



**KPC Training of
Survey Trainers
(TOST)**

**Participant's Manual
and Workbook**

(Training Resources)

Key Contributors



The **CORE Group**, a membership association of international nongovernmental organizations (NGOs) registered in the United States, promotes and improves the health and well being of women and children in developing countries through collaborative NGO action and learning. CORE's *Monitoring and Evaluation Working Group* develops tools and trainings to increase child survival and health program performance and quality through the standardization of use of data, analysis, and reporting. This publication was made possible by support provided to CORE from the Bureau for Global Health, United States Agency for International Development (USAID) under cooperative agreement FAO-A-00-98-00030. This publication does not necessarily represent the views or opinion of USAID.



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Freedom from Hunger (FFH) focuses on the vital and interdependent connection between health and financial security for progress against chronic hunger and poverty. FFH works with direct service providers, technical assistance providers and NGOs to disseminate knowledge and tools tested and used on a global scale to build health and financial security for poor women, their families and communities. FFH is a CORE Group member.



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Abstract

The CORE Group's *Knowledge, Practice, Coverage (KPC) Survey Training Curriculum* provides trainer guidelines and participant handouts and resources to train field workers to carry out a KPC survey. The **KPC Training of Survey Trainers (TOST) Trainer's Guide** includes the TOST Trainer, background information on organizing the TOST, and a set of training activities featured in the TOST. The guide also includes introductory activities and a full set of "dialogue education" warm-ups for use during the workshop. The **KPC TOST Participant's Manual and Workbook** includes training resources for participant use during the workshop, handouts to support training activities, and dialogue education warm-ups.

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The CORE Group's *Knowledge, Practice, Coverage Survey Training Curriculum* includes three manuals:

1. KPC Training of Survey Trainers: Trainer's Guide and Participant's Manual and Workbook

2. KPC Survey Training: Trainer's Guides

- Module 1: Training the Core Team

- Module 2: Training Supervisors and Interviewers

- Module 3: Training the Post-Survey Analysis Team

3. KPC Survey Training: Participant's Manuals and Workbooks

- Module 1: Training the Core Team

- Module 2: Training Supervisors and Interviewers

- Module 3: Training the Post-Survey Analysis Team

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Private voluntary organizations (PVOs) with funding from the U.S. Agency for International Development (USAID) Child Survival and Health Grants Program have used the Knowledge, Practice, and Coverage (KPC) Survey instrument successfully to monitor and evaluate their health programs since the early 1990s. The survey was originally created by the Child Survival Support Program at Johns Hopkins University, and has subsequently been updated and revised by the Child Survival Technical Support Project (CSTS), based at ORC-Macro, and later by the CORE Monitoring and Evaluation Working Group. Numerous PVO staff have been trained in its use, and have trained many of their partner agencies.

The dream of the CORE Monitoring and Evaluation Working Group, under the leadership of the Working Group Chair, Juan Carlos Alegre, has been to institutionalize the training so that it can be more easily adapted locally and accessed by a wider audience of NGOs, consultants, training institutions and US and overseas universities. In 2001, Tom Davis, Julie Mobley and Phil Moses created a draft curriculum that was field tested with PVO field staff of several organizations in Cambodia, and repeated in 2002 with PVO Headquarters, field staff and consultants in Myrtle Beach, NC. Sandra Bertoli, David Shanklin, Jay Edison, Juan Carlos Alegre, and Sharon Tobing provided detailed feedback on how to improve this training.

The final version of the guide is due to the feedback of many people, and the special dedication and attention to detail of the following people. Bill Weiss, Tom Davis and Juan Carlos Alegre provided input into a revised table of contents. Freedom from Hunger was selected to rewrite the curriculum due to their extensive experience in the design and development of training materials in public health and adult learning. Robb Davis, Vicki Denman, Ellen Vor der Bruegge and Renee Charleston gave numerous hours to the development, writing and formatting of the curriculum. FANTA provided funding for this activity under the leadership of Bruce Cogill and coordination of Paige Harrigan. Jennifer Luna and Jay Edison representing the Child Survival Technical Support Plus Project and John Ssekamate-Ssebuliba from Makerere University led a field test at Makerere University in Uganda in 2004 that guided changes for the final draft. Ann Brownlee and Marcelo Castrillo provided detailed comments to several of the drafts to ensure its accuracy and ease of use. CORE staff Karen LeBan and Julia Ross provided input and overall support for the production of the document. Regina Doyle designed the cover.

In addition to those persons mentioned, we want to express our appreciation and gratitude to the many individuals and organizations who were not mentioned but who have used this methodology over the years and provided input into its improvement.

December 2004

Training Resources

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TOST TR 1: Workshop Objectives

By the end of the TOST Workshop participants will have:

