Reproductive Health Assessment Toolkit for Conflict-Affected Women

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Democratic Republic of Congo (DRC): Care International–DRC; CDC Global AIDS Program–DRC; CDC Global AIDS Program Atlanta, Georgia; CDC International Emergency and Refugee Health Branch; DRC Ministry of Health; and the Kinshasa School of Public Health

Colombia: PROSER

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TABLE OF CONTENTS

CHAPTER 1
Introduction

The Division of Reproductive Health (DRH) at the Centers for Disease Control and Prevention (CDC), US Department of Health and Human Services (DHHS), officially began a refugee program in 1998 and has since increased the program's focus on refugee reproductive health. DRH defines refugees and internally displaced persons (IDPs) as all populations affected by conflict, including those in the emergency phase, those in post-emergency camps, those returning to their countries of origin, and those who have integrated into the local host community. This broad definition allows public health officers to follow health issues throughout the refugee experience–from the emergency setting to that of viable communities.

An important goal for DRH is to design and implement epidemiologic investigations to evaluate the reproductive health status of women affected by conflict and to provide information about reproductive health services. The Reproductive Health Assessment Toolkit for Conflict-Affected Women was developed to meet this goal. The Toolkit provides a quantitative survey instrument, sampling instructions, a training manual, a data entry program, a list of key indicators, data analysis tables, suggestions for data use, and additional resources that will enable field agencies to assess the reproductive health needs of conflict-affected women. Survey results can guide field agencies in selecting, promoting, and enhancing programs and services to improve the reproductive health of their target populations. This Toolkit has been deemed public health practice by the CDC because it can identify reproductive health problems, needs, or gaps among conflict-affected women and then be used to inform programs and services.

Purpose

The Reproductive Health Assessment Toolkit for Conflict-Affected Women can be used to quantitatively assess reproductive health risks, services, and outcomes in conflict-affected women between 15 and 49 years of age. Survey data can be used to compare a population across points in time or to make comparisons across populations. The Toolkit offers many specific benefits:

- It provides data to inform program planning, monitoring, evaluation, and advocacy.
- It is designed for mid-level field staff with limited survey skills.
- The methodology has been tested among conflict-affected women in multiple sites.
- It provides public-domain software (CSPro) that is pre-programmed for data entry.
- It provides pre-programmed key indicators and data analysis tables as well as guidance on how to use the data.
- Users can obtain preliminary results (through tabulation of frequencies in CSPro) as soon as data entry is complete.
- Data collection and analysis costs are reduced because external assistance is not required.
- It builds capacity of staff in conducting a survey and using the data for program planning.
- The data can be compared across countries and other conflict-affected populations.
- It covers a broad range of reproductive health issues and emphasizes the reproductive health needs of conflict-affected women.
- Toolkit users can obtain technical assistance from CDC via telephone, email, or fax.

By providing necessary tools to collect reproductive health data, the Toolkit can play a very important role in the overall process of improving the reproductive health of women affected by conflict. However, Toolkit users are responsible for using the collected information to identify and prioritize reproductive health needs, translate priorities into programmatic responses, evaluate programs, systems, and policies, and disseminate results. In addition, users bear the responsibility of addressing sociopolitical factors as well as individual factors that influence their target populations.

Topics included in the questionnaire

Survey questions have been adapted from the World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence Against Women,[1] the CDC Reproductive Health Survey (RHS),[2] the Demographic and Health Survey (DHS),[3] the Reproductive Health Response in Conflict (RHRC) Consortium Gender-based Violence Tools Manual,[4] and the Behavioral Surveillance Survey for the Great Lakes Initiative Against AIDS (GLIA).[5] The questionnaire covers the following topics:

- Section 1: Background characteristics
- Section 2: Safe motherhood
- Section 3: Family planning
- Section 4: Marriage and live-in partnerships
- Section 5: Sexual history: numbers and types of partners and condom use
- Section 6: Sexually transmitted infections (STIs)
- Section 7: Knowledge, opinions, and attitudes regarding HIV/AIDS
- Section 8: Gender-based violence (GBV)*
- Section 9: Female genital cutting (FGC)†
- Section 10: Emotional health‡

*Because of the sensitive nature of the gender-based violence questions and the potential trauma involved in recounting violent events, this module should not be undertaken unless there are at least minimal referral services available to participants.

