well-being. Once each group has generated a draft, invite them to share it with the plenary. Take comments or questions for clarification.

Slide 22

A Dictionary Definition

Well-being:
A good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity.
<http://dictionary.reference.com/browse/well-being>

The state of being happy, healthy, or successful.
<http://www.merriam-webster.com/dictionary/well-being>




Facilitators says: How does yours compare to these definitions? These are two of many dictionary definitions for well-being.

Facilitator does: Refer the group to the dictionary definitions of well-being presented on the slide. Guide them to compare their drafts with the slide's definitions. Affirm the participants' work in this area and tell them that they may revisit what they learned and produced the following day.

Slide 23

Defining OVC

- Can you tell me what an OVC household is?
- Orphans and vulnerable children (OVC) may include children who have lost one or both parents, HIV-affected children, and children vulnerable to HIV because of various risk factors, such as poverty or work status.



Facilitator says: Given the definitions of well-being we have just generated, the core questions of the questionnaires we looked at, and the data collection effort you are here to participate in, can you tell me what an OVC household is?

The study has its definition of an OVC household and if you do not already know it, now is the time to learn it.

OVC are orphans and vulnerable children. But the definition of what an OVC is varies from program to program, service provider to service provider, and study to study. Orphans and vulnerable children may include children who have lost one or both parents, HIV-affected children, and children vulnerable to HIV because of various risk factors, such as poverty or work status.

Facilitator does: For this study, note how definitions of OVC may vary from project to project. Explain to participants how your study defines

Slide 24

Why Measure Well-being of OVC Households?

- To see if efforts have an impact.
- To know how well or poorly OVC are doing.
- To make necessary changes in our interventions.

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OVC or OVC households, and make sure they understand that this group is the target population for this evaluation.

Facilitator says: Measuring the well-being of OVC and their caregivers is the central aim of your job as a data collector. You will be using the three MEASURE Evaluation questionnaires to measure well-being. You will note that sections of the questionnaires correspond to different areas of well-being.

Why do we measure the well-being of OVC and their caregivers? So that we can see if our efforts to improve OVC well-being are having an impact. So that we understand how well or how poorly OVC are faring. So that we can make the necessary changes in our interventions, programs and policy to improve their impact on OVC households.

Facilitator does: Present the question and reasons that appear on the slide. Check for any questions or need for clarification.

Slide 25

Module 2: How Do We Conduct Interviews?

- 2a: Caregiver Questionnaire
- 2b: Administering a Caregiver Questionnaire
- 2c: Guidelines for Interviewing

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Facilitator does: Use the slide to introduce module 2 content.

Facilitator knows: Participants will begin by interviewing one another, first applying parts of the questionnaire, then the complete questionnaire. Training will cover guidelines for interviewing after participants have had some practice applying parts of the questionnaire.

Slide 26

2a: Caregiver Questionnaire

- Get in groups.
- Take five minutes to become familiar with Section 1: Household Schedule on the Caregiver Questionnaire.
- Take 15 minutes to interview your partner.
- Discuss for 10 minutes.
- Switch roles and take 15 minutes to interview.

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Thirty minutes are allocated for module 2a.

Facilitator says: Again, you will be using three questionnaires in this evaluation. The caregiver questionnaire and the child questionnaire (0-9 years) will both be answered by the household caregiver, so this respondent will be answering two questionnaires. The child questionnaire (ages 10-17) will be posed directly to that child, not to the caregiver, with caregiver consent and child assent.

It is expected that each questionnaire will take 45-60 minutes to be administered in the field. That means the caregiver will be involved in answering questions for up to two hours.

Facilitator does: Refer participants to the caregiver questionnaire and review group task as presented on slide.




Facilitator says: The questionnaires have all been translated from English to the local languages that you will be using to survey households in these communities. Throughout the training, we will work with the English version, but also with the local language versions for practice. You will be able to clarify language used in each version and work through any issues you have concerning choice of words.

Facilitator knows: The aim of translation is to develop versions of the tools that are conceptually comparable to the English version, taking into consideration cultural and linguistic norms in the area of study. Tools should not be translated word-for-word, but rather, the meaning of key concepts should be maintained. The gold standard approach to translation is forward translation from English into the study language by an expert translator and then back-translation into English (of the translated questionnaire) by a different expert translator. Variations between versions should be reviewed until the study team agrees upon an optimal translation. Translated versions of the tools should be pilot tested prior to use, to ensure both conceptual validity of measures and language, and appropriate flow.

Slide 28

Debrief

- What happened?
- What went well?
- What was hard?
- What was easy?
- How did you feel as a respondent?
- As an interviewer?
- Which questions were clear? Less clear




Facilitator says: What are your impressions from this interview and getting familiar with the caregiver questionnaire? What happened? What went well? What was hard? What was easy? How did you feel as a respondent? As an interviewer?

Facilitator does: Process the exercise's learning points using the questions that appear on the slide.

Slide 29

2b: Administering a Caregiver Questionnaire

- Form pairs and each pair will be assigned a section of the questionnaire.
- For your assigned section, you will do a demo interview in front of the group.
- (*Observation and learning discussion.*)



Two hours are allocated for module 2b.

Facilitator says: Now we will do role-play interviews in pairs. Each pair will do one part of the caregiver questionnaire. You will interview one another in this activity in English. After each pair presents, we will discuss what we saw and talk about any translation or interpretation issues that arise.

To get in pairs, line up according to your month of birth (January, February, March, etc.). Once you are lined up in this way, pair up with another person from the same birth month.

Facilitator does: Split into these groups:

- Pair 1: Background Information: Caregiver and Household
- Pair 2: Household Food Security
- Pair 3: Caregiver Well-Being and Attitudes
- Pair 4: HIV/AIDS Testing, Knowledge & Attitudes
- Pair 5: Access to HIV Prevention, Care and Support

The demo interviews are in English in front of the group. The facilitator needs to go question by question through this activity. It is your job to make sure each participant has the same understanding of each question and response categories.

Facilitate the process of:

- demo interview 1;
- eliciting observations from the large group and add your perspective;
- demo interview 2, etc.

This is an important juncture to refer the group back to the critical interviewing skills you have identified together. As the audience is observing the demos, they should have this list of skills in mind.

Facilitator knows: Participants have worked with section 1 of the questionnaire and at least one other section. Now, they will look at the questionnaire as a whole. This includes the instructions and directions for administering the questionnaire.

Slide 30

2c: Administering a Caregiver Questionnaire in a Local Language

- Return to your pair and practice administering the questionnaire in its entirety.

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One hour is allocated for module 2c.

Facilitator says: You will interview one another in the local language and talk about any translation or interpretation issues that arise.

Facilitator knows: This is the opportunity to flesh out issues with the translation and address them together with your participants. We recommend that the translator of the questionnaires be in attendance to note all of these issues and any needed edits.

Slide 31

2d: Guidelines for Interviewing

- Given the experiences you've just had interviewing and responding, tell me what skills are critical for conducting a good interview.

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One hour is allocated for module 2d.

Facilitator says: You have seen and used the caregiver questionnaire already. This is the questionnaire we are focusing on today.

Now that you have had an opportunity to delve into some sections of the caregiver questionnaire and do some peer interviewing, tell me what skills are critical for conducting a good interview.


Facilitator does: Participants will offer their input and write these responses on a flip chart (e.g., putting respondent at ease).

Slide 32

Guidelines for Good Interviewing

Build Rapport with the respondent:

- Put respondent at ease with small talk.
- Explain simply, "I would like to ask you a few questions."
- Explain the purpose of the study.



Facilitator says: Now, we will spend some time looking at guidelines for conducting interviews to reinforce all of the skills and attributes of a good interview we just discussed.

The first one is to build rapport with the survey respondent.

[Read/review bullets on slide.]

Slide 33

Guidelines for Good Interviewing

Be neutral throughout the interview:

- Do not appear to approve or disapprove of any of the respondent's answers.
- Read the complete question to the respondent.
- If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following: "Can you explain a little more?" "I did not quite hear you; could you please tell me again?" "There is no hurry. Take a moment to think about it."



Facilitator says: Remember that most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he or she has given the "right" or "wrong" answer to the question.


[Read/review bullets on slide.]

Slide 34

Guidelines for Good Interviewing

Never suggest answers to the respondent:

- Unless the question specifies to do so, you should not read out the list of coded answers to the respondent, even if he/she has trouble answering.




Facilitator says: If a respondent's answer is not relevant to a question, do not prompt him or her by saying something like "I suppose you mean that. . . Is that right?" In many cases, he or she will agree with your interpretation of his or her answer, even when that is not what he or she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer.

[Read/review bullets on slide.]

Slide 35

Guidelines for Good Interviewing

- Do not change the sequence of questions.




Facilitator says: The sequence of questions in the questionnaire must be maintained. The order has been carefully considered to allow for rapport-building and information validation.

Slide 36

Guidelines for Good Interviewing

Try not to change the wording of questions:

- If the respondent has trouble understanding, repeat the question.
- If the respondent still has trouble understanding, paraphrase the question slightly, being careful to maintain the original meaning.
- If the respondent speaks a different language or dialect, use words common to the local language or dialect to convey meaning.




Slide 37

Guidelines for Good Interviewing

Handle hesitant respondents tactfully:

- If you sense discomfort, try to make the respondent more comfortable before asking the next question.
- Spend a few moments talking about things unrelated to the interview (her town or village, the weather, her daily activities, etc.).
- If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of all respondents in this study and that the answers will all be merged together.



Slide 38

Guidelines for Good Interviewing

Do not form expectations:

- Treat every respondent with the same expectation of response regardless of education level or geographic location.

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Facilitator does: Wrap up by taking questions or observations that summarize what participants take away from these last few slides.

Slide 39

Wrap-up

- Describe the study's purpose/aim.

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Ten minutes are allocated for the first part of the wrap-up session.

Facilitator says: Today we have defined and described well-being and begun to use survey tools for measuring it. Let's revisit the study information offered at the opening of the training and make sure you understand how your role as data collectors fits with the OVC survey. Can I get two volunteers who can provide a clear, 30-second description using the prompt on the slide?

Facilitator does: Have participants do two 30-second "TEDx speech" moments. Select a few participants to offer clear, 30-second descriptions using this prompt:

- Describe the study's purpose/aim.
- Answer: (Put your study's purpose/aim here).


