Assessing Community Health Programs

A Participant’s Manual and Workbook

Using LQAS for Baseline Surveys and Regular Monitoring

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Overhead #1—Status Report on Data Collection from the NGO

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HANDOUT—Tabulation Quality Checklist

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MODULE ONE

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

Session 1: Introducing Participants and the Training/Survey

Session 2: Uses of Surveys

Session 3: Random Sampling

Session 4: Using LQAS Sampling for Surveys

Session 5: Using LQAS for Baseline Surveys
Getting to Know Each Other

1. What organization are you from?

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

3. What is your interest in doing surveys?

4. What kind of experience do you have with surveys?
Purpose of the LQAS Workshop

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

➢ Train participants in how to analyze data to identify priorities for improving program coverage.
Skills to Be Learned

➢ LQAS Sampling Methods

➢ Interviewing Techniques

➢ Data Tabulation and Analysis for Program Improvement
Overview of the LQAS Training

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

Module 2.
Where should I conduct my survey?

Module 3.
Who should I interview?

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

Module 5 or 6.
What do I do with the information I have collected?

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

1. Introducing interview locations
2. Selecting respondents
3. Field practical for numbering and selecting households

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

1. Field work debriefing
2. Tabulating results
3. Analyzing results
Abbreviated Agenda for Modules 1-4: Sampling and Data Collection Workshop

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

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

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

Day 4
Morning
- Review and Discuss Field Practical
- Improving Interviewing Skills
- Develop Final Plans for Data Collection
Afternoon
- Develop Final Plans for Data Collection cont.
- Workshop Certificates Awarded and Closing
Abbreviated Agenda for Module 5 (Baselines):
Tabulation and Data Analysis Workshop

Day 1
Morning
  Opening and Welcome Back
  Field Work Debriefing
  Lessons learned During the Data Collection
  Agreement on Correct Answers on Questionnaires
  How to Use the Tabulation Tables
Afternoon
  Calculating Average Coverage and it's Importance
  Two Exercises: Using the Tabulation Tables
  Begin Tabulation in Stages

Day 2
Morning
  Continue Tabulation in Stages
Afternoon
  Continue Tabulation in Stages

Day 3
Morning
  Continue Tabulation in Stages
Afternoon
  Continue Tabulation in Stages
  How to Analyze LQAS Data and Identify Priorities
  Preparing a Baseline Report
  Next Steps and the Future
Module One  
Session 1  
Alternative Overhead 5 cont.

Abbreviated Agenda for Module 6 (Monitoring and Evaluation): Tabulation and Data Analysis Workshop

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

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

Day 2  
Morning  
Continue Tabulation in Stages  

Afternoon  
Continue Tabulation in Stages  

Day 3  
Morning  
Continue Tabulation in Stages  

Afternoon  
Continue Tabulation in Stages  
How to Analyze LQAS Data and Identify Priorities  
Preparing a Monitoring and/or Evaluation Report  
Next Steps and the Future
Defining Catchment Area and Supervision Areas

Together, A, B, C, D, and E represent the **Catchment Area**.

A, B, C, D, and E represent 5 **Supervision Areas**.
What is Coverage?

An important use of surveys is to measure coverage.

➤ What is coverage?

➤ Why is it important to know about coverage?
What Surveys Can Show You

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

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

- **little** difference in coverage regarding health knowledge and practices between supervision areas
NGO PROGRAM: Scenario One (1)
Supervision Areas: A - E
Indicator: Percent of women (15-49) who know 2 or more ways to prevent HIV transmission.

A = 30
B = 40
C = 80
D = 75
E = 20
NGO PROGRAM: Scenario Two (2)
Supervision Areas: A - E
Indicator: Percent of women (15-49) who know 2 or more ways to prevent HIV transmission.

A = 85
B = 80
C = 90
D = 85
E = 80
NGO PROGRAM: Scenario Three (3)
 Supervision Areas: A - E
 Indicator: Percent of women (15-49) who know 2 or more ways to prevent HIV transmission.