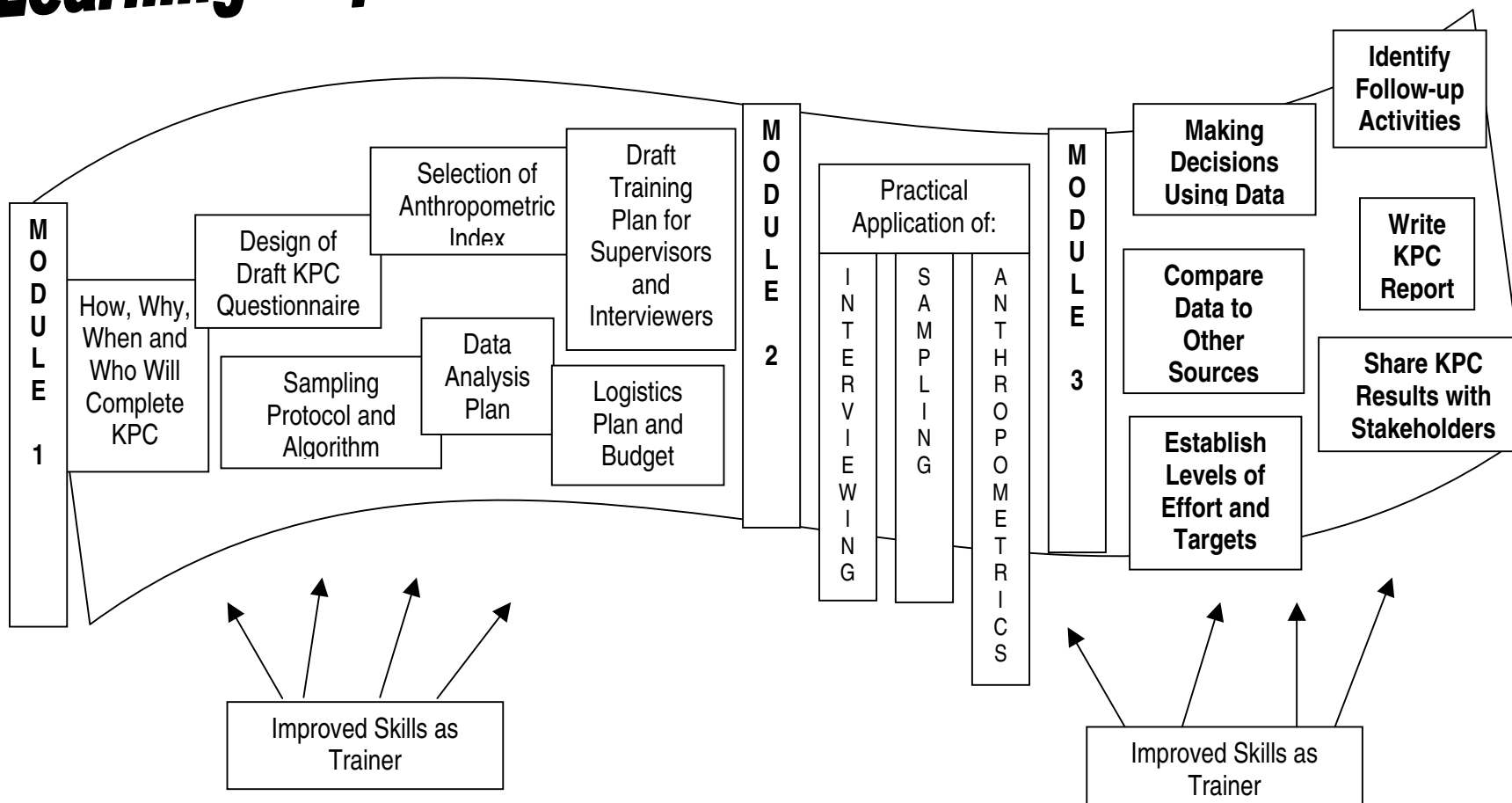
- experienced an entire KPC survey training that they will replicate in the field
- practiced teaching learning sessions that they will use to train the Core Team, Supervisors, Interviewers and a Post-Survey Team who will conduct KPC surveys and analyze results—and received feedback on their teaching
- developed a draft training plan for field staff, utilizing the lessons outlined for Core Team, Supervisors, Interviewers and Post-Survey Team (to be finalized based on the Learner's Needs Assessment [LNA])
- adapted a set of draft materials for the KPC survey design: questionnaire, data analysis plan, logistics plan (to be finalized based on negotiation with partners and other local staff)
- produced a draft sampling frame (location of interviews by community) and a draft KPC survey report

TOST TR 2: Workshop Agenda

This page is left blank intentionally since the workshop trainer will need to provide participants with an adapted workshop agenda. (See Annex B for a Sample Workshop Agenda.) The adapted agenda can be inserted here.