If participants cannot answer these, then have them ask you these questions. Then, you give 30-second responses that are understandable to the group.

Slide 40

Day Evaluation

Short Evaluation:

- What did you like best about the training today?
- What could we do to make the training even better?



Five minutes are allocated for this part of the wrap-up session.

Facilitator says: Please take out an index card from your training packet and respond to these two questions. You do not need to write your name on your card. I will take these up and review them tonight so that we can make this training as effective as possible for you.

Facilitator does: Collect the cards to review after the session.

Slide 41

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Day 2: Research Ethics and Interviewing

Learning objectives:

1. Participants will be able to recall the sections and questions of the three questionnaires.
2. Participants will be able to explain what research ethics are, why they are important, and how to apply them to this OVC program evaluation.
3. Participants will be able to explain how households and children were selected and how they will be recruited and, if relevant, followed up over time, including how to use GPS units to enable follow-up

Materials: Laptop, screen, Microsoft PowerPoint slides, projector, flip chart paper, markers, index cards, pens.

Outline: Orientation and warm-up takes 30 minutes; module 3 (research ethics) takes an hour and 45 minutes; module 4 (conducting interviews, child questionnaire [ages 10-17]) takes four hours and 45 minutes; and wrap-up takes 15 minutes.

Slide 1

Day 2: Research Ethics and Interviewing

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Slide 2

Day 2: Research Ethics and Interviewing

Module 3: Why, what, how: research ethics?

- 3a: General research ethics
- 3b: Applied research ethics

Module 4: How do we conduct interviews?

- 4a: Child Questionnaire (10-17)
- 4c: Administering a Child Questionnaire (10-17)

There are 30 minutes allocated for warm-up.

Facilitator does: Walk the participants through the Day 2 content using the overview slide.

Slide 3

Warm-up Activity

- Wellbeing is...
- It is important to measure wellbeing because...

Facilitator says: Think about your response to these prompts *[read slide]*. Jot your answers on an index card and share with your colleagues around you. We will discuss briefly as a whole group.

Facilitator does: Ask a few volunteers to share their responses and then collect the cards. This serves as a quick formative assessment for participants as well.

Slide 4

**Module 3: Why, What, How:
Research Ethics**

- Module 3a: General Research Ethics
- Module 3b: Applied Research Ethics

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Facilitator knows: You will use consent and assent forms, and interviewer control sheets, during this module. These will be specific to your study and should be provided in the Training Packet.

Slide 5

3a: General Research Ethics

Research is:

- a systematic investigation designed to produce or contribute to generalizable knowledge.

Ethics are:

- the principles of conduct governing an individual or a group (e.g., professional ethics).

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Thirty minutes are allocated to module 3a.

Facilitator says: Let's start by establishing definitions of research and of ethics, hence research ethics. *[Read definitions.]*

**The “Why”: Landmarks
Established Rules to
Govern International
Research**

- Nuremberg trials (1946)
- Declaration of Helsinki (1964)
- Belmont report (1974)
- CIOMS – Council for International Organizations of Medical Sciences (1993)



Facilitator says: FHI 360 has developed a training document on research ethics. We will use some of this content to teach you about the why we have research ethics, what they are, and how to apply them to your work as a data collector.

Several landmarks have led to the development of guidelines and regulations for international research ethics:


- The unethical experiments Nazi doctors performed on concentration camp prisoners during World War II and the subsequent Nuremberg Trials in 1946 gave birth to the *Nuremberg Code*, which states that “voluntary informed consent is absolutely necessary.”
- The *Declaration of Helsinki* of 1964 stressed the importance of written consent forms.
- The 1974 *Belmont Report* highlighted the three fundamental principles of respect for persons, beneficence, and justice.
- In 1993, the Council for International Organizations of Medical Sciences (CIOMS) issued guidelines to apply the Declaration of Helsinki in developing countries.*

* FHI 360. *Research Training Curriculum*. Research Triangle Park, NC: FHI 360; 2009. Accessed 25 November 2013 at: <http://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/index.html>.

Slide 7

World War II and Nuremberg Trials

- The unethical experiments performed on concentration camp prisoners by Nazi doctors during World War II and the subsequent Nuremberg trials in 1946 gave birth to the **Nuremberg Code**, which states that “voluntary informed consent is absolutely necessary.”




Facilitator says: [read slide].

Facilitator knows: The idea and practice of gaining consent came out of this abuse of human subjects (this will be discussed in more detail on Day 3).

Slide 8

Declaration of Helsinki

- “The well-being of the human subject should take precedence over the interests of science and society.”




Facilitator says: [read slide].

Facilitator knows: The Declaration of Helsinki has been revised five times, most recently in 2001 to include issues of particular relevance to the kind of research currently being conducted, such as the use of placebo controls. It proposes that any new method should be tested against the best current proven prophylactic, diagnostic, or therapeutic methods.*

* FHI 360. *Research Training Curriculum*. Research Triangle Park, NC: FHI 360; 2009. Accessed 25 November 2013 at: <http://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/index.html>.

Belmont Report

- In 1972, the American public became aware of the Tuskegee syphilis study.
- To address this problem, in 1974 the U.S. government established the National Commission for the Protection of Human Subjects. In 1978, the commission submitted its report, *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects in Research*.



Facilitator says: In 1972, the American public became aware of the Tuskegee syphilis study, in which 399 poor black sharecroppers in Macon County, Alabama, were denied treatment for syphilis and were deceived by physicians of the U.S. Public Health Service from 1932 to 1972. The disclosure of this study by the press was a major scandal in the United States.

To address this problem, in 1974 the U.S. government established the National Commission for the Protection of Human Subjects. In 1978, the commission submitted its report, *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects in Research*.

Facilitator knows [from the Belmont report]: As part of the study, designed to document the natural history of the disease, these men were told that they were being treated for “bad blood.” In fact, government officials went to extreme lengths to ensure that they received no therapy from any source. On July 26, 1972, *The New York Times* described the study as “the longest nontherapeutic experiment on human beings in medical history.”


The Belmont report advocated respect for persons, beneficence, and justice as the fundamental principles for the ethical conduct of research involving human participants.*

* FHI 360. *Research Training Curriculum*. Research Triangle Park, NC: FHI 360; 2009. Accessed 25 November 2013 at: <http://www.fhi360.org/sites/all/libraries/webpages/fh-i-retc2/index.html>.

Council for International Organizations of Medical Sciences

CIOMS issued the first publication of its guidelines in 1993 and revised them in 2002. The purpose was:

- “to prepare guidelines to indicate how the ethical principles that should guide the conduct of biomedical research involving human subjects, as set forth in the Declaration of Helsinki, could be effectively applied, particularly in developing countries, given their socioeconomic circumstances, laws and regulations, and executive and administrative arrangements.”



Facilitator says: The Council for International Organizations of Medical Sciences (CIOMS) issued the first publication of its guidelines in 1993 and revised them in 2002. Their purpose was “to prepare guidelines to indicate how the ethical principles that should guide the conduct of biomedical research involving human subjects, as set forth in the Declaration of Helsinki, could be effectively applied, particularly in developing countries, given their socioeconomic circumstances, laws and regulations, and executive and administrative arrangements.”

Facilitator knows: The CIOMS guidelines recognize the challenge of applying universal ethical principles in a world with varying resources. Some of the guidelines address:

- ethical review committees
 - obtaining informed consent: essential information for prospective research subjects
- benefits for participants and their communities
- provision of health care services
- distribution of the burdens and benefits*

* FHI 360. *Research Training Curriculum*. Research Triangle Park, NC: FHI 360; 2009:71. Accessed 25 November 2013 at: <http://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/index.html>.

Slide 11

The “What”: Fundamental Principles

Respect for persons:

- Unique, free, has rights, capacity to decide, value, dignity, right to informed consent.

Beneficence :

- Do good; do no harm.

Justice:

- Fair and equal distribution of benefits and risks.
- Special protections for vulnerable persons.



Facilitator says: There are three fundamental principles of research ethics that came out of the history we just discussed. Respect for persons (every person is unique, free, has rights, has the capacity to decide, has value, has dignity, and has the right to informed consent before participating in a research study); beneficence (always do good toward other humans, never do harm); and justice (benefits and risks should be fair to all and special protections should be in place for vulnerable people and populations).

These principles are considered to be universal—they apply everywhere in the world.*

* FHI 360. *Research Training Curriculum*. Research Triangle Park, NC: FHI 360; 2009. Accessed 25 November 2013 at: <http://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/index.html>.

Slide 12

3b: Applied Research Ethics

- Consent
- Sampling



One hour and 15 minutes are allocated to Module 3b.

Facilitator says: You can think of many parts of your job as data collectors, such as obtaining consent or assent from your survey respondents, as ethics in action. In order to live up to the general research ethics we have discussed, you must make sure you do these tasks well in your job. We will talk now about applying research ethics in your work as a data collector through obtaining consent, through your approach to recruitment and enrollment and through sampling households and children.



Facilitator says: Prior to this training, the study has received ethics approval from an ethics review board based on the general research ethics we have discussed.

To decide if proposed studies are ethical, the ethics committee should look at six basic issues, as seen on this slide.*

For 1 - the ethics committee should consider the impact on the safety of the participants in the design of the study.

For 2 - the ethics committee should examine how participants are recruited.

For 3 - the study should address a local need or problem and be designed with an understanding of the local community. Input from community representatives can help the research team ensure that the study addresses important information gaps.

For 4 - the ethics committee must look at how the study positively or negatively affects participants or their communities.

For 5 - the ethics committee must decide if the consent forms and process are adequate. Community representatives can provide an important perspective on the informed consent process.

For 6 - the ethics committee must review the steps taken by the study team to protect the confidentiality of participants. In some research, the greatest participant risk is having confidentiality broken.

* FHI 360. *Research Training Curriculum*. Research Triangle Park, NC: FHI 360; 2009:27. Accessed 25 November 2013 at: <http://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/index.html>.

Slide 14

Summary: Critical Elements of Research Ethics

The study must have ethics approval.

The study must align with:

- the country's standards and guidelines;
- international guidelines; and
- donor guidelines for research ethics and approval.