A = 25
B = 20
C = 30
D = 25
E = 20
Using Survey Data

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

<table>
<thead>
<tr>
<th>Supervision Area</th>
<th>Scenario One (1) True Coverage (%)</th>
<th>Scenario Two (2) True Coverage (%)</th>
<th>Scenario Three (3) True Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>30</td>
<td>85</td>
<td>25</td>
</tr>
<tr>
<td>B</td>
<td>40</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>C</td>
<td>80</td>
<td>90</td>
<td>30</td>
</tr>
<tr>
<td>D</td>
<td>75</td>
<td>85</td>
<td>25</td>
</tr>
<tr>
<td>E</td>
<td>20</td>
<td>80</td>
<td>20</td>
</tr>
</tbody>
</table>

Analysis:

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

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

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

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

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

Identify health knowledge and practices with:

1. **Large differences in coverage between supervision areas (SAs).**
   - Identify the low coverage SAs to be able to:
     - learn causes of low coverage.
     - focus our efforts and resources on these SAs.
     - improve coverage of the whole NGO program area by improving coverage in these SAs.
   - Identify high coverage SAs to be able to:
     - study and learn what is working well.
     - identify things that can be applied to other SAs.

2. **Little difference in coverage between SAs.**
   - If coverage is generally high, shift resources to improve other health knowledge and practices.
   - If coverage is generally low:
     - learn causes of low coverage.
     - identify/study other NGO Program areas to learn what is working well.
     - identify things that can be applied in own program area.
Why Random Sample?

Sampling allows you to use the “few” to describe the “whole,” and this:

- Saves time

and

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

\[A = ?\]
\[B = 80\]
\[C = ?\]
\[D = 75\]
\[E = 45\]
LQAS Sampling Results

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

<table>
<thead>
<tr>
<th>Sample</th>
<th>Supervision Areas: NGO Program Area</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td># Correct (green marbles)</td>
<td># Correct (green marbles)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Verify “coverage” in the bag for **SA A**

\[
\text{Total green marbles} = \frac{\Box}{\Box} = \Box \% 
\]

Verify “coverage” in the bag for **SA C**

\[
\text{Total green marbles} = \frac{\Box}{\Box} = \Box \% 
\]
### LQAS Table: Decision Rules for Sample Sizes of 12-30 and Coverage Targets/Average of 10%-95%

| Sample Size | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% | 65% | 70% | 75% | 80% | 85% | 90% | 95% |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 12          | N/A | N/A | 1   | 1   | 2   | 2   | 3   | 4   | 5   | 5   | 6   | 6   | 7   | 7   | 8   | 8   | 9   | 10  | 11  |
| 13          | N/A | N/A | 1   | 1   | 2   | 3   | 3   | 4   | 5   | 6   | 6   | 6   | 7   | 7   | 8   | 8   | 8   | 9   | 10  | 11  |
| 14          | N/A | N/A | 1   | 1   | 2   | 3   | 4   | 4   | 5   | 6   | 6   | 7   | 8   | 8   | 8   | 9   | 10  | 11  | 11  |
| 15          | N/A | N/A | 1   | 2   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 8   | 9   | 9   | 9   | 10  | 11  | 11  | 12  |
| 16          | N/A | N/A | 1   | 2   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 9   | 9   | 10  | 11  | 11  | 12  | 13  |
| 17          | N/A | N/A | 1   | 2   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  |
| 18          | N/A | N/A | 1   | 2   | 2   | 3   | 5   | 6   | 7   | 8   | 9   | 9   | 10  | 11  | 12  | 12  | 13  | 14  | 16  |
| 19          | N/A | N/A | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  | 12  | 12  | 13  | 14  | 15  | 16  |
| 20          | N/A | N/A | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 9   | 11  | 12  | 13  | 14  | 15  | 16  | 17  |
| 21          | N/A | N/A | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  |
| 22          | N/A | N/A | 1   | 2   | 3   | 4   | 5   | 7   | 8   | 9   | 10  | 12  | 13  | 14  | 15  | 16  | 18  | 19  |
| 23          | N/A | N/A | 1   | 2   | 3   | 4   | 6   | 7   | 8   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 18  | 19  |
| 24          | N/A | N/A | 1   | 2   | 3   | 4   | 6   | 7   | 8   | 9   | 10  | 11  | 13  | 14  | 15  | 16  | 18  | 19  |
| 25          | N/A | 1   | 2   | 2   | 4   | 5   | 6   | 8   | 9   | 10  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 20  | 21  |
| 26          | N/A | 1   | 2   | 3   | 4   | 5   | 6   | 8   | 9   | 11  | 12  | 14  | 15  | 16  | 18  | 19  | 21  | 22  |
| 27          | N/A | 1   | 2   | 3   | 4   | 5   | 7   | 8   | 10  | 11  | 13  | 14  | 15  | 17  | 18  | 19  | 20  | 21  |
| 28          | N/A | 1   | 2   | 3   | 4   | 5   | 7   | 8   | 10  | 12  | 13  | 15  | 16  | 18  | 19  | 21  | 22  | 24  |
| 29          | N/A | 1   | 2   | 3   | 4   | 5   | 7   | 9   | 10  | 12  | 13  | 15  | 17  | 18  | 20  | 21  | 23  | 25  |
| 30          | N/A | 1   | 2   | 3   | 4   | 5   | 7   | 9   | 11  | 12  | 14  | 16  | 17  | 19  | 20  | 22  | 24  | 26  |

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

Shaded cells indicate where $\alpha$ or $\beta$ errors are $\geq 10%$.