Learning Map to Being a KPC Survey Trainer

KPC Training of Survey Trainers (TOST)
Training Resources



TOST TR 4: Knowledge, Practice and Coverage Survey

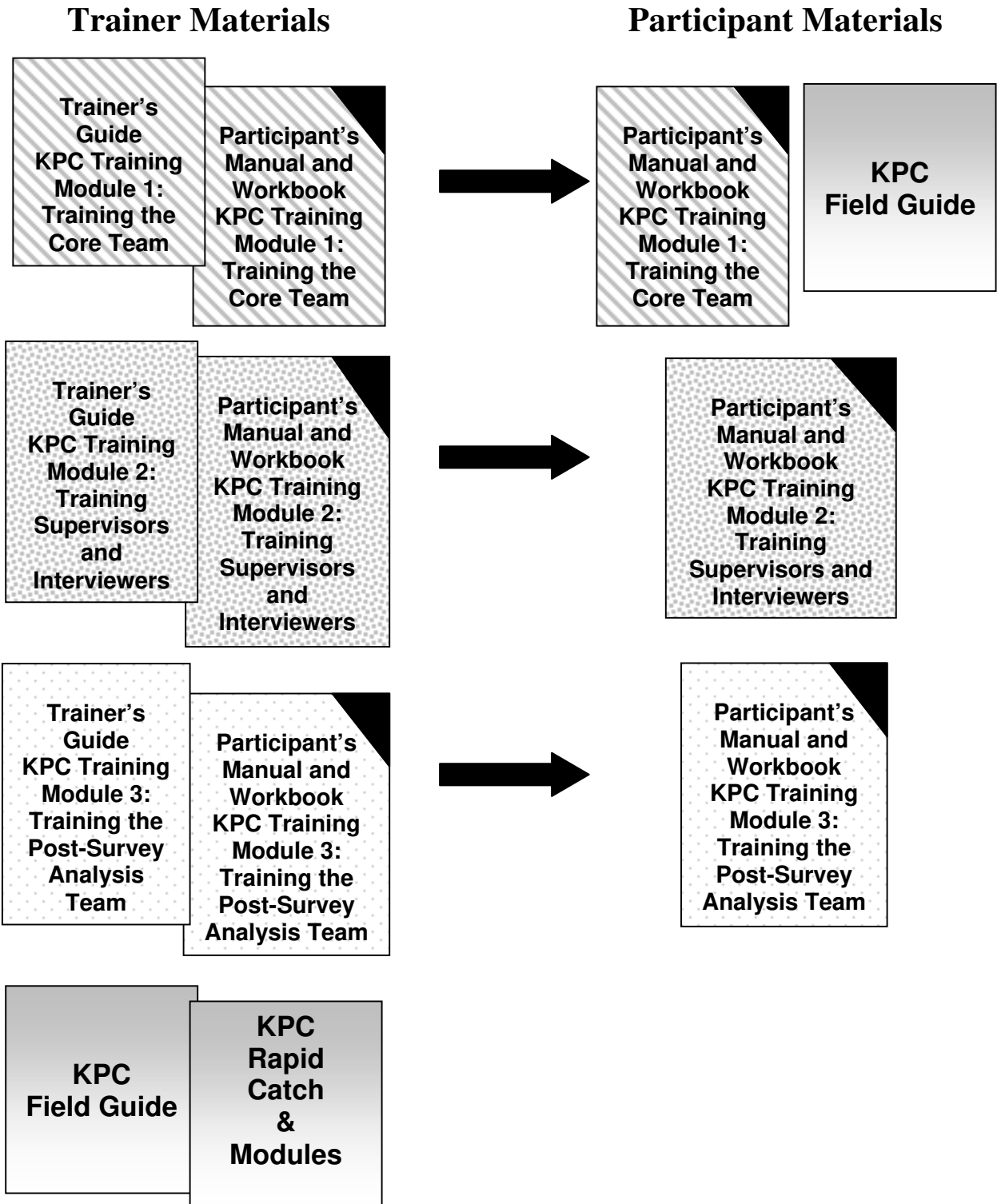
The Knowledge, Practice and Coverage (KPC) survey is a standardized survey instrument utilized to capture a series of health indicators. A subset of the survey is called the Rapid CATCH. It includes basic indicators that should be included in any health survey. In addition, there are 15 modules which can be added to the Rapid CATCH when the health interventions for those indicators are included in the project. The survey can be used at the beginning of the project, at selected points during implementation, and/or at the end of the project to help prioritize activities and evaluate project advancement. To conduct a KPC survey, a team is formed consisting of **Interviewers, Supervisors**, a leadership/logistics team (called the **Core Team**) and a **Post Survey Team** (ideally made up of the same people as the Core Team). The Post-Survey Team will analyze survey results, make decisions about what actions should be taken based on survey results, and write a survey report.

Each group participating in the survey must receive training. When planning the training agenda, the first group to be brought together for training before the field work is the Core Team which is responsible for planning and managing the survey, as well as adapting the survey instrument to the particular project needs. The second group to join the team is the Supervisors/Interviewers who learn proper survey techniques, practice interviewing and documentation of survey information, field test the survey, refine the local language terms, and enhance supervision skills to ensure that the Interviewers have correctly completed and documented each interview. The final group, the Post-Survey Team, receives training only after the field work has been completed.

The previous paragraphs indicate that you, as the Trainer, will actually be conducting three separate training events in the field: two before the field work and one after the field work. This TOST will prepare you to lead all three training events.

TOST TR 5: Visual of Training Materials Needed to Train Field Staff to Conduct a KPC Survey

The trainer will receive each of these; however, some parts will also be distributed to participants in the four training events:



TOST TR 6: Format for the Learning Sessions

Each learning session begins with a:

Facilitator’s Information Box—The box at the beginning of each learning session has up to six elements in it:

1. **Purpose**—the overall purpose of the activity.
2. **Objectives**—list of actions—what participants will do—that the steps in the learning session are constructed to accomplish.
3. **Preparation/materials**—list of actions or materials that you, the Trainer, must ensure are ready before the learning session can be presented. (For example, extra reading in the Field Guide will be listed that you, the Trainer, should complete before teaching the learning session.) Materials needed for each learning session are listed with the step in which they occur. These materials include Training Resources (TR), flip charts, and other materials. They will be arranged by steps; for example, you will see:
 - ♦ Step X:
 - TR X: Title
 - TR XX: Title
 - Flip chart with title



Note: “TR” indicates that the content is included in the Participant’s Manual and you can show the same content on a slide or overhead. The content of Training Resources is not included in the Trainer’s Guide. Rather, an icon like the one at the right indicates which TR to use. You will be given an electronic version of all of the Training Resources so you can create your own slide show or overheads.

4. **Time**—an estimated amount of time needed to implement all of the steps in the learning session.
5. **Steps**—a list of the steps needed to complete the learning session—the titles capture the process to be used and the content to be covered.