Applied ethics for your job as data collectors:

- informed **consent/assent**
- **confidentiality**
- Child protection **referral protocols**



Facilitator says: The study must have ethics approval. The study must align with the country's standards and guidelines, international guidelines, and donor guidelines for research ethics and approval.

Applied ethics include seeking and documenting informed consent and assent from research participants before surveying them, maintaining confidentiality, and being familiar with your program's child protection referral protocols.

You must understand and complete the process of obtaining and documenting informed consent/assent for adults and for children

Privacy issues are important. Aim to interview children within sight but out of earshot of their parents or guardians.


Be attentive to signs of gender-based violence and child abuse; follow referral protocols.

Facilitator says: This slide presents the four-step process of consent that is used in this study.

Slide 15

Consent

- Provide information to the person.
- Make sure information is understood by the person.
- Person makes decision to take part in the study.
- Monitor the person's comprehension about what he or she is participating in.



Slide 16

Essential Elements of Informed Consent

- Description of the research and role of participant.
- Description of risks.
- Description of benefits.
- Alternatives to participation.
- Explanation of confidentiality.
- Contact information for questions.
- Compensation, if any.
- Participation is voluntary.

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Facilitator says: The consent process and information you use in this study will include all of these key elements *[read slide]*.

Facilitator does: Go over the essential elements of informed consent and compare against the consent forms for this study to make sure each element is addressed.

Slide 17

Consent Form

- Review your study's consent form now.

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Facilitator says: Now, please read this study's caregiver consent form. Please look over it at your seat now.

[After participants have reviewed the form for five minutes or so, facilitator says]: We will now go around the room and read through the form. Can I get a volunteer to read the first paragraph? *[Person reads.]* Thank you. Now, who would like to read the next paragraph? *[Proceed like this throughout the form. This should take about 40 minutes.]*

Now, look at the consent form in the local language. We will practice now in this language. Look over it at your seat, then we will read through aloud with volunteers. *[This should take about 20 minutes.]*

Slide 18

Assent

- Parents (or legal guardians) provide **permission** for children to participate in research and for the researcher to contact the children.
- Children provide their **assent** to become subjects. Assent is a child's affirmative agreement to participate.



Facilitator says: The basic consent model when working with children is that parents (or legal guardians) provide permission for their children (or wards) to participate in research and for the researcher to contact the children. Children then provide their assent to become subjects. Assent is a child's affirmative agreement to participate.


In order to provide assent, children must:

- understand the nature of the study;
- understand that they are able to refuse to participate;
- understand that they are able to refuse to answer any question at any time without penalty; and
- understand that they are able to withdraw from the interview at any time without penalty.

Slide 19

Assent for Child Interviews

- Data collectors may sample one child aged 10-17 years listed in the household schedule of the caregiver questionnaire.
- Data collectors will seek informed assent from this child; and, if given, document informed assent.
- Data collectors will administer the questionnaire for children aged 10-17 years directly to the child.




Facilitator says: For children aged 10-17 years, you will seek assent. You will interview children in plain sight, but out of earshot of their parent or caregiver. *[Read slide.]*

For this study, you will also need to attain verbal assent to obtain anthropometric measurements (height, weight, and mid-upper arm circumference or MUAC). You will be taking these measurements of children when at the household.

Slide 20

What Is Sampling?

- A sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for a larger group.
- Households are sampled.
 - Households have been sampled and assigned to data collectors. It is important to complete all assigned interviews and return to homes as needed to complete the interviews.
- Children within households are sampled.



Facilitator says: We are going to take a moment to discuss sampling very briefly in this applied ethics module. Since we cannot survey everyone, we find ways to survey a smaller number of people and use those responses to understand how a whole population is doing. For your study, you will use a specific sampling approach. It is critical to understand it and use it correctly.

It is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number and type of people are included in the survey. This is why it is so important to return to households to reach those people who are not at home, since they may be different from people who are at home.


Facilitator knows: Sampling is complex. Participants do not need to understand the specifics of how households were sampled in this study, but they do need to be able to explain to potential interviewees why they were chosen to participate in the study.

Slide 21

Sampling

Possible sampling methods you may be using:

- every child in the household (HH)
- alphabetical sampling
- Kish grid




Prior to the training, you will need to tailor this slide and your notes to reflect the sampling methods employed in your study.

Present the slide content to familiarize participants with sampling options, the methods used, and what the interviewers need to know to apply the method effectively.

Slide 22

Steps for Seeking Consent

- Pre-arrival and arrival at household.
- Finding caregiver.
- Introduction to study and consent.
- Record consent.
- Start caregiver questionnaire.
- Follow sampling procedure for child 0-9 and child 10-17.
- Assent of child 10-17.
- Complete remainder of caregiver questionnaire.



Facilitator says: We have broken the steps down for seeking consent, so that you have a clear set of steps to follow when you are in the field. You'll see that the steps are broken into what to do from pre-arrival at the household through taking leave of the household to ensure you are following a sound and reliable consent process.

Slide 23

Pre-arrival and Arrival at Household

- Prior to arrival at the household, complete all information on all three questionnaire cover sheets that can be completed prior to entering the household.
- On arrival at the household, interviewer is expected to greet and introduce self and ask to speak to the head of the household.
- "My name is [name of researcher] and this is [name of volunteer]. I am part of a group conducting a research study on people's health and well-being, and their needs for services and support. We are looking to speak with the head of this household. Is he or she available?"




Facilitator does: Read through the slide and check for understanding.

Slide 24

Finding the Caregiver

- If the head of household is out, ask the adult (>18 years old) primary caregiver (if different) if you can speak with her/him directly or if she/he would like you to come back when the head of household is available.
- If head of household or primary caregiver is available, proceed.
- If neither the head of household nor primary caregiver is available, find out when it would be a good time to return to see the head of household or primary caregiver. Make an appointment to come back. Be sure and keep the appointment.




Facilitator does: Read through the slide and check for understanding.

Facilitator says: Generally it is best to approach the household and ask for the head of the household. The head of the household can then tell you who the primary caregiver is. You need to obtain informed, documented consent from the primary caregiver and not the head of household, but in many countries gender dynamics will dictate that you speak to the male household head first. If the household head is not available, ask for the primary caregiver and determine whether he or she is able and willing to discuss the study without the head of household present.

Slide 25

Introduction to Study and Consent
Begin to read **Introduction** section of adult consent form.
Confirm with the primary caregiver that named beneficiary from sampling list resides at household.

- **If yes** – “If it is ok, I would like to give you some information about this study and what your participation would involve, and then you can make a decision about whether or not you want to participate and if you are happy for us to speak to members of your household.”
- **If no** – Ask household if [name of beneficiary], ever lived in this household. Record response on consent form and document on cover sheet.




Facilitator does: Read through the slide and check for understanding.

Slide 26

Record Consent

- If primary caregiver is interested in participating begin **PART A. Consent to participate**.
- Document consent if provided with signature of participant and interviewer and date and place.
- Mark the appropriate box on the consent form if the person did not decide to participate.




Facilitator does: Read through the slide and check for understanding.

Slide 27

Start Caregiver Questionnaire

- The interviewer would now begin administering the primary caregiver questionnaire with **SECTION 1: HOUSEHOLD SCHEDULE**.




Facilitator does: Read through the slide and check for understanding.

Slide 28

Follow Sampling Procedure for Children 0-9 and 10-17

- Follow procedures for sampling eligible children in the household and select one child aged 0-9 years and one child aged 10-17 years.
- For the randomly sampled child aged 10-17 years, now conduct the parental consent. Document consent if provided with signature of participant and interviewer and date and place. Mark the appropriate box on the consent form if the person did not decide to participate.




Facilitator does: Read through the slide and check for understanding.

Slide 29

Assent of Children Aged 10-17 Years

- The second interviewer can now conduct the assent process with the child aged 10-17 years and then begin to apply the child questionnaire directly with the child aged 10-17 years if the child assents. *If child provides assent, interviewer signs in presence of parent/guardian.*




Facilitator does: Read through the slide and check for understanding.

Slide 30

Complete Caregiver Questionnaire

- The first interviewer would now continue with the rest of the caregiver questionnaire.




Facilitator does: Read through the slide and check for understanding.

Slide 31

Thanks and Correcting Errors

- After the interview, the data collectors will ask if the participants have any questions and will thank the respondents for their time and note any comments in the comments box.
- Ensure that the cover sheet is complete, including the GPS reading.
- Interviewers will then review the questionnaires to make sure that all responses are completed properly and correct any errors.



Facilitator does: Read through the slide and check for understanding. The group has now been exposed to the nine steps in achieving consent. Pose a synthesis question to the group and summarize as follows (or something similar):


- *Look back at the consent process... does the sequencing make sense to you?*
- *Does anyone have outstanding questions about the process?*
- *We will practice this process in the practicum phase of the training.*

Build in a tea break or stretch break before transitioning to module 4.

Slide 32

Module 4: How Do We Conduct Interviews?


- 4a: Child Questionnaire (Ages 10-17)
- 4b: Administering the Child Questionnaire (Ages 10-17)



Slide 33

4a: Child Questionnaire (Ages 10-17)

- Form pairs and each pair will be assigned a section or two of the questionnaire.
- For your assigned section(s), first familiarize yourself with the questions.
- Each group will teach that section, question by question, in front of the whole group.
- (Observation and learning discussion.)



There are three hours and 30 minutes allocated for module 4a.

Facilitator does: Let the participants know that you will now return to working with the child questionnaire (ages 10-17). Divide participants into pairs or groups of four or five people; the number of groups will depend upon how many people are in your workshop. Distribute the 10 sections of the questionnaire evenly across the work groups. Each working group should review the content of assigned sections and prepare to teach those sections back to the plenary.

Once the groups have had adequate time to prepare, facilitate the “teach-backs” as follows:

1. Invite group 1 to present assigned sections. Entertain questions and reiterate key points from your perspective.
2. Continue to group 2, etc.

This part of the group work will be using the questionnaires in English. Later, in pairs, the participants will use the questionnaires in the local languages.

There is one hour allocated for module 4b.


Facilitator says: You can use the same pairs from yesterday’s last session OR you can split into pairs using another method (such as favorite food pairings).