†This module may be deleted if FGC is not practiced among the population being interviewed.

‡Users with crucial questions that are not already covered in the questionnaire may add them in Section 10. However, technical assistance from DRH is required in doing so.

Target users

The Toolkit is intended for organizations such as government, non-governmental, and United Nations agencies that provide or are interested in providing reproductive health services to conflict-affected women. Independent research consultants and field staff who use this Toolkit will need some survey skills, but the Toolkit is designed to be used by those with limited survey expertise.

Required resources

- Survey staff
- Pentium processor-equipped computer for data entry, cleaning, and write-up of findings. The computer should have a minimum of 256 MB of memory and Windows 98SE, ME, NT 4.0, 2000 or XP
- Internet access (for downloading CSPro and accessing technical assistance via email)
- SPSS or Excel software for data cleaning
- Locked storage cabinet for the completed questionnaires
- Access to photocopy machine
- Thank-you gifts for participants (optional)
- Vehicle (if needed)

Technical assistance

The Division of Reproductive Health (DRH) at CDC is available for remote technical assistance via telephone, email, or fax. Topic areas where DRH can provide technical assistance include:

- Inclusion or exclusion of a module (e.g., GBV, FGC)
- Inclusion of crucial questions that are not provided in the Toolkit questionnaire
- Survey logistics
- Interviewer training
- Budget issues
- Sampling issues and questions (e.g., oversample pregnant women)
- Data entry and analysis
- Report writing

To contact DRH for technical assistance, please call, email, or fax:

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Fax: +1 770 488 6291

Email: Rconflicttoolkit@cdc.gov

CHAPTER 2
Planning Checklist

A well-devised plan is needed to ensure successful implementation of the Toolkit. The planning process should be initiated prior to securing funding. The amount of time required for the planning process will vary based on your organization's existing infrastructure and resources. Consider this checklist a model that can be adapted as necessary to meet your specific needs and situation. You can also change the sequence of activities as needed. For example, you could conduct field-level planning before initiating national-level planning.

Part I. National-level planning

A. Select a site to conduct survey. Criteria for selection include:

- Availability of a reasonable estimate of population size
- A stable, post-emergency population with no major influx or outflow of people
- Availability of basic reproductive health services

B. Engage national-level stakeholders.

- Engage potential stakeholders, such as:
  - National government agencies responsible for refugees
  - Ministries of Health
  - United Nations High Commissioner for Refugees
  - Other non-governmental organizations working with the population of interest
- Establish how involved each of these organizations will be.
- Inform them of the purpose and scope of the assessment.

C. Develop budget and timeline.

- Develop budget using the template in Appendix A. This will determine the financial scope of the survey.
- Develop project timeline, which should include activities such as preparation of questionnaire, hiring and training survey team, data collection, data cleaning, analysis, report writing, and dissemination of findings.
- Secure funding.

D. Prepare locator form and questionnaire.

- Modify country-specific responses on questionnaire. This may require technical assistance from DRH.
- Modify country-specific fields on the locator form.
- Translate locator form and questionnaire into the local language, using translators who are able to read and write both English and the local language.
- Back-translate forms into English to ensure they were translated correctly.
- Revise translated forms as needed. (This normally occurs during training and the pilot test, with input from the survey team.)
- Finalize standard local-language version of the locator form and questionnaire.