After the Facilitator’s Information Box you will find:

Steps—detailed instructions on how to proceed through each step. You are encouraged to adapt the suggested text to your style while assuring that all of the content is included and that the steps remain participatory and engaging. Special features for the Trainer to note include:

- ♦ **Italics font** = instructions for the Trainer (not to be read to the trainees)
- ♦ **Regular font** = specific information, instructions or questions for the Trainer to read or closely paraphrase to the trainees
- ♦ **Arrow (➤)** = symbol that highlights specific questions to ask
- ♦ **Box (□)** = special technical or summary information to share with the trainees
- ♦ **[Square brackets]** = the “correct” answer to expect from a technical question
- ♦ **(Parenthesis)** = additional instructions or information

TOST TR 7: Principles and Techniques of Dialogue Education	
Principle	Description
Respect	Learners feel respected and feel like equals.
Affirmation	Learners need to receive praise for even small contributions.
Relevance	Learners learn best by drawing on their own knowledge and experience. Learning must meet the real-life needs of the adult—jobs, family, etc.
Dialogue	Learning must be two-way to allow the learner to enter into a dialogue with the teacher.
Engagement	Learners must get involved through discussion, small groups and learning from peers.
Immediacy	Learners must be able to apply the new learning immediately.
20/40/80 Rule	We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.
Thinking, Feeling, Acting	Learning involves thinking and emotions as well as doing.
Safety	Learners need to feel that their ideas and contributions are valued—that they will not be ridiculed or belittled.

TOST TR 8: Definition of Engagement

(from Jane Vella's Training Through Dialogue)

The principle of engagement is that adults must be fully involved in “doing” what they are learning, not merely listening to someone else talk about it. Our education sessions must be done so that the learners are actually doing something with the information—as a means of learning it.

TOST TR 9: Managing Small-Group Work

- Clearly define the activity, time allowed, and the desired “product” of the small-group work.
- Ensure that everyone understands the group task before breaking into groups. Instructions for the small-group assignment may be given again after the groups are formed. Written instructions are helpful for clarifying the task.
- Make sure that participants physically move so they can face each other and hear each other—encourage quick physical movement.
- Use groups of different sizes for variety—use pairs, groups of three, four or five and organizational groupings such as “Regions” or “Solidarity Groups.”
- Move between the groups while discussions are occurring to ensure understanding, answer questions and note key points of discussion.
- Encourage one participant from each group to be prepared to share specific points with the larger group when appropriate.
- It is not always necessary to have each group present the results of a discussion. Ask two or three groups to present.
- If you find there is confusion, stop all of the groups and clarify the activity.

TOST TR 10: Respect for the Learner

- Learn and call each participant by his or her **name**.
- **Do not laugh or get angry** at a participant who has a strange question or gives a strange answer.
- **Speak to the participants as equals** and **sit with them** when possible. Remember what Aristotle, the father of philosophy, said: “Who can I teach but a friend?” A friend sits beside you.
- Use educational **methods that are participatory and interesting**. Mix your methods. Try not to use one single method because that often bores the learners.

Perhaps the most important sign of respect is listening and valuing the experiences of the participants.

- Always **ask questions to discover the participants’ knowledge** on a subject. This enables participants to share their knowledge, and it allows you to value and incorporate that knowledge as you share new knowledge with them. Use **brainstorming** to bring out a variety of ideas.
- **Relate the questions you ask to the participants’ experience**. For example, instead of asking a group of mothers, “What is dehydration?” ask, “When a child has lots of diarrhea, what do you see that is different about the child’s body?”

TOST TR 11: Definition of Monologue and Dialogue

Monologue literally means “speak alone.” It also refers to a long speech that monopolizes the conversation.

Dialogue literally means to “speak across or between” or “a word between”—implying two or more speakers. It refers to a conversation between two or more persons.

TOST TR 12: Excerpt on Monologue¹

Monologue (with the teacher as the speaker) leads the students to mechanically memorize the narrated content. Worse yet, it turns them into “containers,” into “receptacles” to be “filled” by the teacher. The more completely the teacher fills the receptacles, the better a teacher she/he is. The more meekly the receptacles permit themselves to be filled the better students they are

Education thus becomes an act of depositing, in which the students are the depositories and the teacher is the depositor. Instead of communicating, the teacher issues communiqués and makes deposits which the students patiently receive, memorize, and repeat. This is the “banking” concept of education, in which the scope of action allowed to the students extends only as far as receiving, filing and storing the deposits

In the banking concept of education, knowledge is a gift bestowed by those who consider themselves knowledgeable (the teacher) upon those whom they consider to know nothing (the student)

Adult education must begin with the solution of the teacher-student contradiction... so that both are... teachers and students (*dialogue*).

¹ Adapted from Paulo Freire’s *Pedagogy of the Oppressed*.

TOST TR 13: Forming Open Questions to Create Dialogue

- **Are we ready to begin?**

- **With what kind of survey team do you like to work?**

- **Do you understand random sampling?**

- **Is the survey field work going well?**

- **What problems did you encounter when you tried to complete the field work for the survey?**

- **Why were you late?**

TOST TR 14: Listen to Learn

Listen without answering:

Limit yourself to non-verbal communication (eye contact, nodding the head) and brief answers (yes, yes; ah, I see) that show your interest and encourage the person to continue talking.

Repeat what the person said in your own words:

This confirms that you understood what the person said and allows the person to clarify what you did not understand. It also lets the person think about what he/she said.

Ask questions for clarification:

This helps the person or group to consider all aspects of the situation and better evaluate the alternatives and solutions. It also allows you to get more or new information on the situation.

TOST TR 15: Key Principles for Giving and Receiving Feedback

Giving Feedback:

1. Be specific.

Come up with specific examples.

Do not say: “You did not ask good open questions....”

Try instead: “When you asked the question—‘*Did you understand what I said?*’ — you might have said instead, ‘*What points, in what I just said, are still unclear?*’ This makes it an open question and encourages the participant to think about specific things they did not understand.”

2. Make a suggestion for an alternative practice or approach (see example, above).

For example, you might say: “When you showed the picture, the people in the back could not see it. Why not arrange beforehand with someone to carry the picture around to the group—encouraging him/her to move to the back—while you are explaining it.”

3. Be appreciative.

Feedback does not have to focus just on what did not go well. It should also focus on what people did well.