Facilitator knows: The benefit of using the same pairs from yesterday afternoon’s questionnaire session is that the two can switch roles, so the interviewer becomes the respondent this time and the respondent

Slide 34

4b: Administering a Child Questionnaire (Ages 10-17) in the Local Language

- Split into pairs again.
- Administer or respond to the Child Questionnaire (Ages 10-17) in your pair.



becomes the interviewer. Pairs should conduct an entire interview using the Child Questionnaire (Ages 10-17). Circulate around the room and help pairs, listen in, note any issues you observe.

Slide 35

Wrap-up

Describe the consent or assent process you will use for:

- a caregiver
- a child 10-17 years old

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There are 10 minutes allocated for wrap-up.

Facilitator says: Could I get volunteers to respond to each of these prompts?

Facilitator knows: The responses should be in their own words. If needed, you can review using consent and assent slides. Participants should have a simple and clear picture of how consent and assent occur for respondents and their role in seeking and attaining consent/assent as data collectors.

Slide 36

Day Evaluation

Short evaluation:

- What did you like best about the training today?
- What could we do to make the training even better?

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There are five minutes allocated to the day's evaluation.

Facilitator does: Have participants provide feedback on index cards in quick responses to each question presented on the slide.

As the facilitator, you should also respond to these questions. Reflect on the day yourself, then review the responses from participants and think about what you may need to change or improve on for tomorrow's sessions.

Slide 37

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Day 3: Child Protection and Interviewing

Learning objectives:

1. Participants will be able to recall the sections and questions of the three questionnaires.
2. Participants will be able to articulate child protection definitions and rules, and how they relate to this evaluation.
3. Participants will be able to identify data quality practices and how they will adhere to them in conducting this OVC program evaluation.
4. Participants will be able to describe scenario types (e.g in child protection), how to weigh decisions, and what to do if action is needed (e.g. reporting protocols).

Materials: Laptop, screen, Microsoft PowerPoint slides, projector, flip chart paper, markers, index cards, pens.


Outline: Orientation and warm-up takes 30 minutes; module 5 (child protection) takes an hour and 45 minutes; module 6 (conducting interviews, child questionnaire [0-9 years]) takes four hours; and wrap-up takes 15 minutes.

Slide 1

Day 3: Child Protection and Interviewing

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Slide 2

Day 3: Child Protection and Interviewing

Module 5: What is child protection and what do we do about it?

Module 6: How do we conduct interviews (children ages 0-9)?


- 6a: Child Questionnaire (Ages 0-9)
- 6b: Administering the Child Questionnaire (Ages 0-9)
- 6c: Administering the Child Questionnaire (Ages 0-9) in the local language
- 6d: Anthropometry and GPS



Slide 3

Warm-up

- What was different about interviewing with the Child Questionnaire (ages 10-17) compared to the Caregiver Questionnaire?



There are 30 minutes allocated for warm-up.

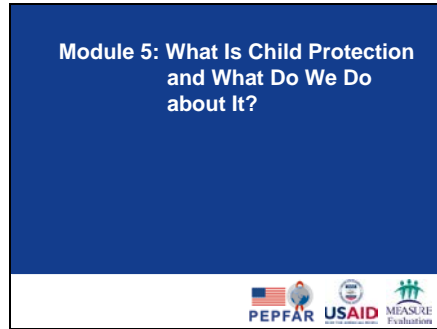
Facilitator says: Reflect on your interviewing of the last two days and consider this question [read slide].

You may think about various items on the questionnaire. Various sections on them. Your own tone and effect when interviewing or responding. How you sought consent or assent. How receptive your respondent was. What else was different?

How did your interviewing techniques need to change for the different ages of respondents.

Jot your answers on an index card and share with your colleagues around you. We will discuss briefly as a whole group.

Slide 4



One hour and 45 minutes are allocated to module 5.

Facilitator knows: If the implementing organization has a policy on child protection, it will be important to include this policy in the training. A representative from the implementing organization can present on this policy to the group.

Slide 5



Facilitator says: We are going to do a think-pair-share like we did on Day 1. This time, please think of a past experience you have had protecting a child.

Facilitator does: Ask participants to pair up. You can decide if you'd like participants to pair with someone next to them or someone across the room with whom perhaps they have not paired up previously.

Facilitator says: Now, share your name, where you are from, and a past experience of yours with child protection with your partner.

Facilitator does: After the pairs have spent five minutes or so sharing with one another, ask for a few volunteers to share out to the whole group about each other (nine minutes).

Facilitator knows: You will see how well the group understands child protection as well as what kind of action they may have taken for child protection in the past. These anecdotes will open up the group to some of the following points – use them to focus the discussion.

Slide 6

Child Protection Definitions and Guidelines

- What is child protection?
- Why child protection?
- How do we protect children?

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Facilitator says: In this session, we define child protection and describe what to do about it as a data collector. You can see the what, why, and how on the slide that we will investigate together.

Slide 7

What Is Child Protection?

- Child protection is “the responsibilities and activities undertaken to prevent children being subject to child abuse.”
- Child abuse is defined as “physical, sexual, and emotional maltreatment or abuse; neglect; bullying; unlawful child labor; and exposure to domestic violence.”

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Facilitator says: We have included a couple of definitions of child protection here.

Facilitator reads slide.

Slide 8

Why Child Protection?

- All children have potential and every child matters.
- Child protection is everybody's responsibility.
- We have a fundamental duty of care towards all children we engage with including a duty to protect them from abuse.
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.

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Facilitator says: Why do we care about child protection? In short, we are required to protect children. This slide outlines some of the reasons why child protection is so important including our duty of care to protect children. Children matter, they are human beings with potential. All of us must recognize this and protect children from harm. We must care for children and protect them from abuse. This includes all children regardless of age, disability, gender, race, religion, etc. – all deserve equal protection.

Slide 9

Child Protection Policy and Law

The United Nations Convention on the Rights of the Child (UNCRC), 1989 says:

- All children have the right to be protected from all forms of abuse.
- A child includes anyone who has not reached age 18.

Individual countries have child protection laws. What is yours?



Facilitator says: Child protection is the law. The UN Convention on the Right of the Child affirms the right to child protection. Individual countries also have laws about child protection. What about your country?

Slide 10

International Standards

- "The right of all children to be protected from all forms of abuse, neglect, exploitation and violence as set out in the *UN Convention on the Rights of the Child 1989*."
- "Abuse happens to male and female children of all ages, race, gender, age, religion or disability, sexual orientation, social background or culture. Some children, such as disabled children, are particularly vulnerable. Prejudice and discrimination can prevent some children getting the help they need and agencies should take steps to ensure that all children are protected and receive the support they require."



Facilitator says: We have included some language from UN-produced tools on standards for child protection. *[Read slide.]*

Facilitator knows: The text on the slide is taken from *Keeping Children Safe: Standards for Child Protection, Tool 1*, produced by the Keeping Children Safe Coalition in 2006, available at: [http://www.un.org/en/pseataaskforce/docs/keeping children safe standards for child protection tool.pdf](http://www.un.org/en/pseataaskforce/docs/keeping%20children%20safe%20standards%20for%20child%20protection%20tool.pdf).


Here is text for your reference from Article 19 of the *UN Convention on the Rights of the Child 1989*:

State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Slide 11

Child Protection Policy and Guidelines

- Check the references of data collectors and others who will have direct contact with children.
- Interview children in plain sight of an adult guardian (though out of earshot).
- Adult guardians must provide specific, informed consent for any children under their care to participate in the study.
- Children must provide informed assent.
- Both consent and assent must be documented.




Facilitator says: For our study, we have developed these specific guidelines for child protection: *[Add your study specific child protection policy.]*

Facilitator does: You can keep this slide with these general guidelines or make it specific to your study guidelines.

Slide 12

Put Policy into Practice

- Working in partnership with children, young people, their parents, caregivers and protection agencies is essential in promoting young people's welfare.
- It is critical to maintain privacy for your survey respondents.
- Referral protocols are required and essential.




Facilitator says: Our study has a protocol established for maintaining privacy and for making referrals for child protection in cases where you see the need for it.

Slide 13

Privacy and Interviewing

- Interview caregiver out of earshot of school-age children and other adults in the household, including the spouse.
- Administer the questionnaire for children aged 10-17 years directly to the child. Children will be interviewed within plain sight, but out of earshot of their guardians/other adults.




Facilitator says: Part of the child protection policy and practice includes your attention to privacy. Try to follow these guidelines for interviewing with appropriate levels of privacy.

Slide 14

Referral Protocols

- Children interviewed are often given contact information for appropriate services.
- If evidence of child abuse, neglect, or other sign of distress or emergency, report this using your study's protocol.
- What is your study's referral protocol?
- How will you handle this as a data collector?




Facilitator says: If you see evidence of abuse or neglect, you are required to report this through your study's protocol process. Let's review that process – what is it? How will you handle this type of situation as a data collector?

Facilitator does: Make sure the referral protocol is clear.

Slide 15

Additional Safeguards

- A "whistle-blower" policy with contact info in case unprofessional behavior related to child protection concerns is witnessed in the field.
- All caregivers receive contact info for the study coordinator and local IRB, and exactly whom they may contact with concerns about the study or anyone involved in the study.




Facilitator says: Often these additional safeguards are put in place – both a whistle-blower policy and that not only children, but caregivers also, are given contact information for the study coordinator and the institutional review board or IRB that gave ethics approval for the study.

Slide 16

Remember Confidentiality

- Keep interviewees' identifying information secure: make sure their identity remains confidential and cannot be traced to the answers collected from them in their survey.
- Do NOT proceed with interview if there is any personal connection between a potential interviewee and the interviewer.
- Do NOT collect any identifying information from participants that are not required in the study protocol.
- Unless necessary, do NOT disclose anything a participant tells you to anyone except your supervisor.



Facilitator says: Perhaps the primary source of risk in the social and behavioral sciences is that information obtained by researchers could harm subjects if disclosed outside the research setting. Confidentiality can be compromised through an unauthorized release of data, which could have a negative impact on the subjects' psychological, social, or economic status. Keep in mind these steps for confidentiality (read slide).


Slide 17

Child Protection and Confidentiality

Confidentiality must be ensured, except if the child needs immediate protection because:

- he/she is discovered to be abused or neglected;
- he/she is harming or threatening to harm another person; or
- he/she is harming or threatening to harm himself/herself.