Part II. Field-level planning

A. Meet with camp coordinators or local officials.

- Inform them of the purpose and scope of the survey and obtain buy-in.
- Obtain information regarding the camp or community, such as population size, organization, and other contextual issues that may affect survey implementation.
- Request to meet with community leadership to identify potential survey team members.
- Identify potential training and interview sites and necessary materials, such as tables and chairs.
- Meet with key community stakeholders to learn about needs and services of the population. Examples of key stakeholders include community leadership, health center directors, food distribution coordinators, reproductive health and HIV/AIDS project coordinators, and other NGO representatives.

- Establish a resource list of referral services (e.g., social workers, health care services) that will be available to participants.
- If applicable, establish roles and responsibilities of stakeholders. You may also be able to recruit trainers and supervisors from among the key stakeholders you have identified.
- Determine availability of household lists from stakeholders that could be used in sampling.

B. Determine which sampling method you will use. (See Chapter 3, Sampling Instructions, for more information on sampling.)

- Define geographic bounds of area to be surveyed.
- Obtain or create a map of area to be surveyed.
- Determine what sampling method you will use (random vs. cluster).
- Use the selected sampling method to develop a list of households that will be surveyed.

C. Determine staffing needs.

- Identify trainer(s). Having two trainers is ideal, as the locators will be trained separately from supervisors and interviewers. Trainers can also serve as supervisors during data collection.
- Determine the number of interviewers needed using the following method:
  - What is your sample size (the number of people that will be interviewed)? Refer to the sampling strategy to determine this number. _____ (sample size)
  - Divide the sample size by the number of days you have allotted for data collection. This will give you the number of interviews that need to be conducted in one day. _____ (number of interviews collected per day)
  - Divide the number of interviews collected per day by the number of interviews that can be completed by one interviewer in one day. In previous surveys, interviews averaged about 1 hour per interview, and 5 interviews were conducted per interviewer per day. Consider the advantages of fewer versus more interviewers to meet your desired project timeline (Table 2.1). _____ (number of interviewers needed)

Table 2.1: Advantages of having fewer or more interviewers.

Fewer interviewers:	More interviewers:
It will be easier to find a sufficient number of competent interviewers.	More people will be trained in survey methods.
Fewer people will need to be trained.	More people will obtain field experience.
Better coordination between interviewers can be achieved.	It will foster broad participation and involvement of more organizations.
Fewer vehicles and less equipment will be needed.	Data collection will be completed in less time.

- Determine number of locators needed. Previous surveys used a ratio of 1 locator per 2 to 3 interviewers. For example, if there are 10 interviewers, then 3 to 5 locators would be needed. _____ (number of locators needed)
- Determine number of supervisors needed, based on number of survey teams. Previous surveys used a ratio of 1 supervisor per 5 to 8 interviewers. _____ (number of supervisors needed)
- Determine number of data entry staff needed. Previous surveys required 1 to 2 data entry staff. _____ (number of data entry staff needed)
- Determine how data analysis will be conducted. Options include pre-programmed analyses, site-specific programming, or submission of cleaned data to CDC for analysis. If you are going to perform your own data analysis, then you will need staff with appropriate skills. _____ (number of data analysis staff needed, optional)
- Determine additional staffing needs, such as support staff listed in Table 2.2. _____

_____

D. Plan and conduct interviews with potential survey team members.

- Obtain supplies for meeting, such as pens, pencils, and paper.
- Develop standard interview questions to test ability of survey team applicants. Questions could focus on the qualifications and responsibilities described in Table 2.2.
- Explain roles and responsibilities of team members (from Table 2.2) to applicants.
- Conduct interviews with survey team applicants.
- Select and hire team members. You may need to re-assign or release individuals during training. We recommend that you train a few more people than what you estimate you will need.

Table 2.2: Titles, qualifications, and responsibilities of survey team members.