For example, you might say: “I really like the way you paused a bit longer to give participants time to think about the question you asked.”

4. Ask questions first to understand why the person might have done something that you felt was inappropriate.

For example, you might say: “When you told the women to form groups, why did you tell each woman which group she was supposed to join?”

TOST TR 15: Key Principles for Giving and Receiving Feedback (continued)

Receiving Feedback:

1. Listen to the entire comment/suggestion.

Try not to interrupt the person who is providing the feedback.

2. Before responding, ask questions to make sure you understand clearly what the person is saying.

Try to restate, in your own words, or paraphrase what you understood them to say.

3. Try not to get defensive or justify your actions.

Consider the recommendation and thank the person who made it. At times you simply need time to consider what was said. (If the person providing the feedback asks why you did something—see point 4 under “Giving Feedback”—it is appropriate to respond.)

4. Be thankful for the input.

Remember, when you are on your own in the field such input will not be available. Feedback is an opportunity to benefit from the experience of others.

5. Help the one providing the input to be specific (see point 1 under “Giving Feedback”).

For example, you might say: “Can you give me an example of what you mean?”

TOST TR 16: Steps for Giving Feedback (After Practice Teaching)

First, the presenter will be asked:

- **What do you think you did well?**
- **What would you like to do differently to improve this learning session the next time you teach it?**

Then, the group will be asked:

- **What did you particularly like about the teaching of this learning session?**
- **What would be some good facilitation tips for this learning session?**
- **Since we will all be using this learning session in the field, what are your questions or concerns about this learning session?**

TOST TR 17: Self-Evaluation Form for Practice Teaching

Rating my own use of adult education principles:

1. **Create an environment of learning (with respect and security):** Participants feel respected, like equals, and that their ideas and contributions are valued and that participants will not make fun of or disrespect each other.



I did it!



I didn't do it

2. **Praise:** Participants need to receive praise for their efforts.



I did it!



I didn't do it

3. **The training has an immediate relationship to participants' lives and work.** Participants learn better by using their own knowledge and experience.



I did it!



I didn't do it

4. **There should be dialogue between the learner and the facilitator** so that learning takes place in both directions.



I did it!



I didn't do it

5. **Participants should participate** through discussions and small groups and learn from each other.



I did it!



I didn't do it

6. **Participants remember more when visual aids are used** to support the verbal aspects; adults remember better when they practice a new skill.



I did it!



I didn't do it

What are two ways I can include the principles of dialogue education in my learning sessions?

1.

2.

TOST TR 18: LNA Summary

**To be Prepared by the Trainer
Based on Results from the Learner's Needs Assessment
Completed by Participants in Advance of the TOST Training**

TOST TR 19: Case Study

The XYZ project just received a five-year grant from USAID Bureau for Global Health's Office of Health, Infectious Disease and Nutrition (GH/HIDN) Child Survival and Health Grants Program in the ZYX province of Kpcland. The project will work to strengthen three important health activities: IMCI, increased practice of institutional births, and improved knowledge of HIV/AIDS. The project will focus on IMCI implementation at both the clinical and community levels.

Goal of project: By the end of the five years, decrease morbidity and mortality of women 15-49 and children under two years of age in the ZYX province.

Objectives:

1. To improve the capacity of the Ministry of Health personnel in community outreach and the delivery of quality IMCI and birthing services.
2. To implement IMCI practices and messages at the community and household level.
3. To enable families to increase their knowledge about ways to prevent HIV/AIDS.

Interventions with % level of effort:

Intervention	% of Total Effort
Immunizations	15%
Control of Diarrheal Disease	20%
Acute Respiratory Infection	15%
Maternal Newborn Care	20%
HIV/AIDS	30%
Total	100%

M & E Plan XYZ Project

Objective	Indicators	How measured
1. To improve the capacity of the Ministry of Health personnel in community outreach and the delivery of quality IMCI and birthing services.	<ul style="list-style-type: none"> ❖ % of health centers with all basic equipment and supplies for implementing IMCI and Basic Essential Obstetric Care (BEOC) ❖ % of health staff implementing standard case management for diarrheal and respiratory infections ❖ % of health staff conducting monthly meetings with community health workers ❖ % of MOH staff trained in obstetrical emergencies 	Health Facility Assessment Baseline, Mid-Term, and Final
2. To implement IMCI practices and messages at the community and household level.	<ul style="list-style-type: none"> ❖ % of mothers of children age 0–23 months who received at least two tetanus toxoid injections before the birth of their youngest child ❖ % of children age 0–23 months whose births were attended by skilled health personnel ❖ % of children age 12–23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday ❖ % of mothers who know at least two signs of childhood illness that indicate the need for treatment ❖ % of sick children age 0–23 months who received increased fluids and continued feeding during an illness in the past two weeks 	KPC Survey Baseline and Final
3. To enable families to increase their knowledge about ways to prevent HIV/AIDS.	% of mothers of children age 0–23 months who cite at least two known ways of reducing the risk of HIV infection	KPC Baseline and Final

Summary of KPC Survey for XYZ Project

The Knowledge, Practice and Coverage (KPC) 2000+ Survey is a standardized population-based survey instrument for measuring change over time in knowledge, key behaviors, and coverage of important health interventions.

The KPC survey questions have been modified to address the specific health interventions in the project. The KPC survey can be used at the beginning and at selected points during and/or at the end of a project to help define targets and evaluate project advancement. To conduct a KPC survey, a team is formed consisting of Supervisors, Interviewers, and the Core Team. The KPC for XYZ Project and the MOH has as its objectives:

- ✓ Assisting the project to identify and prioritize problems that exist within the project area by conducting a baseline KPC
- ✓ Aiding the project in determining whether objectives have been achieved by conducting a KPC at the end of a project
- ✓ Developing local capacity to collect, analyze, and use information for decision-making
- ✓ Helping build consensus between projects, local partners, and stakeholders
- ✓ Enabling the project to track progress in achieving objectives

The KPC will be carried out in 30 sites by 5 Supervisors and 10 Interviewers working together in 5 teams. Interviews will be conducted with 300 mothers with children under 2 years of age.