In these cases, follow your study's referral protocol.




Facilitator says: You should maintain confidentiality unless the child needs immediate protection.
[Read slide.]

Slide 18

Abuse Scenario 1

- *[Add a culturally appropriate abuse scenario here]*




Facilitator says: Given this scenario, consider these questions: How do you detect the abuse? What do you say at the time? How do you follow the referral process?

Slide 19

Abuse Scenario 2

- *[Add a culturally appropriate abuse scenario here]*




Facilitator says: Given this scenario, consider this question: If confronted with this scenario while interviewing at a household, do I refer?

Slide 20

Remember

- Importance of child protection during data collection.
- Guidelines on how to identify abuse and what to do if you witness or suspect that a child you come into contact with is experiencing abuse.
- To whom you report abuse using your referral process.




Facilitator says: To sum up, child protection is critically important during data collection. You need to know the guidelines on identifying abuse and the protocol to follow in reporting issues within your study.

Slide 21

Module 6: How Do We Conduct Interviews? (Children Ages 0-9)

- 6a: Child Questionnaire (Ages 0-9)
- 6b: Administering the Child Questionnaire (Ages 0-9)




How Do We Conduct Interviews? (Children Ages 0-9) takes four hours and 30 minutes.

Slide 22

6a: Child Questionnaire (Ages 0-9)

Read through sections 1-9.

- Differences?
- Similarities?



There are 45 minutes allocated to module 6a.

Facilitator says: Take out your “core questions on each questionnaire” sheet we worked on together on Day 1 to map the various questions that appear on each of the three questionnaires. Point out to me which sections are different on the child questionnaire (ages 0-9) from the other two questionnaires we have already reviewed and practiced using.

Facilitator does: Have participants read through sections 1 through 9,

noting any differences from the caregiver questionnaire and the child questionnaire (ages 10-17) and any additions or deletions in the child questionnaire (ages 0-9).

Facilitator knows: These are the sections that are different for the child questionnaire (ages 0-9):

- Refer to completed Mapping of Core Questions to see each of the core questions for each type of questionnaire.

Slide 23

6b: Administering the Child Questionnaire (Ages 0-9)

- Each group will be assigned a section that includes questions that have not already been practiced in Caregiver or Child Questionnaire (Ages 10-17).
- A pair will interview one another in front of the whole group.

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One 1 hour and 15 minutes are allocated to module 6b.

Facilitator says: Now, similar to what we did previously, we will have groups role-play in front of the whole group certain sections of the child questionnaire (ages 0-9). *[Make sure they are in groups or pairs as you like using one of the grouping techniques.]*

Facilitator does: It is your job to make sure each participant has the same understanding of each question and response categories.

6c: Administering the Child Questionnaire (Ages 0-9) in the Local Language

- Now, interview a partner in the local language.



One hour is allocated to module 6c.

Facilitator says: Now, you will get in pairs and interview or respond to the interview in the local language. Be sure you clarify any meaning and translation questions as you go.

Facilitator does: Participants will interview one another in the local language. You can use the same pairs from yesterday's last session OR you can split into pairs using another method (such as favorite food pairings). The benefit of using the same pairs from yesterday afternoon's questionnaire session is that the two can switch roles, so the interviewer becomes the respondent this time, and the respondent becomes the interviewer. Pairs should conduct an entire interview using the Child Questionnaire (ages 0-9). Circulate in the room and help pairs, listen in, note any issues you observe.

Participants can use the in-depth guide as an aid for administering the questionnaire.

When possible throughout and as you close, reiterate the following points about interviewing.


Facilitator says:

- Be neutral throughout the interview.
- Never suggest answers to the respondent.
- Do not change the sequence of questions.
- Aim not to change the wording of questions.
- Handle hesitant respondents tactfully.
- Do not form expectations.
- Do not hurry the interview.

Slide 25

6d: Anthropometry and GPS

- You will be taking measurements of children that you interview.
- Data collectors will seek and document informed assent from the sampled child to collect the anthropometric measurements.
- Data collector will collect height, weight and mid-upper arm circumference information from the child.



There is one hour allocated to module 6d.

Facilitator says: [Read slide.] For taking body measurements (anthropometry), you will need to get verbal assent from the child.

Slide 26

General Guidelines for Taking Measurements

- Weight: Be sure to put the scale for weighing the child on a hard surface, never on dirt, grass, or mud as this will skew the weight greatly.
- For small children, you will weigh the child with the mother together, then weigh the mother and subtract the mother's weight; or you will use a hanging weighing machine for a small child.
- *[Add other guidelines for your study and equipment here.]*




Facilitator does: Read the slide.

Slide 27

General Guidelines (Continued): Height

- Ask child to take off shoes and stand against a flat surface (e.g., wall, side of building). Using a stiff measuring tape, measure the child's height without shoes.
- Some differences in weighing and measuring children aged 0-9 years are that you will have a board on the floor to measure the child on rather than getting height with the child standing up (for under 2 year olds).
- *[Add other guidelines for your study and equipment]*




Facilitator does: Read the slide.

Slide 28

General Guidelines (Continued): MUAC

- Wrap MUAC tape around child's upper arm and record measurement.
- Add other guidelines for your study and equipment here.




Facilitator does: Read the slide.

Slide 29

GPS Unit

- It is important to take a global positioning system (GPS) reading so we can follow up with the household over time.
- It is important to record the latitude and longitude coordinates displayed on the GPS on the cover page of the survey.
- [Insert your specific GPS device instructions here.]
- Practice using your GPS devices.




Facilitator does: Add specific slides or instructions for the GPS devices you are using in your study.

Practice recording GPS units.

Slide 30

Practice




Facilitator does: Ask participants to return to original interview pairs and practice taking anthropometric measurements of each other.

Slide 31

Wrap-up

- Describe a possible abuse scenario.
- Describe the referral process you will use in case of suspected or observed child abuse.



Ten minutes are allocated for wrap-up.

Facilitator says (if you have time): Who can respond to each of these prompts? Each person think of a scenario and how you would refer this issue properly. If you'd like to share your responses, raise your hand.

Facilitator does: Ask for volunteers to respond to each of the prompts on the slide. The responses should be in their own words.

Slide 32

Day Evaluation

Short evaluation:

- What did you like best about the training today?
- What could we do to make the training even better?

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There are five minutes allocated to the daily evaluation.

Facilitator says: Take out an index card from your Training Packet and provide feedback to these two questions.

Facilitator does: Have participants provide feedback on index cards in quick responses to each question.

You should respond to any questions they have and pose the following questions:

- How did it go today?
- What went well?
- What could you do to make it even better?

Reflect on the day yourself, then review the responses from participants and think about what you may need to change or improve on for tomorrow's sessions. Review the responses from participants after reflecting on the day yourself.

Slide 33

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Day 4: Field Practicum

Learning objective:

1. Participants will be able to explain how households/children were selected for the survey and how they will be recruited, and, if relevant, followed up over time, including how to use GPS units to enable follow-up

Materials: Laptop, screen, Microsoft PowerPoint slides, projector, flip chart paper, markers, index cards, pens.

Outline: Module 7a (preparation for field practicum) takes an hour; and module 7b (field practicum) takes the remainder of the day.

Slide 1

Day 4: Field Practicum

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Slide 2

Day 4: Field Practicum

Module 7: Heading into the Field

- 7a: Preparation for Field Practicum
- 7b: Field practicum




Facilitator knows: You will work with the participants for one hour in preparation for the field practicum. There is no warm-up today so that you can spend this hour on preparation. You will be heading into the field by 9:30 this morning.

Slide 3

7a: Preparation for Field Practicum

- Get in pairs for field practicum.
- You will conduct interviews in pairs.
- Supervisors and your trainer will review completed questionnaires after you finish.
- Sampling of households reflects the procedures used in this study.
- Look over your list of households.



One hour is allocated to module 7a.


Facilitator says: [Reads slide.]

Facilitator does: Get participants into pairs for the field practicum.

Slide 4

Recruitment and Enrollment

- Supervisors will provide a list of households to visit to each data collector team on the interviewers' control sheet.
- Data collectors will locate the first household on their list.
- Data collectors will enter the household and greet household members.
- Data collectors will explain the purpose of their visits and ask to speak to the heads of households or to caregivers (if heads of households are not present).



Facilitator says: Today, we have our field practicum. We are going to use this time between 8:30 and 10 a.m. to prepare for the field practicum. We will discuss recruitment and enrollment and make sure you are familiar with the interviewer control sheet. Remember, on Day 2, we discussed gaining consent and assent in detail. You can review those steps and will use those in the field. Today, we will look at recruitment of households more broadly, but be sure you keep in mind all the fine points of gaining consent we have learned already.

As you know, data collectors will be in teams and each team will have a supervisor. You will operate in teams of two to going to each household to ensure your safety and respondents' safety and also to ensure data quality.

Facilitator knows: GPS units also need to be discussed if you are using them on your study.

Slide 5

Language of Interviews

Establish languages spoken at the household.
Think about what you do if respondent does not speak your language:

- Another language you both speak?
- A language spoken by another member of the team?
- Replace the household in the sample?



Facilitator says: One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there.

In some cases, it will not be possible for you to find a language that both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to

conduct the interview.

Do not use a local interpreter or third party to conduct interviews. The information being collected is sensitive, and data quality and the participant's privacy will be unnecessarily jeopardized if a third party is involved in the interview.

If you cannot find a common language, report this to your supervisor who will replace the household in the sample.

As we discussed earlier, it is important to adhere to the wording insofar as possible. However, there may be times when you will have to modify the wording of the questions to fit local languages and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

Slide 6

Eventualities

Caregiver or head of household is out of the house:

- What do you do?

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Facilitator says: Think about this question and offer your answers.

Facilitator does: Respond/fill in their answers with the following:

Facilitator says: If the head of household is out, ask the adult (>18 years old) primary caregiver (if different) if you can speak with her/him directly or if she/he would like you to come back when the head of household is available.

If neither the head of household nor primary caregiver is available, confirm that the beneficiary resides

at the household and find out when it would be a good time to return to see the head of household and primary caregiver. Make an appointment to come back and be sure and keep the appointment.