Hashed cells indicate where $\alpha$ or $\beta$ errors are $> 15%$. 
What a Random Sample of 19 Can Tell Us

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

- Good for deciding what are the lower performing supervision areas

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

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

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

(if one intervention is high but the other is low, we would concentrate on the low coverage intervention)
What a Random Sample of 19 Cannot Tell Us

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

- Not good for setting priorities among supervision areas that have little difference in coverage among them
Why Use a Random Sample of 19?

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

- Samples larger than 19 have practically the same statistical precision as 19. They do not result in better information, and they cost more.
### Five Supervision Areas & One Indicator

<table>
<thead>
<tr>
<th>SUPERVISION AREA: A, B, C, D or E</th>
<th># Correct</th>
<th>Coverage Estimate =</th>
<th>Equal to or Above?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision Area A</td>
<td>12</td>
<td><strong>65.3%</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Supervision Area B</td>
<td>9</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Supervision Area C</td>
<td>16</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Supervision Area D</td>
<td>11</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Supervision Area E</td>
<td>14</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

2. Use table to find Decision Rule.

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

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

5. If yes which are they? If not, why can’t you identify them?
LQAS Concepts for Baseline Surveys

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

➢ The “Decision Rule” tells you whether an individual supervision area reaches the average coverage or is below average coverage.
Five Supervision Areas & One Indicator:
Participant Worksheet – For Baseline Surveys

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

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

   \[ 7 + 3 + 2 + 13 + 14 = 39 \]

   Add all sample sizes: \( 19 + 19 + 19 + 19 + 19 \) = _______

   Average coverage = \( \frac{\text{total}}{\text{sample size}} \) = _____%

2. What is the Decision Rule?

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

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

5. If yes which are they? If not, why can’t you identify them?
### Supervision Area A & Five Indicators

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

**Questions:**
1. Can you identify indicators that are your priorities?

2. If yes, which indicators are they? If not, why can’t you identify them?
Comparing Supervision Areas A, B, C, D, & E  
(for baseline survey)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Supervision Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>1. Women who used condoms each time with intercourse</td>
<td></td>
</tr>
<tr>
<td>2. Men who used condoms each time with intercourse</td>
<td>Y</td>
</tr>
<tr>
<td>3. Women who know how HIV is transmitted</td>
<td>N</td>
</tr>
<tr>
<td>4. Men who know how HIV is transmitted</td>
<td>Y</td>
</tr>
<tr>
<td>5. Women who know where to get tested for HIV</td>
<td>Y</td>
</tr>
</tbody>
</table>

Questions:
1. Which Supervision Area(s) appears to be performing the best for all 5 indicators: A, B, C, D, or E? ____
2. Which SA(s) appears to need the most support for their overall program: A, B, C, D, or E? ____
3. Which indicator(s) needs improvement across most of the catchment area? ____
4. Which indicator(s) needs improvement in only a few SAs? ____
5. For these weaker indicators:
   - Which SA(s) needs special attention? ____
   - Which SA(s) would you visit to learn possible ways to improve this indicator? ____
MODULE TWO

Where should I conduct my survey?

Session 1: Identifying Interview Locations
Identifying Locations for Interviews

Step 1. List communities and total population.

Step 2. Calculate the cumulative population.

Step 3. Calculate the sampling interval.

Step 4. Choose a random number.