Before beginning the KPC survey, Supervisors and Interviewers will receive training on October 16-18 and conduct a field test on October 19. Interviews will be conducted during 3 days, on October 22-24.

October

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
15	16	17	18	19	20	21
	Supervisor/ Interviewer Training	Supervisor/ Interviewer Training	Supervisor/ Interviewer Training	Field Test	Preparation of Materials	
22	23	24	25	26	27	28
Data Collectio n	Data Collection	Data Collection	Manual Tabulation Workshop	Manual Tabulation Workshop		

XYZ Project KPC Survey Questionnaire

1. RECORD INTERVIEW DATE:

DAY	MONTH	YEAR

2. How old are you? RECORD AGE OF RESPONDENT IN YEARS: ____ ____

3. How many children living in this household are under age five? _____

4. How many of those children are your biological children? _____

5. READ ONE OF THE FOLLOWING QUESTIONS BASED UPON MOTHER'S RESPONSE TO Q.4:

ONLY 1 CHILD UNDER FIVE: "What is the name, sex, and date of birth of that child?"

MORE THAN 1 CHILD UNDER FIVE: "What are the names, sexes, and dates of birth of your two youngest children?"

	NAME	SEX	DATE OF BIRTH
1		1. MALE 2. FEMALE	____/____/____ DD MM YY
2		1. MALE 2. FEMALE	____/____/____ DD MM YY

ALL SUBSEQUENT QUESTIONS PERTAIN TO THE YOUNGEST CHILD UNDER 2 YEARS

6. Before you gave birth to (NAME) did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?

1. YES
2. NO → **SKIP TO Q.8**
3. DO NOT KNOW → **SKIP TO Q.8**

7. How many times did you receive such an injection?

1. ONCE
2. TWICE
3. MORE THAN TWO TIMES
4. DO NOT REMEMBER

8. Now I would like to ask you about the time when you gave birth to (NAME). Who assisted you with (NAME'S) delivery?

- A. DOCTOR
- B. NURSE/MIDWIFE
- C. AUXILIARY MIDWIFE
- D. TRADITIONAL BIRTH ATTENDANT _____
(NAME)
- E. COMMUNITY HEALTH WORKER
- F. FAMILY MEMBER _____
(SPECIFY RELATIONSHIP TO RESPONDENT)
- G. OTHER _____
(SPECIFY)
- Y. NO ONE

9. Do you have a card where (NAME'S) vaccinations are written down?

IF 'YES,' ASK: 'May I see it, please?'

- 1. YES, VACCINATION CARD SEEN BY INTERVIEWER
- 2. NOT AVAILABLE (lost/misplaced, not in home) → **SKIP TO Q.11**
- 3. NEVER HAD A CARD → **SKIP TO Q.11**
- 4. DO NOT KNOW → **SKIP TO Q.11**

10. RECORD INFORMATION EXACTLY AS IT APPEARS ON (NAME'S) VACCINATION CARD:

	DAY	MONTH	YEAR
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>

TR 19
Case Study

11. Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment? *DO NOT PROMPT. CIRCLE ALL THAT ARE MENTIONED.*

- A. DO NOT KNOW
- B. LOOKS UNWELL OR NOT PLAYING NORMALLY
- C. NOT EATING OR DRINKING
- D. LETHARGIC OR DIFFICULT TO WAKE
- E. HIGH FEVER
- F. FAST OR DIFFICULT BREATHING
- G. VOMITS EVERYTHING
- H. CONVULSIONS
- I. OTHER _____
(SPECIFY)
- J. OTHER _____
(SPECIFY)
- K. OTHER _____
(SPECIFY)

12. Did (NAME) experience any of the following in the past two weeks?

READ CHOICES ALOUD AND CIRCLE ALL THAT ARE CONFIRMED BY RESPONDENT:

- A. DIARRHEA
- B. BLOOD IN STOOL
- C. COUGH
- D. DIFFICULT BREATHING
- E. FAST BREATHING/SHORT, QUICK BREATHS
- F. FEVER
- G. MALARIA
- H. CONVULSIONS
- I. OTHER _____
(SPECIFY)
- J. OTHER _____
(SPECIFY)
- K. NONE OF THE ABOVE → **SKIP TO Q.15**

13. “When (NAME) was sick, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?”

- 1. LESS THAN USUAL
- 2. SAME AMOUNT
- 3. MORE THAN USUAL

14. When (NAME) was sick, was he/she offered less than usual to eat, about the same amount, or more than usual to eat?

1. LESS THAN USUAL
2. SAME AMOUNT
3. MORE THAN USUAL

15. Have you ever heard of an illness called AIDS?

1. YES
2. NO → **SKIP TO END**

16. What can a person do to avoid getting AIDS or the virus that causes AIDS?

DO NOT PROMPT. CIRCLE ALL MENTIONED:

- A. NOTHING
- B. ABSTAIN FROM SEX
- C. USE CONDOMS
- D. LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER
- E. LIMIT NUMBER OF SEXUAL PARTNERS
- F. AVOID SEX WITH PROSTITUTES
- G. AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS
- H. AVOID INTERCOURSE WITH PERSONS OF THE SAME SEX
- I. AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY
- J. AVOID BLOOD TRANSFUSIONS
- K. AVOID INJECTIONS
- L. AVOID KISSING
- M. AVOID MOSQUITO BITES
- N. SEEK PROTECTION FROM TRADITIONAL HEALER
- O. AVOID SHARING RAZORS, BLADES
- W. OTHER _____
(SPECIFY)
- X. OTHER _____
(SPECIFY)
- Z. DO NOT KNOW

THANK THE MOTHER FOR HER TIME.