Slide 7

Find, Recruit, Sample, Implement

- Enter household and seek and document informed consent from the caregiver.
- Administer Caregiver Questionnaire.
- Administer Child Questionnaire (Ages 0-9) with caregiver as respondent. Use sampling method in your study to determine which child.
- Administer Child Questionnaire (Ages 10-17). Get child's informed assent prior to administering questionnaire. Use sampling methods in your study to determine which child.



Facilitator says: Once you are in the household and you have gone through the consent process, you will begin administering questionnaires.


Always double check that informed consent and assent were obtained and documented as necessary. You will have read the consent form to each respondent at the beginning of the interview. If the potential respondent gave consent, you should have marked "YES". If not, you should have marked "NO".

Slide 8

Interviewer Control Sheets

Include this information on a control sheet:

- household identification number
- household address
- name of primary caregiver beneficiary
- date assigned
- dates of visit to households
- final result
- date questionnaire returned
- comments



Facilitator says: It is critically important to fill out your interviewer control sheet. Your supervisor will also fill out a supervisor control sheet. On this slide, we have included information that should be included on a control sheet for your study.


Slide 9

Questionnaire Cover Sheets

Go over in detail how to fill out the cover sheet:

- identification data
- interview log

Begin completing the cover sheet for the questionnaires that you will be completing as part of the field practicum.




Facilitator reads slide: Make sure that cover sheets are completed, even for households that refuse the interview in order to be able to assess response rate. Be sure to complete the cover sheet for each of the three questionnaires in the household.

Slide 10

7b: Field Practicum

- All participants are in communities the rest of the day.



Facilitator does: You have paired participants up for the field practicum. Teams of two will conduct interviews together at one household. If possible, interviewers should be organized into teams each with a supervisor to emulate the actual data collection situation. Training facilitators can then observe the performance of supervisors in the field. Completed questionnaires should be edited during the field practice or immediately thereafter and then given to training facilitators to review that evening.

The field practicum should be organized in such a way that it reflects actual recruitment and sampling procedures that will be carried out in the field during the actual data collection period. Before you send participants to the field, make sure they have their list of households to approach.

Generally, data collectors will need to work after lunch in order to find older children at home. Data collectors should follow the sampling protocol and come back to that household if the child selected is not home at that time. If the child selected for interviewing is absent (e.g., at school, working, doing household chores, etc.), it is important not to try to save time by interviewing a different child who is available. Interviewing during school holidays may be more fruitful, as chances are better that the child selected for the interview will be available.

Supervisors should also use the quality control checklist (provided in an appendix to the facilitator's guide) to evaluate the interviewers' performance in the field.

Slide 11



Day 5: Debrief Field Practicum and Review Knowledge

Learning objectives:

1. Participants will be able to identify data quality practices and how they will adhere to them in conducting this OVC survey.
2. Participants will be able to describe scenario types (e.g. in child protection or data quality), how to weigh decisions, and what to do if action is needed (e.g. reporting protocols).

Materials: Laptop, screen, Microsoft PowerPoint slides, projector, flip chart paper, markers, index cards, pens.


Outline: Warm-up takes 30 minutes. Module 8 (field practicum debriefing) takes three hours and 45 minutes; module 9 (sexual harassment) takes one hour and 30 minutes; module 10 (training wrap up) takes one hour; and the wrap-up session for the day takes 15 minutes.

Slide 1

Day 5: Debrief and Data Quality

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Slide 2

Day 5: Debrief and Data Quality

Module 8: What happened in your field practicum?

- 8a: Debrief
- 8b: Ensuring data quality

Module 9: Training wrap-up



There are 30 minutes allocated to warm-up.

Facilitator knows: In this final day of training, we revisit the key lessons learned in the knowledge/skills practice phase—the field practicum.

Slide 3

Warm-up

- What was different about interviewing in the field than interviewing here with your colleagues?



Facilitator says: Reflect on your interviewing of the last four days and consider this question. *[Read slide.]*

You may think about various items on the questionnaire. Various sections on them. Your own tone and affect when interviewing. How you sought consent or assent. How receptive your respondent was. What else was different?

How did your interviewing techniques need to change for the different ages of respondents.

Facilitator does: Read the reflection question presented on the slide and ask participants to jot down their responses on an index card.

Facilitator knows: Warm-ups begin the day review and solidify knowledge, and provide an entry into the day's session as participants arrive and get comfortable.

Slide 4

Module 8: What Happened in Your Field Practicum?

- 8a: Debrief
- 8b: Ensuring data quality

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Facilitator knows: Using a debrief meeting to enhance performance is an important tool for learning and improvement. Giving participants the time to reflect on past experience and ways to improve offers all involved the opportunity to have a say in how the study works. This debrief is also an excellent modeling opportunity for supervisors. They will be conducting similar debriefs with their data collector teams and need to feel comfortable and focused in their debriefing skills and results. You may even ask one or two of the supervisors to conduct the debrief if possible and appropriate given the make-up of your training group.

Slide 5

8a: Debrief

How did it go?

- finding the households
- recruiting for the interviews
- sampling the index child
- implementing the interviews
- Issues with specific questions
- closing the interviews

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There are two hours and 45 minutes allocated to module 8a.

Facilitator says: You've thought about how your experience interviewing was in the warm-up, now let's run through each of these aspects and hear from you about how it went yesterday. [Refer to slide.]

Facilitator does: Break up the group into smaller groups of five to eight people. Give them one hour to discuss the questions provided on the slide. Debrief in the plenary for one hour and 15 minutes. You can ask a representative from each group to share a summary of what their group discussed. Move around the room, participating in different group discussions..

Facilitator knows: Debriefing can serve as an opportunity to reflect on an experience and make it

meaningful by identifying what we learned about ourselves and others. The technique of debriefing is useful for group members following the completion of an activity or event. As a facilitator, your job is to lead a thought-provoking, safe discussion by asking meaningful questions in a pre-planned sequence. A mature group will often lead their own discussion with little prompting from a facilitator. You are essentially getting at:

- What went well?
- How would you improve it?
and
- Next steps.

Slide 6

Troubleshooting

- Tell me about how you sampled the index child in your household.
- How difficult was the consent/assent process?
- Were there any issues with specific questions?
- Tell me about the responses you got.
- How did you establish rapport?
- Did you complete the interview?
- Did you overlook anything that you realized later?
- How did you and your team members work together?

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Facilitator says: Let's think about your experience yesterday and any troubleshooting we need to do to make our process work better. We want to help all of us learn from one another's experiences, but also identify data collection issues and improvements that need to be made.

Facilitator knows: We want the participants not only to feel comfortable sharing their experiences in the debrief and learning from one another's experiences, which they should be quite ready for given their four days together in this training, but also to identify technical/data collection issues and improvements that need to be made.

Slide 7

What Did You Learn?

- What do you know now that you didn't know before?
- What attitudes and feelings do you have about interviewing that you didn't have before?
- What skills have you gained?




Facilitator says: To close out our debriefing of yesterday, let's consider what you learned before moving on to ensuring data quality. (Refer to slide.)

Facilitator knows: The generalization questions presented on the slide will help participants draw "big picture" conclusions about their field interviewing practicum.

Slide 8

8b: Ensuring Data Quality

- Examples
- Definitions



One hour is allocated to module 8b.


Facilitator says: How do you ensure data quality using questionnaires and procedures? You are responsible for the quality of the data that you collect. Establishing a rapport with your respondent is the first step to getting quality data. You also need to ensure that your written responses are clear, legible, and complete and that you fill in every required answer. Let's look at some examples of data quality issues and what to do about them.

Slide 9

Not Paying Attention to the Quality of the Data...

can have major costs to the program:

- Reduce stakeholder confidence and support.
- Increase cost because program has to take corrective actions.
- Inability to identify bottlenecks or gaps in program implementation (or identify them early enough).
- Bottlenecks are identified that don't exist in actuality.
- Incorrect decisions are made based on bad data.




Facilitator says: [Read the slide.]

Slide 10

Six Dimensions of Data Quality

1. Accuracy
2. Reliability
3. Precision
4. Integrity
5. Completeness
6. Timeliness




Facilitator says: [Read the slide.]

Slide 11

DIMENSION 1: ACCURACY
Definition

- Measure of bias.
- Also known as validity.
- Accurate data are correct if they measure what they intend to measure.
- Accurate data minimize data error (interview bias, transcription error) to point of being negligible.




Facilitator says: [Read the slide.]

Slide 12

DIMENSION 1: ACCURACY
Example 1

Measurement tool (questionnaire) is unclear;

- A volunteer discovers that the child was tested for HIV a few weeks ago. She asks the guardian (the child's grandfather) if the child's test result was positive.
- The guardian interprets "positive" as a good result and thinks that the child does not have HIV infection.
- The guardian will respond "yes".
- "Yes" is not valid for what you want to know.




Facilitator says: [Read the slide.]

Slide 13

DIMENSION 2: RELIABILITY
Definition

- The data are measured and collected consistently.
- The same procedures are used by everybody all the time.




Facilitator says: [Read the slide.]

Slide 14

DIMENSION 2: RELIABILITY
Example

- A vulnerable child program is evaluated in five states by 15 interviewers.
- The program wants to collect data on the number of certain support services that have been provided to the households.
- Some interviewers understood that services could include anything while others understood them to only include specific "pre-identified services".
- The data are reliable only when all interviewers consider services the same way and communicate this in the same way to respondents.




Facilitator says: [Read the slide.]

Slide 15

DIMENSION 3: PRECISION
Definition

- Data have sufficient detail.



Facilitator says: [Read the slide.]

Slide 16


DIMENSION 3: PRECISION
Example

A vulnerable child program wants to know what percentage of female and male children enrolled in the program were tested for HIV/AIDS in the past year.

To answer this question, the program needs data on:

- gender
- counseling and testing visits
- date of visits

If any of these variables were missing from the data source, the data would lack precision.



Facilitator says: [Read the slide.]

Slide 17

DIMENSION 4: INTEGRITY
Definition

- Data are accurate from the time they are collected to the time they are reported.
- Data generated by program are protected from deliberate bias or manipulation for political or personal reasons.




Facilitator says: [Read the slide.]