Step 5. Beginning with the random number, use the sampling interval to identify communities for the 19 sets of interviews.
List of Communities and Total Population for a Supervision Area

<table>
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<th>Name of Community</th>
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## Calculate the Cumulative Population

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Calculate the Sampling Interval

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\[
\text{Sampling Interval} = \frac{\text{Total Cumulative Population}}{19} = ?
\]
### A Random Number Table

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**Participant's Manual, Module 2**

Page PM-39
Identify the Location of Each of the 19 Interviews in a Supervision Area: Worksheet

Random Number = 622  Sampling Interval = 1236.26

<table>
<thead>
<tr>
<th>LQAS No.</th>
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<th>Interview Location</th>
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<td>1.</td>
<td>Random Number = Location Number 1</td>
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<tr>
<td>2.</td>
<td>RN + Sampling Interval = Location Number 2</td>
<td>622+1236.26=1858.26</td>
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<tr>
<td>3.</td>
<td>Interview Location Number 2 + Sampling Interval</td>
<td>1858.26+1236.26=3094.52</td>
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<tr>
<td>4.</td>
<td>Interview Location Number 3 + Sampling Interval</td>
<td>3094.52+1236.26=4330.78</td>
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## LQAS Sampling Frame for a Supervision Area

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MODULE THREE

Whom should I interview?

Session 1: Selecting Households

Session 2: Selecting Respondents

Session 3: Field Practical for Numbering and Selecting Households
### How to Assign Numbers to Households

<table>
<thead>
<tr>
<th>IF:</th>
<th>THEN:</th>
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<tbody>
<tr>
<td>A complete household list is available (Tax list, census, map)</td>
<td>Assign a number to each house...</td>
</tr>
<tr>
<td></td>
<td>...Work is done!</td>
</tr>
<tr>
<td>If the community size is “about” 30 households or less</td>
<td>Make a household list or map with the location of each household (use assistance of a key informant from the community)...</td>
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<tr>
<td></td>
<td>Alternatively, you can use the “spin the bottle technique”...</td>
</tr>
<tr>
<td></td>
<td>And then assign a number to each house...</td>
</tr>
<tr>
<td></td>
<td>... Work is done!</td>
</tr>
<tr>
<td>If the community size is more than “about” 30 households</td>
<td>Sub-divide the community into sections 2-5 sections with about the same number of households in each section.</td>
</tr>
<tr>
<td></td>
<td>...Select one section at random...</td>
</tr>
<tr>
<td></td>
<td>...If the section has more houses than you can easily count, subdivide into 2-5 sections again, and select one at random. Continue doing this until few houses remain.</td>
</tr>
<tr>
<td></td>
<td>...Make a house list or map with the location of each household (use an assistant or key informant from your community). And then assign a number to each house...</td>
</tr>
<tr>
<td></td>
<td>... Alternatively, you can use the “spin the bottle technique”.</td>
</tr>
<tr>
<td></td>
<td>...Work is done!</td>
</tr>
</tbody>
</table>

**Household** = group of persons who share the same kitchen or hearth; or, a group of persons who eat from the same cooking pot.
Situation 2: Household List Not Available – Size ‘About’ 30
Situation 3: Household List Not Available - Size > 30
Group of 27 Households Numbered for Random Selection of 1 Household
## Rules for Identifying Respondents

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

* Household = group of persons who share the same kitchen or hearth; or, a group of persons who eat from the same cooking pot.
24 Household Composition Scenarios

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

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

♦ Household #3
- Abandoned house – owners absent

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

♦ Household #5
- Man 65 years
- Man’s wife 60 years
- Mother of 15 month old absent in field nearby – might be pregnant, doesn’t know
- 15 month old baby
- Father in city
Household #6
- Father 45 years old
- One wife, 48 years old
- Daughter, 24 years and pregnant
- Children 2 and 3 years old

Household #7
- Mother of 9 year old child is not home – child does not know when mother will be back
- 9 year old child
- 8 month old child of women

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

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

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

Household #11
- 10 year old sister
- 30 year old aunt – she is pregnant
- Woman 75 years old mother of pregnant aunt
- Grandfather 80 years old
- Mother of children in the city
♦ Household #12
- Mother 35 years old – pregnant
- Child of pregnant mother is 13 months old
- Neighbor woman is 35 years old
- Neighbor’s 10 month old baby

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

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

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

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

Household #17
- Guesthouse has 42 year old female owner who lives at the guesthouse
- Guest: include 42 year old businessman
- Guest: Mother 43 years with teenage children
- Guest: 30 year old truck driver
♦ **Household #18**
  - Priest is 38 years old. He lives on the church grounds and does not maintain a separate house.
  - 42-year-old female cook also lives on the church grounds.