Title	Qualifications	Responsibilities
Trainers	• Female or male (female preferred) • Health knowledge or experience • Able to conduct interviewer and locator training • Training experience (preferred)	• Modifying training manual as needed • Preparing location for training • Obtaining training supplies and make photocopies of handouts and materials • May assist with report writing • May also serve as a supervisor during data collection
Supervisors	• Female or male (female preferred) • Able to read and write in local language • Able to gain strong familiarity with survey • Previous survey experience (preferred) • Health knowledge or experience (preferred)	• Reviewing completed questionnaires to ensure completeness, accuracy, and logic of survey responses • Responding to difficult situations, filing Incident Reports, etc. • May assist with report writing • Could also serve as a trainer during training
Interviewers	• Female • Able to read and write in local language • Age is within respondents' age range • Representative of ethnic groups of respondents	• Administering surveys and recording responses • Providing information on referral services, if needed • Protecting privacy and confidentiality of respondents
Locators	• Male or female • Able to read and write in local language • Familiar with local area • Respected community member	• Locating respondent households • Explaining general purpose of survey • Selecting one respondent from all eligible women in selected household • Obtaining verbal consent from respondents • Sending selected respondents to interview location
Translators	• Male or female • Able to read and write in local language and language of survey team supervisor	• Translating interviewer and locator training materials • Translating English language questionnaire to local language version • Back-translating from local language version to English language to check accuracy (A different translator should perform the back-translation.)
Interpreters	• Male or female • Able to speak both local language and language of supervisor	• Assisting in communication between supervisor and team members during training and data collection • Could also serve as a translator
Data entry staff	• Male or female • Experience in the specific job responsibilities (preferred)	• Entering the completed questionnaires into the pre-programmed CSPro data entry program
Support staff	• Male or female • Experience in the specific job responsibilities (preferred)	• Data analysts (optional): analyzing the data based on the tables and guidelines provided in the Toolkit, using software such as CSPro, Epi Info, SAS, STATA, or SPSS • Driver(s) (optional): transporting survey team(s) to the central interview location, bringing selected participants to the interview location, and providing logistical support as needed • Financial officer (optional): tracking expenses and overseeing the budget

Part III: Training

- Modify training manual to fit needs.
- Secure a location for training. Ensure tables and chairs are available.
- Obtain supplies for training, including:
  - name tags or tents
  - refreshments or meals
  - pens, pencils, and paper
- Make copies of training handouts, including locator form and questionnaire, for participants.

Part IV: Data collection

- Make a sufficient number of copies (based on your sample size) of the locator form and questionnaire.
- Provide a list of selected households and a map of the area to locators, drivers, and/or interviewers.
- Make copies of resource list, to be distributed to all participants.
- Equip interview room with adequate seating and provide seating for women waiting to be interviewed. If possible, arrange room to provide privacy for each interview. Provide a space with a chair for supervisor to check completed questionnaires.
- Determine number of cars and drivers needed to transport survey team members or respondents to interview site.
- Estimate amount of water and other refreshments needed for team members and participants.
- Provide extra paper, pencils, or erasers.
- Obtain thank-you gifts for participants (if providing).
- Provide a secure location to store completed questionnaires.

Part V: Data entry and analysis

- Determine number of computers needed to conduct data entry and analysis.
- Install CSPro computer program for data entry.
- Develop a schedule to ensure that data is backed up on a routine basis.
- Provide a locked cabinet on-site to secure completed questionnaires when not in use.

Part VI: Report preparation, dissemination, and translation of data to action

- Determine number of copies of reports needed and how they will be printed.
- Develop a dissemination plan for findings. The plan should identify the target audience and dissemination methods. Potential audiences include stakeholders at the national and local level, media, and your survey team.
- Determine how you will present findings back to the community that was surveyed. Community meetings are one possible venue. Refugee or local leadership may be able to assist you in presenting findings.
- Engage stakeholders to determine next steps and discuss priority needs, based on findings.
- Review Chapter 6, Suggestions for Data Use, to create a data to action plan.