Slide 18

DIMENSION 4: INTEGRITY
Example

- An interviewer is required to administer questionnaires with 10 children and their households in hard-to-reach areas (poor roads).
- In March, she conducts interviews with five out of the 10 hard-to-reach households.
- She decides not to visit the remaining five households because she is unwell.
- Despite this, she completes the questionnaires for the five households not visited and submits them to her supervisor.




Facilitator says: [Read the slide.]

Slide 19

DIMENSION 5: COMPLETENESS
Definition

- Households have all been visited and interviewed.
- All control sheets are complete – both interviewer and supervisor control sheets.




Facilitator says: [Read the slide.]

Slide 20

DIMENSION 5: COMPLETENESS
Example

Complete Data		Incomplete Data	
Site	# of Interviews conducted in month	Site	# of Interviews conducted in month
Site 1:	200	Site 1:	200
Site 2:	150	Site 2:	150
Site 3:	345	Site 3:	missing
Site 4:	290	Site 4:	290
Site 5:	80	Site 5:	missing
TOTAL	1065	TOTAL	640

Underreported by 40%



Facilitator says: [Read the slide.]


Slide 21

DIMENSION 6: TIMELINESS
Definition

Data are sufficiently current and frequent to inform management decision-making.

Data are received by the established deadline so that the program can:

- identify potential implementation issues early;
- request assistance where needed;
- communicate status of results to stakeholders; and
- facilitate replenishment of funds.




Facilitator says: [Read the slide.]

Slide 22

DIMENSION 6: TIMELINESS

Example

- The supervisor tabulates how many interviews were completed during the first week of the month.
- Data on how many interviews were completed is reported at the end of the month.
- The count of how many surveys were completed will be underestimated.
- *Solution:* the supervisor should update the interview counts weekly or as soon as interviews are completed.




Facilitator says: [Read the slide.]

Slide 23

DATA QUALITY ISSUES (a)

Data collection:

- Questionnaires are not completed correctly or completely (wrong data, missing data).
- Questionnaires are not available (missing records).
- Wrong version of questionnaires is used (old vs. new).




Facilitator says: [Read the slide.]

Slide 24

DATA QUALITY ISSUES (b)

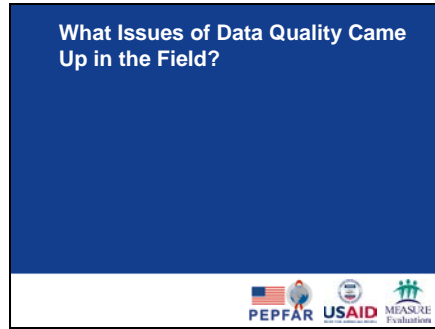
Data management:

- Transcription error (transfer from paper to electronic system).
- Data entry errors (9 is entered as 0).
- Poor storage and filing of surveys (retrieval of surveys is difficult).



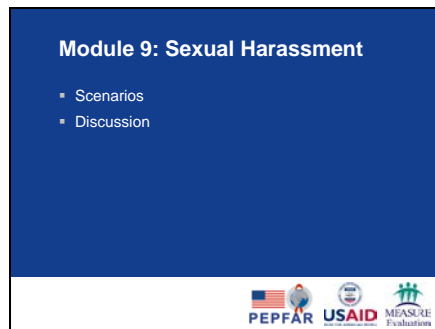
Facilitator says: [Read the slide.]

Slide 25



Facilitator does: Ask the question provided on the slide to the plenary. Discuss the issues and how they were resolved in the field. Ask participants if they would do anything differently now. If the procedures followed were not per study protocol, discuss the correct procedures with participants.

Slide 26



One hour and 30 minutes are allocated to module 9.


Facilitator knows: If the implementing organization has a policy on sexual harassment, educate participants on this policy during the training. A staff member from the implementing organization can lead this part of the training. If the implementing agency has no policy on sexual harassment, then the training must lay out expectations for behaviors and a process for receiving and reviewing complaints.

For the sexual harassment session, there are three scenarios for small group and full group discussion. You may choose to pick two out of the three scenarios in this section to complete this section.

Slide 27

Scenario 1

- Ken persists in asking his co-worker Olive out to dinner, even though she turns him down each and every time he requests a date. She has told him several times to stop asking.
- Ken's behavior does not constitute sexual harassment, because sexual harassment may only occur between a male boss and a female subordinate.
- True or False? Explain why.




Facilitator says: A suggested answer is “false”. Although harassment frequently involves power relationships, sexual harassment may occur between any coworkers and may not necessarily affect a reporting relationship.

If Olive finds Ken's requests unwelcome and if he persists in asking her out in spite of her clear statement that she does not want to date him, his behavior may constitute prohibited sexual harassment.

Slide 28

Scenario 2

- Alphonse and Berti travel together on a week-long business trip. In the taxi ride from the airport to the hotel, Alphonse snuggles up to Berti and tries to hold her hand. Berti strongly objects, and Alphonse backs off.
- While Berti finds Alphonse's behavior offensive and unwelcome, the regulations regarding sexual harassment in the work place are not relevant, since Alphonse and Berti were not at their usual workplace when the incident happened.
- True or False? Explain why.




Facilitator says: A suggested answer is “false”. Sexual harassment can occur both on regular work premises and at work-related sites, including business trip locations, conferences, training sites, and parties.

Slide 29

Scenario 3

- Vicky is a study director for a U.S. research organization in an African country and has hired David, just out of graduate school, as a field supervisor.
- Some time after David started working at the company, Vicky tells him that the only way he can keep his job on the study is by having sex with her. David refuses and is fired a few months later for no reason.
- David is the target of sexual harassment.
- True or False?




Facilitator says: A suggested answer is that Vicky's demand to David, "have sex with me or you are fired," is a clear example of the type of behavior most people recognize as sexual harassment. It represents the type of sexual harassment called "quid pro quo" harassment.

Slide 30

Definition

Sexual harassment is any unwelcome words or actions of a sexual nature or based on sex that:

- create an intimidating, hostile, or offensive working environment; or
- the submission to or rejection of which affects the target's employment status or conditions.



Facilitator says: [Read slide.] Sexual harassment is a form of violence. It is about power and intimidation, not sexual attraction.

Sexual harassment is typically thought of in terms of behaviors by a man towards a woman. However, women may also sexually harass men, men may sexually harass other men, and women may sexually harass other women.


Facilitator does: A useful teaching method may be to ask the group to name examples of sexual harassment and then discuss them.

Slide 31

Harassing Behaviors

Sexual harassment can be perpetrated by a supervisor towards an employee, by an employee towards a supervisor, or between co-workers. It does not matter whether the harasser intends to intimidate or offend anyone. What is important is the effect the behavior has on the person being harassed. Examples of harassment include:

- sexual or gender-based jokes or teasing;
- requesting sexual favors;
- pressure for dates;
- telling lies or spreading rumors about a person's personal or sex life;
- unwelcome hugging, touching, or kissing;
- patting, stroking, grabbing, or pinching;
- forced fondling, rape, or attempted rape.




Facilitator does: Read the first two bullets and review examples listed if they were not previously discussed.

Slide 32

Module 10: Training Wrap-up


- "Parking lot" issues
- Teaming and logistics
- Training evaluation



One hour is allocated for module 10.

Slide 33

"Parking Lot" Issues



Facilitator does: Go back to issues in the "parking lot" from the previous days of training. Make sure that all have been addressed and, if not, address them now.

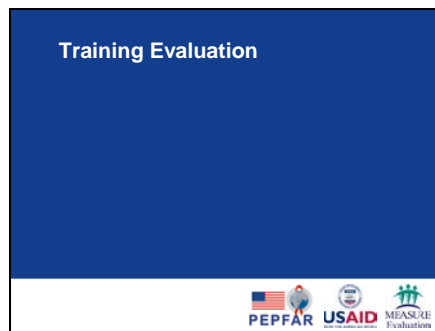
Slide 34



Facilitator does: Fill in slide with teaming and logistics information.

Divide the participants into their teams, pairs, etc. with supervisors assigned to their teams. The teams may be similar to the field practicum or could be slightly or completely different. Make sure all teams are clear about **who** is in the team, **where** they are heading to collect data, and **what** materials and equipment they need to have ready.

Slide 35



Facilitator does: Have participants evaluate the five-day training using your own evaluation or a sample evaluation in the facilitator's guide.

Slide 36



Day 6: Supervisors' Training

Learning objective:

1. Participants will be able to edit questionnaires and supervise teams of data collectors in the field, maintaining high data quality and fidelity to study procedures

Materials: Laptop, screen, Microsoft PowerPoint slides, projector, flip chart paper, markers, index cards, pens.


Outline: Orientation and warm-up: takes 15 minutes; module 11 (supervisor performance) takes five hours, 15 minutes. The wrap-up session takes 15 minutes.

Slide 1

Day 6: Supervisors' Training

This presentation has been supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement GHA-A-00-08-00003-00. Views expressed are not necessarily those of PEPFAR, USAID or the United States government.

MEASURE Evaluation is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill in partnership with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University.




Slide 2

Day 6: Supervisors' Training

Module 10: Supervisor performance

- 10a: Error-finding exercise
- 10b: Supervisor's job
- 10c: General editing guidelines

Module 11: Sexual harassment




Facilitator knows: Choosing supervisors – In some cases, the supervisors will not be pre-identified, but instead will be chosen from among the training participants based on their performance, past experience, and leadership and management potential. This day of training will address their job requirements, including how they should review and audit questionnaires. This session should explicitly demonstrate skip patterns in the questionnaires and discrepancies, and provide detailed training on how to go through questionnaires.

Slide 3

10a: Error-Finding Exercise

- Find errors on questionnaires from the field practicum.




Facilitator does: Test supervisors by having them check for errors on questionnaires from the field practicum (or others if you need more). Evaluate their ability to find errors and deal with them appropriately. Some of this may have been done previously when the data collectors were still at the training in the morning. Complete the exercise if it is already underway.

Slide 4

10b: Supervisor's Job

- Edit questionnaires.
- Do spot checks on data collectors; make sure they are performing to standards set by your study.
- Support data collectors to be maximally efficient.
- Ensure adherence to child protection protocols and facilitate any referrals needed.
- Provide feedback daily up the chain to research staff.