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

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

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

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

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

♦ **Household #24**
  - Father 45 years old
  - Wife, 35 years old and pregnant
Process for Field Practical

1. Meet with community leader.

2. Revise and/or create community map.

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

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

5. Select a section using a random number:

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

7. Assign numbers to households in selected section.

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

9. Identify the “next nearest” household at least two times.
MODULE FOUR

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

Session 1: Reviewing the Survey Questionnaires (no overheads)

Session 2: Interviewing Skills

Session 3: Field Practical for Interviewing (no overheads)

Session 4: Planning for the Data Collection/Survey (no overheads) (handout)
Why Interviewing is Important

- Sound programming decisions depend on reliable data,

    and

- reliable data depends on getting good information from local respondents,

    and

- getting good information from respondents depends on conducting effective interviews.
Interview Etiquette

➤ Dress appropriately.

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

➤ Be punctual (if appointments have been made).

➤ Do not enter the house unless you are invited.

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

➤ Tell people how long the questionnaire will take.

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

➤ Do not give gifts to interviewees.

➤ Thank interviewees at the end.
Effective Interviewing Techniques

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

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

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

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

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

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

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

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

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

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

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

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

1. PRE-SURVEY CHECKLIST

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

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

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

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

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

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

Materials Checklist

☑ 19 questionnaires for correct respondent + 2 extras
☑ Pencil
☑ Pencil sharpener
☑ Eraser
☑ Clipboard
☑ Day pack or bag to carry questionnaires and materials
☑ Random number tables
☑ Rules to select respondents in a household
☑ Raincoat
☑ Community maps or paper for making maps
☑ Any ‘questionnaire-specific’ materials: literacy tests, ORS packets, etc.)
2. CHECKLIST FOR DATA COLLECTORS

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

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

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

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

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

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

6. Go to the selected house to begin interviewing.

7. If you cannot complete all interview in the selected house, visit the closest house until the interview has been completed.

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

Remember: For each questionnaire, randomly select a starting household and then go to the closest house until the interview is complete.
3. CHECKLIST FOR MANAGERS

The following is a checklist for program managers:

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

2. Indicate the minimum number of interviews to be completed in one day.

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

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

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

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

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

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

   Folder 1:  Respondent Type A, Area 1: 01 to 19
   Folder 2:  Respondent Type A, Area 2: 01 to 19
   Folder 3:  Respondent Type A, Area 3: 01 to 19
   Folder 4:  Respondent Type A, Area 4: 01 to 19
   Folder 5:  Respondent Type A, Area 5: 01 to 19

**NB: Be sure to bring all the questionnaires to the tabulation workshop.**
**FOR BASELINE SURVEYS**

MODULE FIVE

What do I do with the information I have collected during baseline?

Session 1: Fieldwork Debriefing

Session 2: Tabulating Results
   *(handout)*

Session 3: Analyzing Results
### Status Report on Data Collection from the NGO or MOH Administrative Area:

**NGO or MOH Administrative Area:**

**Total Supervision Areas Included in Baseline Survey = #__________**

<table>
<thead>
<tr>
<th>SA Number or Name</th>
<th>No. of Questionnaires Completed</th>
<th>No. of Questionnaires Remaining (If Any)</th>
<th>No. of Questionnaires Brought To The Workshop</th>
<th>Plan to Finish Tabulation: Dates for Data Collection, Deadline for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>6</td>
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<td></td>
</tr>
<tr>
<td>#</td>
<td>Indicator</td>
<td>Correct Response Key</td>
<td>Total Correct in SA</td>
<td>Total Sample Size (all '0's and '1's)</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------</td>
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<td></td>
<td></td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>1 0 1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Section 3: Family Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Age of mother at first birth</td>
<td>20 – 35 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>How long should a female wait after the birth of a child to have another?</td>
<td>2 or more years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What can a female or male do to avoid pregnancy?</td>
<td>3 or more of 1-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Section 4: HIV/AIDS and Other Sexually Transmitted Infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Have you ever heard of an illness called HIV/AIDS?</td>
<td>1 (if 2 or 88 then Quest. 3-5 automatically incorrect)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is there anything a man can do to avoid getting HIV/AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What can a man do to avoid getting HIV/AIDS?</td>
<td>2 or more of 1-19 or 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is there anything a woman can do to avoid getting HIV/AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>What can a woman do to avoid getting HIV/AIDS?</td>
<td>2 or more of 1-19 or 14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tabulation Quality Checklist

As you tabulate your questionnaire, use the following checklist.