CHAPTER 3
Sampling Instructions

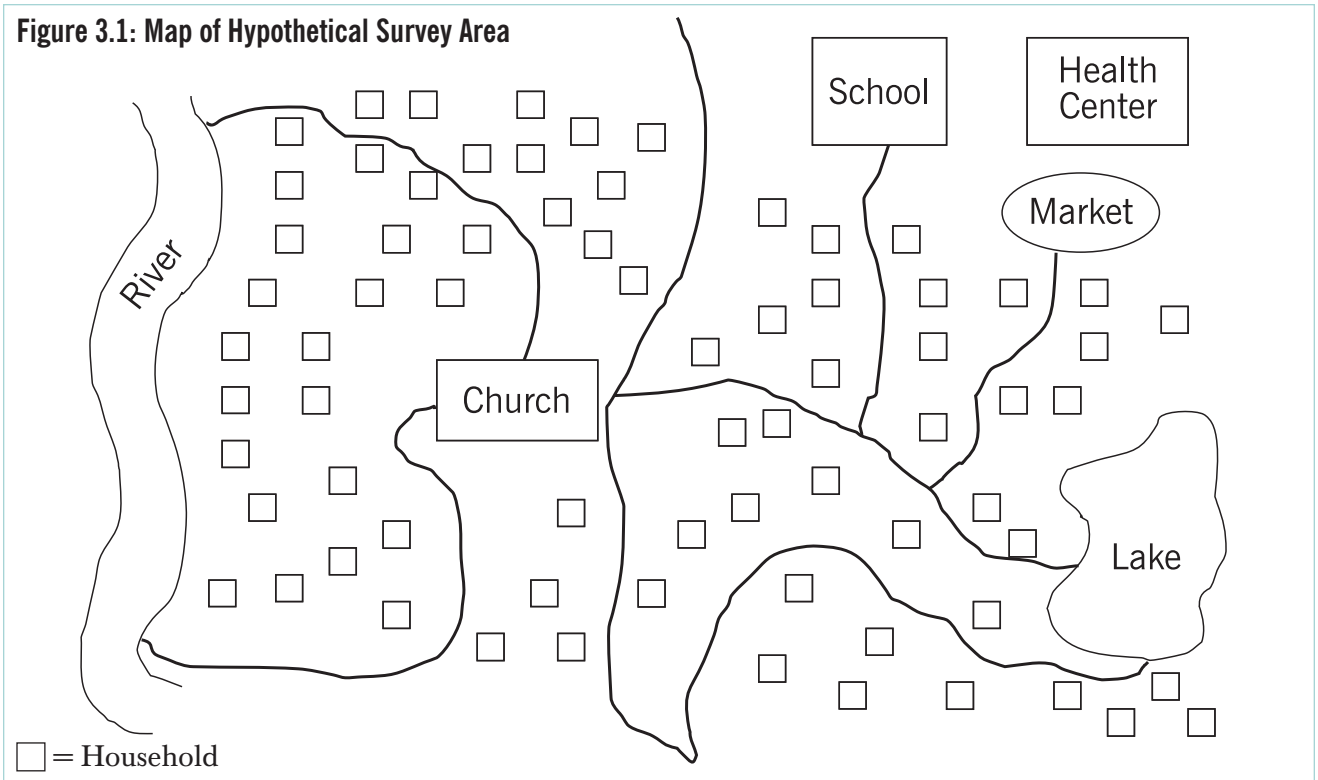
The two sampling methods described in this chapter are appropriate for a service organization that wants to collect information from women of reproductive age living in a defined geographic area. Thus, the geographic bounds of the survey area will need to be clearly identified. Normally, the area of interest is the area served by the organization and where programs and services for women and their families will be developed or improved. This is also sometimes called the "catchment" area. Some examples of catchment areas include a camp of refugees, internally displaced persons, or returnees; a group of camps; or villages or towns where displaced populations are living among local populations. In preparation for sampling, obtain or create a map that represents the geographic area to be surveyed. An example of a map of a hypothetical survey area is below (Figure 3.1).