Facilitator says: It is your job to address underperforming teams. Research staff will be checking in on you to make sure you are doing your job well. *[Read slide.]*

Facilitator does: Address underperforming teams. The supervisors' jobs are at risk if they are not monitoring the performance of data collectors. Make clear what the performance standards for supervisors are. Make it known that research staff will be checking in on supervisors to make sure they are doing their job well.

Slide 5

Legal/Reporting Issues

- Field incident reports.
- Referral protocol.
- Reporting of transgressions – staff-staff, staff-respondent, child who noted he was abused, child who hasn't eaten in two days.




Facilitator says: [Read slide.]

Slide 6

Questionnaires and Data Quality

- How to do quality checks on questionnaires.
- Interviewer control sheets.
- Ensuring there are enough questionnaires.
- Moving completed questionnaires to headquarters safely. Questionnaires should be batched by household; each batch should be secured with a rubber band.
- Reading the sampling list.
- Techniques for observing interviews, editing questionnaires, and giving feedback to staff.



Facilitator says: [Read slide.]

Slide 7

Team Leadership

- Any confidential teaming issues.
- Building camaraderie.




Facilitator says: [Read slide.]

Slide 8

Start and Finish Strong

- It is important to keep monitoring interviewer performance throughout the duration of the fieldwork.
- You should continue to observe interviews until the end of fieldwork.
- Research staff will also observe as many interviews as possible when they visit teams.




Facilitator says: It is important to keep monitoring interviewer performance throughout the duration of the fieldwork. You should continue to observe interviews until the end of fieldwork. Research staff will also observe as many interviews as possible when they visit teams.

Facilitator knows: Research staff should observe as many interviews as possible when they visit teams.

Slide 9

Prepare for Fieldwork

- Obtain sample household lists and/or maps for each area in which team will be working.
- Become familiar with the area where the team will be working and determine the best arrangements for travel and accommodations.
- Contact local authorities to inform them about the survey and gain their support and cooperation.
- Obtain all monetary advances, supplies, and equipment necessary for the team to complete its assigned interviews. Careful preparation by the supervisor is important for facilitating the work of the team in the field, for maintaining interviewer morale, and for ensuring contact with the central office throughout the fieldwork.




Facilitator says: [Read slide.]

Slide 10

In the Field

- Assign work to interviewers, ensuring that there is an equitable distribution of the workload.
- Maintain fieldwork control sheets and make sure that assignments are carried out.
- Regularly send completed questionnaires and progress reports to the central office and keep headquarters informed of the team location.
- Communicate any problems to the central office.
- Take charge of the team vehicle, ensuring that it is kept in good repair and that it is used only for project work.
- Arrange for lodging and food for the team.
- Make an effort to develop a positive team spirit.




Facilitator says: [Read slide.]

Slide 11

Editing and Performance Monitoring


- Observe at least one interview every day.
- Edit all completed questionnaires in the field; editing must be completed prior to leaving the sample area.
- Conduct regular review sessions with each interviewer and advise her of any problems found in her questionnaires.
- Put completed questionnaires from a sample area in order and pack them up to be sent to the central office.



Facilitator says: [Read slide.]

Slide 12

Add Additional Content from Your Study's Supervisor's Manual




Facilitator does: Review any additional content from your study's supervisor's manual on the supervisor's job.

Slide 13

10c: General Editing Guidelines

- As you go through the questionnaires, if a response is missing (that is, there is no answer recorded because the question was not asked) or the response is inconsistent with other information in the questionnaire and you cannot determine the correct response, put a question mark (?) next to the item with a red pen.
- Write the page number or the question number on the front or back of the questionnaire; this way, you can quickly remember later what problems you found.
- When you have completed the editing, discuss with each interviewer, individually, the observations you found. Any errors that you find frequently should be discussed with the whole team.




Facilitator says: [Read slide.]

Slide 14

Editing — 2

- If the problems are major, it will be necessary to go back to interview the respondent again. If a return visit is not possible, try to establish, with the interviewer's assistance, the correct response from other information in the questionnaire.
- For example, if there is no code circled to indicate a person's sex, you might be able, with the interviewer's help, to determine from the name which sex the person is.
- **NOTE: UNDER NO CIRCUMSTANCES SHOULD YOU MAKE UP AN ANSWER.**
- If it is not possible to return to the household to resolve inconsistencies or missing information, then leave the items as they are. Do not try to fill in every question or to make the questionnaire consistent.




Facilitator says: [Read slide.]

Slide 15

Editing — 3

- In checking through each questionnaire, be sure that the numbers entered in boxes are readable and that the circles used by the interviewer to select the pre-coded numbers clearly mark only one of the choices (except in cases where more than one code is allowed).



Facilitator says: [Read slide.]


Slide 16

Editing — 4

In checking each questionnaire, make certain that the respondent was asked all questions appropriate for him or her (check that the interviewer followed the skip instructions). You will need to look for:

- Questions for which a response is recorded when it appears there should be *no* response (in this case, cross out the response by drawing two lines through the code with your red pen)
- Questions for which *no* response is recorded when it appears there *should* be a response (in this case, try to find the correct response or leave blank).

ALWAYS USE A RED PEN TO MAKE CORRECTIONS.




Facilitator says: [Read slide.]

Slide 17

Editing — 5

- Check the ranges for all variables that are not pre-coded (e.g., a woman cannot have 24 sons living with her) and carry out the other consistency checks that are listed.




Facilitator says: [Read slide.]

Facilitator does: Have participants look at their error-finding on questionnaires from the beginning of the session. Have they gained clarity on error-finding and editing? Answer any questions that remain.

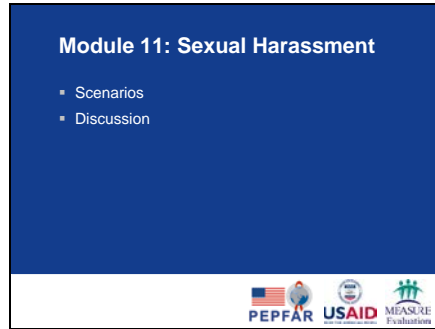
Slide 18

Add Additional Content from Your Study's Supervisor's Manual on Editing



Facilitator does: Review any additional content from your study's supervisor's manual on editing.

Slide 19



Facilitator knows: If the implementing organization has a policy on sexual harassment, it is worthwhile to discuss these policies with participants before the training and then have the implementing organization staff present the policies to the group. If the implementing agency has no policy on sexual harassment, then the training must lay out expectations for behaviors and a process for receiving and reviewing complaints.

For the sexual harassment session, there are three scenarios for small group and full group discussion. You may choose to pick two out of the three scenarios in this section so that you can complete this section within 1 hour.


Slide 20



Slide 21

Scenario 1

- Ken persists in asking his co-worker Olive out to dinner, even though she turns him down each and every time he requests a date. She has told him several times to stop asking.
- Ken's behavior does not constitute sexual harassment, because sexual harassment may only occur between a male boss and a female subordinate.
- True or False? Explain why.




Facilitator says: A suggested answer is “false”. Although harassment frequently involves power relationships, sexual harassment may occur between any coworkers and may not necessarily affect a reporting relationship.

If Olive finds Ken's requests unwelcome and if he persists in asking her out in spite of her clear statement that she does not want to date him, his behavior may constitute prohibited sexual harassment.

Slide 22

Scenario 2

- Alphonse and Berti travel together on a week-long business trip. In the taxi ride from the airport to the hotel, Alphonse snuggles up to Berti and tries to hold her hand. Berti strongly objects, and Alphonse backs off.
- While Berti finds Alphonse's behavior offensive and unwelcome, the regulations regarding sexual harassment in the work place are not relevant, since Alphonse and Berti were not at their usual workplace when the incident happened.
- True or False? Explain why.



Facilitator says: A suggested answer is “false”. Sexual harassment can occur both on regular work premises and at work-related sites, including business trip locations, conferences, training sites, and parties.

Slide 23

Scenario 3

- David is a study director for a U.S. research organization in an African country and has hired Vicky, just out of graduate school, as a field supervisor.
- Some time after Vicky started working at the company, David tells her that the only way she can keep her job on the study is by having sex with him. Vicky refuses and is fired a few months later for no reason.
- Vicky is the target of sexual harassment.
- True or False?




Facilitator says: A suggested answer is that David's demand to Vicky, "have sex with me or you are fired," is a clear example of the type of behavior most people recognize as sexual harassment. It represents the type of sexual harassment called "quid pro quo" harassment.

Slide 24

Definition

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Slide 25

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- unwelcome hugging, touching, or kissing;
- patting, stroking, grabbing, or pinching;
- forced fondling, rape, or attempted rape.




Facilitator does: Read the first two bullets and review examples listed if they were not previously discussed.

Slide 26

Wrap-up

- Be attentive.
- Look out for well-being of your colleagues.
- Be aware of your role as supervisor.
- Questions?



Facilitator does: Explain that, like child protection, noting sexual harassment sometimes takes a focused eye to detail. Working on a professional team, each member needs to always take the well-being of one another on the team seriously and stay attuned to how they treat and respect one another. If they see signs of hostility toward a team member after they had seen positive attention and comments previously, then there could be a level of harassment at play.

Slide 28

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APPENDIX 3: MAPPING CORE QUESTIONS

Mapping Core Questions (for Use in Module 1b and Module 6b)

Questionnaire	Section
All	
Caregiver + Child 10-17	
Child 0-9 + Child 10-17	
Caregiver + Child 0-9	
Caregiver only	
Child 10-17 only	
Child 0-9 only	

Facilitator’s Key for Mapping Core Questions (for Use in Module 1b and Module 6b)

Questionnaire	Section
All	Demographic information, work, general health, HIV testing experience,
	food consumption
Caregiver + Child 10-17	Social support, HIV/AIDS knowledge
Child 0-9 + Child 10-17	Birth certificate, school attendance + progression, child access to services
	Weight, height, MUAC
Caregiver only	Household schedule, changes in household composition, access to money
	Shelter, household food security, parental self-efficacy, household access to services
Child 10-17 only	Identity of caregiver, daily log, chores, alcohol consumption, sexual behavior
Child 0-9 only	Vaccinations, experience of fever/diarrhea, slept under mosquito net,
	Experience of neglect, early childhood stimulation