➤ Before You Begin:

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

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

➤ During Tabulation:

1. Work in threes.

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

3. The second person looks at the answer on the questionnaire, determines if the answer is a “1” correct or a “0” incorrect. Mark an “S” for intentionally skipped questions that can not be judged as either correct or incorrect, and an “X” for questions that should have responses but the responses are missing. An “X” should be taken out of the denominator. An “S” should only be marked if the person should be taken out of the denominator. For example, if the question concerns a sick child but the respondent’s child has not been sick, then all the questions about the sickness would be marked as “S” since they are irrelevant for this respondent. However, in most cases a skipped question is equivalent to an automatic incorrect and should be coded as “0”. For example, if a respondent says they do...
not know how to prepare ORS, then all subsequent questions related to ORS preparation would be automatically incorrect. Similarly, if a respondent does not have a vaccination card for their child, then all of the child’s vaccinations would be judged as “0”. On rare occasions an “S” is an automatic correct and should be coded “1”.

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

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

➢ **After Completing Each Column (all responses from one respondent):**

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

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

   **EXAMPLE 1:** Some questions are asked of mothers if their child has had diarrhea in the last 2-weeks. If they are not asked the question. These children are coded “S” because the question cannot be asked of them.
EXAMPLE 2: Some questions are not asked because the questions are automatically INCORRECT or 0. – If a women is asked if she has ever heard of HIV/AIDS, and responds “No”. That question is coded a 0 since it is not the desired response – it is incorrect. Any following question that asks questions about how HIV is transmitted or prevention of HIV transmission would be SKIPPED since they are automatically counted as INCORRECT since we know the person cannot know the correct response because she does not even know that HIV exists.

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

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

➢ After Completing a Tabulation Sheet:

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

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

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

• All questions should have a “0”, “1”, “S”, or “X.” If this is not the case, find out why, so you can make an entry in the space provided.
### Summary Tabulation Table: Baseline Survey Females 15 – 49 Years

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Total Correct in Each SA/Decision Rule</th>
<th>Total Correct in Program</th>
<th>Sample Size</th>
<th>Total Sample Size in Program</th>
<th>Average Coverage = Total Correct Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Age of mother at first birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>How long should a female wait after the birth of a child to have another?</td>
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<td></td>
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</tr>
<tr>
<td>3</td>
<td>What can a female or male do to avoid pregnancy?</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Have you ever heard of an illness called HIV/AIDS?</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td>Is there anything a man can do to avoid getting HIV/AIDS?</td>
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<tr>
<td>3</td>
<td>What can a man do to avoid getting HIV/AIDS?</td>
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<tr>
<td>4</td>
<td>Is there anything a woman can do avoid getting HIV/AIDS?</td>
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<tr>
<td>5</td>
<td>What can a woman do to avoid getting HIV/AIDS?</td>
<td></td>
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</tr>
</tbody>
</table>

*To find the “Decision Rule” for each indicator, using the LQAS Table, find the “Sample Size” in the left column. Then for baseline surveys: look for the “Average Coverage” across the top and look down the column for the “Decision Rule”. Then for monitoring surveys: look for the “Annual Coverage Target” across the top and look down the column for the “Decision Rule”.*
<table>
<thead>
<tr>
<th>Sample Size*</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
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</table>

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

Shaded cells indicate where alpha or beta errors are ≥ 10%.

hashed cells indicate where alpha or beta errors are > 15%.
Defining Program Goals and Annual Targets


defining program goals and annual targets

Baseline → Yr. 1 → Yr. 2 → Yr. 3 → Yr. 4

Baseline: 10% → Yr. 1: 30% → Yr. 2: 50% → Yr. 3: 70% → Yr. 4: 80%

Program goals from baseline until year 4 of the project

Improvement

Participant's Manual, Module 5
Monitoring Targets and Average Coverage Over Time:
In a Catchment Area

![Graph showing coverage proportions over time. The graph includes two lines: one for targets and one for random averages. The targets start at 45 in Year 1, increase to 50 in Year 2, then to 55 in Year 3, and finally reach 60 in Year 4. The random averages start at 45 in Year 1, increase to 55 in Year 2, then to 70 in Year 3, and finally reach 80 in Year 4.](image-url)
How to Analyze Data and Identify Priorities
Using the Summary Tables

Group Work

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

   - Priorities among Supervision Areas for each indicator in a group of related indicators