HAVE SUPERVISOR CHECK OVER THE QUESTIONNAIRE.

Project XYZ Indicators		
	INDICATOR	DEFINITION
1.	Percentage of mothers of children age 0–23 months who received at least two tetanus toxoid injections before the birth of their youngest child	<p style="text-align: center;">Numerator</p> Number of mothers of children age 0–23 months with responses=2 ('twice') or 3 ('more than two times') for Question 7 <p style="text-align: center;">Denominator</p> Number of mothers of children age 0–23 months in the survey
2.	Percentage of children age 0–23 months whose births were attended by skilled health personnel	<p style="text-align: center;">Numerator</p> Number of children age 0–23 months with responses =A ('doctor'), B ('nurse/midwife'), or C ('auxiliary midwife') for Question 8 <p style="text-align: center;">Denominator</p> Number of children age 0–23 months in the survey
3.	Percentage of children age 12–23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday	<p style="text-align: center;">Numerator</p> Number of children age 12–23 months who received Polio3 (OPV3), DPT3, and measles vaccines before the first birthday, according to the child's vaccination card for Question 10 <p style="text-align: center;">Denominator</p> Number of children age 12–23 months in the survey who have a vaccination card that was seen by the interviewer (response=1 'yes, seen by interviewer' for Question 9)
4.	Percentage of mothers who know at least two signs of childhood illness that indicate the need for treatment	<p style="text-align: center;">Numerator</p> Number of mothers of children age 0–23 months who report at least two of the signs listed in B through H for Question 11 <p style="text-align: center;">Denominator</p> Number of mothers of children age 0–23 months in the survey
5.	Percentage of sick children age 0–23 months who received increased fluids and continued feeding during an illness in the past two weeks	<p style="text-align: center;">Numerator</p> Number of children age 0–23 months with response=3 ('more than usual') for Question 13 <u>AND</u> response=2 ('same amount') or 3 ('more than usual') for Question 14 <p style="text-align: center;">Denominator</p> Number of children surveyed who were reportedly sick in the past two weeks (children with any responses A through H for Question 12)
6.	Percentage of mothers of children age 0–23 months who cite at least two known ways of reducing the risk of HIV infection	<p style="text-align: center;">Numerator</p> Number of mothers of children age 0–23 months who mention at least two of the responses that relate to safer sex or practices involving blood (letters B through I & O) for Question 16 <p style="text-align: center;">Denominator</p> Number of mothers of children age 0–23 months in the survey

KEY INDICATORS

Baseline/Final Progress based on KPC Surveys

#	INDICATORS	BASELINE	FINAL	
			Target	Actual
1.	Percentage of mothers of children age 0–23 months who received at least two tetanus toxoid injections before the birth of their youngest child	28% (xx% - xx%)		X% (xx% - xx%)
2.	Percentage of children age 0–23 months whose births were attended by skilled health personnel	18% (xx% - xx%)		
3.	Percentage of children age 12–23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday	54% (xx% - xx%)		X% (xx% - xx%)
4.	Percentage of mothers who know at least two signs of childhood illness that indicate the need for treatment	45% (xx% - xx%)		X% (xx% - xx%)
5.	Percentage of sick children age 0–23 months who received increased fluids and continued feeding during an illness in the past two weeks	39.5% (xx% - xx%)		X% (xx% - xx%)
6.	Percentage of mothers of children age 0–23 months who cite at least two known ways of reducing the risk of HIV infection	12% (xx% - xx%)		X% (xx% - xx%)

Percentage of mothers of children age 0–23 months who received at least two tetanus toxoid injections before the birth of their youngest child

n= 300

	Number	Percent	Cumulative Percent
TWICE	60	20%	20%
> THAN TWO TIMES	24	8%	28%
ZERO	39	13%	41%
ONCE	84	28%	69%
DO NOT REMEMBER	93	31%	100%

	Mother's Age < 25 yrs	Mother's Age >= 25 yrs	Row Total
Received at least 2 TT injections before the birth of youngest child	64	20	84
Did not receive at least 2 TT injections before the birth of youngest child	115	101	216
Column Total	179	121	300

Percentage of children age 0–23 months whose births were attended by skilled health personnel

n = 300

	Number	Percent	Cumulative Percent
DOCTOR	9	3%	3%
NURSE/MIDWIFE	45	15%	18%
AUXILIARY MIDWIFE	0	0	18%
TRADITIONAL BIRTH ATTENDANT	106	35.3%	53.3%
COMMUNITY HEALTH WORKER	0	0	53.3%
FAMILY MEMBER	80	26.7%	80%
OTHER	24	8%	88%
NO ONE	36	12%	100%

Percentage of children age 12–23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday

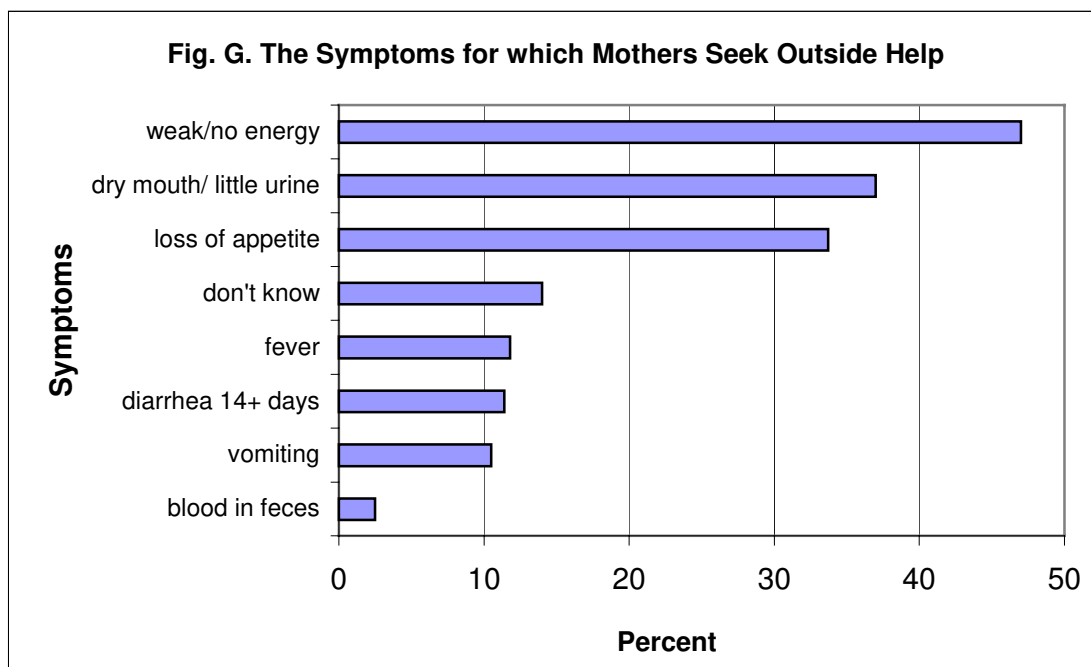
n= 261

	Number	Percent	Cumulative Percent
Received all vaccines	141	54%	54%
Did not receive all vaccines	120	46%	100%

Percentage of mothers who know at least two signs of childhood illness that indicate the need for treatment

n=300

Mother's Response	Percent	Cumulative Percent
Mentioned 0 signs	39.2%	39.2%
Mentioned 1 sign	15.8%	55%
Mentioned 2 signs	40.1%	95.1%
Mentioned > 2 signs	4.9%	100%



Percentage of sick children age 0–23 months who received increased fluids and continued feeding during an illness in the past two weeks

n= 119

	Number	Percent
More fluids, Question 13	89	74.8%
Same or more foods, Question 14	49	41.2%
Received both more fluids and the same or more food	47	39.5%

	Mother's Age < 25 yrs	Mother's Age >= 25 yrs	Row Total
Received both more fluids and the same or more food	40	7	47
Did not receive both more fluids and the same or more food	19	53	72
Column Total	59	60	119

Percentage of mothers of children age 0–23 months who cite at least two known ways of reducing the risk of HIV infection

n=300

	Number	Percent	Cumulative
Mentioned 2	27	9%	9%
Mentioned > 2	9	3%	12%
Mentioned 0 or Did not know	231	77%	89%
Mentioned 1	33	11%	100%

What can a person do to avoid getting AIDS or the virus that causes AIDS?

n= 300

Mother's Reply	Number	Percent
ABSTAIN FROM SEX		
USE CONDOMS	12	4%
LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	26	8.7%
LIMIT NUMBER OF SEXUAL PARTNERS	10	3.3%
AVOID SEX WITH PROSTITUTES	9	3%
AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS	16	5.3%
AVOID INTERCOURSE WITH PERSONS OF THE SAME SEX	36	12%
AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY	8	2.7%
AVOID SHARING RAZORS, BLADES	0	0%
NOTHING	47	15.7%
AVOID BLOOD TRANSFUSIONS	4	1.3%
AVOID INJECTIONS	13	4.3%
AVOID KISSING	27	9%
AVOID MOSQUITO BITES	25	8.3%
SEEK PROTECTION FROM TRADITIONAL HEALER	11	3.7%
OTHER	43	14.3%
DID NOT KNOW	178	59.3%

TOST TR 20: TOST Workshop Evaluation

Please circle the numbers which best describe your view of the TOST workshop training activities.

1. To what degree did you understand the workshop activities?

Understood very little	Understood a fair amount	Understood almost everything
1	2 3 4	5

If you understood little of one or more activities, which activities were the most difficult to understand and why?

2. How useful to you were the workshop activities?

Not very useful	Somewhat useful	Very useful
1	2 3 4	5

Which were the most helpful?

3. How helpful are the Training Resources materials you received?

Not very helpful	Somewhat helpful	Very helpful
1	2 3 4	5

How could they be improved?

4. To what degree do you think that the curriculums for Core Team, Supervisors and Interviewers will be useful when you conduct a KPC training?

Not very useful	Somewhat useful	Very useful
1	2 3 4	5

How could they be improved?

5. Overall, how satisfied are you with the TOST workshop?

Very dissatisfied	Somewhat satisfied	Very satisfied
1	2 3 4	5

6. To what extent do you feel you will be able to apply the ideas and strategies from this workshop in your work?

Not at all		Somewhat			Very much
1		2	3	4	5

7. How would you rate your satisfaction with the workshop trainers?

Trainer A:

Very dissatisfied		Somewhat satisfied		Very satisfied
1	2	3	4	5

Trainer B:

Very dissatisfied		Somewhat satisfied		Very satisfied
1	2	3	4	5

Trainer C:

Very dissatisfied		Somewhat satisfied		Very satisfied
1	2	3	4	5

Participant Trainers:

Very dissatisfied		Somewhat satisfied		Very satisfied
1	2	3	4	5

8. What recommendations would you make to the trainers to improve their training methods?

9. Please provide any other comments or suggestions for improving the workshop content, format, or logistics.