   - Priorities within one Supervision Area among a group of related indicators

2. Report main findings to all workshop participants (10 minutes each)
## Baseline Survey Report Format

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>MAXIMUM PAGES (13, Exc. Appendix)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>1</td>
</tr>
<tr>
<td>Program Overview (locations, objectives, main activities, beneficiaries, etc.)</td>
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<tr>
<td>Purpose of Baseline Survey and Methodology</td>
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<tr>
<td>Main Findings: Priorities by Supervision Area and for the Program as a Whole</td>
<td>5</td>
</tr>
<tr>
<td>Action Plans and Goals/Coverage targets for Key Indicators</td>
<td>2</td>
</tr>
<tr>
<td>Conclusions and Recommendations</td>
<td>2</td>
</tr>
<tr>
<td>Appendix (Photocopy Summary Tabulation Tables)</td>
<td>1</td>
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</tbody>
</table>
Module Five
Session 3
Overhead 7

Methodology
(Illustrative of aspects that could be included)

➢ Training in LQAS (principles and concepts.)

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

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

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

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

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

➢ Hand tabulation using separate tables.
Main Findings

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

For example:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>Baseline Average Coverage</th>
<th>Projected Coverage target Year 1</th>
<th>Protected Coverage target Year 2</th>
<th>Protected Coverage target Year 3</th>
<th>End of Project Goal Year 4</th>
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</thead>
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</table>
**FOR MONITORING SURVEYS**

MODULE SIX

What do I do with the information I have collected during monitoring?

Session 1: Fieldwork Debriefing

Session 2: Tabulating Results  
*(handout)*

Session 3: Analyzing Results
Status Report on Data Collection
from the NGO or MOH Administrative Area:

NGO or MOH Administrative Area: _____________

Total Supervision Areas Included
in Baseline Survey = #_________

<table>
<thead>
<tr>
<th>SA Number or Name</th>
<th>No. of Questionnaires Completed</th>
<th>No. of Questionnaires Remaining (If Any)</th>
<th>No. of Questionnaires Brought To The Workshop</th>
<th>Plan to Finish Tabulation: Dates for Data Collection, Deadline for Completion</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>
## Result Tabulation Table for a Supervision Area: Baseline Survey and Regular Monitoring
### Females 15 – 49 Years

**Supervision Area:** ________________________  **Supervisor:** ________________________  **Date:** ______________

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

| # | Indicator                                                                 | Correct Response Key | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | Total Correct in SA | Total Sample Size (all '0's and '1's) |
|---|---------------------------------------------------------------------------|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|---|----|-------------------|-------------------------------------|
| 1 | Age of mother at first birth                                              | 20 – 35 Years         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |                |                                    |
| 2 | How long should a female wait after the birth of a child to have another? | 2 or more years       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |                |                                    |
| 3 | What can a female or male do to avoid pregnancy?                         | 3 or more of 1-10     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |                |                                    |

### Section 3: Family Planning

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

### Section 4: HIV/AIDS and Other Sexually Transmitted Infections

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

As you tabulate your questionnaire, use the following checklist.

➤ **Before You Begin:**

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

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

➤ **During Tabulation:**

1. Work in threes.

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

3. The second person looks at the answer on the questionnaire, determines if the answer is a “1” correct or a “0” incorrect. Mark an “S” for intentionally skipped questions that can not be judged as either correct or incorrect, and an “X” for questions that should have responses but the responses are missing. An “X” should be taken out of the denominator. An “S” should only be marked if the person should be taken out of the denominator. For example, if the question concerns a sick child but the respondent’s child has not been sick, then all the questions about the sickness would be marked as “S” since they are irrelevant for this respondent. However, in most cases a skipped question is equivalent to an automatic incorrect and should be coded as “0”. For example, if a respondent says they do
not know how to prepare ORS, then all subsequent questions related to ORS preparation would be automatically incorrect. Similarly, if a respondent does not have a vaccination card for their child, then all of the child’s vaccinations would be judged as “0”. On rare occasions it is an automatic correct and should be coded “1”.

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

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

➢ After Completing Each Column (all responses from one respondent):

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

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

EXAMPLE 1: Some questions are asked on mothers if their child has had diarrhea in the last 2-weeks. If they are not asked the question. These children are coded “S” because the question cannot be asked of them.
EXAMPLE 2: Some questions are not asked because the questions are automatically INCORRECT or 0. – If a women is asked if she has ever heard of HIV/AIDS, and responds “No”. That question is coded a 0 since it is not the desired response – it is incorrect. Any following question that asks questions about how HIV is transmitted or prevention of HIV transmission would be SKIPPED since they are automatically counted as INCORRECT since we know the person cannot know the correct response because she does not even know that HIV exists.

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

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

➤ After Completing a Tabulation Sheet:

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

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

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

- All questions should have a “0”, “1”, “S”, or “X.” If this is not the case, find out why, so you can make an entry in the space provided.
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<th>#</th>
<th>Indicator</th>
<th>Total Correct in Each SA/Decision Rule</th>
<th>Total Correct in Program</th>
<th>Sample Size</th>
<th>Total Sample Size in Program</th>
<th>Average Coverage = Total Correct Sample Size</th>
<th>Coverage Target</th>
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<td>Age of mother at first birth</td>
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<td>How long should a female wait after the birth of a child to have another?</td>
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<td>What can a female or male do to avoid pregnancy?</td>
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<td>Have you ever heard of an illness called HIV/AIDS?</td>
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<td>Is there anything a man can do to avoid getting HIV/AIDS?</td>
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<td>What can a man do to avoid getting HIV/AIDS?</td>
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<td>Is there anything a woman can do to avoid getting HIV/AIDS?</td>
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<td>What can a woman do to avoid getting HIV/AIDS?</td>
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MARK WITH A STAR (*) IF BELOW COVERAGE TARGET DECISION RULE
### LQAS Table: Decision Rules for Sample Sizes of 12-30 and Coverage Targets/Average of 10%-95%

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</table>

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

- shaded cells indicate where alpha or beta errors are ≥ 10%.
- hashed cells indicate where alpha or beta errors are > 15%.
Defining Program Goals and Annual Targets

BASELINE  →  Yr. 1  →  Yr. 2  →  Yr. 3  →  Yr. 4

10%  →  30%  →  50%  →  70%  →  80%

PROGRAM GOALS FROM BASELINE UNTIL YEAR 4 OF THE PROJECT

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

<table>
<thead>
<tr>
<th>SA Classification Results</th>
<th>Priority Status</th>
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<tbody>
<tr>
<td>Below the Coverage Target</td>
<td>Below Average</td>
</tr>
<tr>
<td></td>
<td>Highest</td>
</tr>
<tr>
<td>Below the Coverage Target</td>
<td>Not Below Average</td>
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<tr>
<td></td>
<td>Second Highest</td>
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<tr>
<td>Not Below the Coverage Target</td>
<td>Below Average</td>
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# Using LQAS to Assess One Indicator Over the Life of a Project

<table>
<thead>
<tr>
<th></th>
<th>BASELINE</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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<tbody>
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<td><strong>Target</strong></td>
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<td>60</td>
<td>75</td>
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<td><strong>Decision Rule</strong></td>
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<td>6*</td>
<td>7*</td>
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<td><strong>Average</strong></td>
<td>40.4%</td>
<td>43.0%</td>
<td>50.9%</td>
<td>66.7%</td>
<td>77.2%</td>
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</table>

Which SAs are below average?  
... and which have reached the coverage target?
Monitoring Targets and Average Coverage Over Time: In a Catchment Area

![Graph showing coverage proportion over time with target and random average lines.](#)
How to Analyze Data and Identify Priorities
Using the Summary Tables

Group Work

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

   - Priorities **among** Supervision Areas for each indicator in a group of related indicators
   - Priorities **within one** Supervision Area among a group of related indicators

2. Report main findings to all workshop participants (10 minutes each)
## Monitoring Survey Report Format

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>MAXIMUM PAGES (13, Exc. Appendix)</th>
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<tbody>
<tr>
<td>Summary</td>
<td>1</td>
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<tr>
<td>Program Overview (locations, objectives, main activities, beneficiaries, etc.)</td>
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<tr>
<td>Purpose of Monitoring Survey and Methodology</td>
<td>1</td>
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<tr>
<td>Main Findings: Accomplishments, Priorities by Supervision Area and for the Program as a Whole</td>
<td>5</td>
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<tr>
<td>Action Plans and Goals/Coverage targets for Key Indicators</td>
<td>2</td>
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<tr>
<td>Conclusions and Recommendations</td>
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<tr>
<td>Appendix (Photocopy Summary Tabulation Tables)</td>
<td>1</td>
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</table>
Methodology
(Illustrative of aspects that could be included)

➢ Training in LQAS (principles and concepts.)

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

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

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

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

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

➢ Hand tabulation using separate tables.
Main Findings

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

For example:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>Baseline Average Coverage</th>
<th>Projected Coverage target Year 1</th>
<th>Protected Coverage target Year 2</th>
<th>Protected Coverage target Year 3</th>
<th>End of Project Goal Year 4</th>
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