Sampling is needed when it is not feasible to interview every household with a woman of reproductive age in the catchment area in a timely fashion. Sampling means that only some of the households in the catchment area are selected for the survey. Selected households are meant to be representative of all eligible households in the area. The concept of "representativeness" means that the selected sample of households reasonably represents the entire group. In addition, each household must have an equal chance of being selected to participate in the survey.

To accomplish this, households can be sampled using one of two suggested sampling methods: random sampling or cluster sampling. Both methods have specific requirements and each have their own advantages and disadvantages, which are discussed. The user must weigh these factors when deciding which sampling strategy to use.

These sampling instructions may be adapted to your setting and needs. Sampling plans must be developed by the study coordinator prior to carrying out the field work. Because sound sampling methods are essential to obtaining representative data from your population, DRH will review your sampling plan, if requested, before you begin data collection. DRH can also assist you in adapting the instructions, if necessary. Refer to Chapter 2, Planning Checklist, for the logistical steps of the sampling process.

Figure 3.1: Map of Hypothetical Survey Area



Random Sampling

Random sampling requires household lists that contain the minimum elements described in Step 1. Though random sampling may provide more precise estimates than other sampling methodologies, it may be more difficult to implement in some situations. For example, if the area of interest covers a large geographic area, then survey teams will be required to travel greater distances to reach the selected households. This would require additional resources for staffing or fuel and may prolong the data collection period.

For random sampling, households are randomly selected, and then one woman of reproductive age is randomly selected from each household. This is called "two-stage random sampling." In general for random sampling, you will need to have completed interviews for at least 400 women of reproductive age. By following these sampling instructions, you will meet DRH's standards of point estimates within +/- 5% of the true population prevalence, with 95% confidence. We made the following assumptions when estimating needed sample size:

- We estimate a prevalence rate of 50%, the most conservative estimate, for all reproductive health outcomes.
- We want a 95% confidence interval ± 5.0 percentage points (based on exact binomial confidence intervals).
- We estimate a response rate of 80%, in which case 500 households must be contacted to obtain 400 completed interviews. Please note that this estimate is based on household lists where only households with women of reproductive age are identified. If women of reproductive age can not be identified before the sampling, the response rate would need to be adjusted to account for sampled households without women of reproductive age.

To conduct random sampling, you must work through the steps in Box 3.1.

Box 3.1: Random sampling steps

Step 1: Obtain household lists.

Step 2: Select the households to be sampled.

Step 3: Select one woman of reproductive age within each selected household to be surveyed.

Step 1: Obtain household lists.

Household lists may be available from registration files, census lists, ration card lists, community leaders, and other sources. The term "household" should be clearly defined and understood by all members of the survey team and should match how household is defined in the lists used for the survey. Household lists should have the following minimum elements:

- Total population
- Total number of households
- Breakdown of households by categories (camp, neighborhood blocks, etc.), if needed for stratification

Household lists may need to be updated (e.g., recording who has moved in and out of the community since the lists were created) to ensure reasonable accuracy and to eliminate ineligible households. Community leaders, community health workers, and traditional birth attendants are all examples of people in the community who may be able to help you update household lists. In some instances, lists will have detailed information that will allow you to eliminate some households before selection of your sample. For example, if the age and sex of all residents of the household is provided, you should eliminate all households with no women of reproductive age or male-only households.

Step 2: Select the households to be sampled.

Once the household lists are obtained and updated (if necessary), you are ready to randomly select the households to be surveyed. You will need to assign a number in consecutive order to each household on the lists for the selection process.

Step 2a: Stratifying the sample

To ensure the sample of households is more representative, you can stratify your sample by dividing the sample into groups, such as ethnic groups or zones (camps or villages). Stratification reduces the risk of drawing an extreme sample that is unrepresentative of the population. For example, if there are two major ethnic populations in your camp, you may want to stratify by ethnicity, provided that your household lists include information on ethnicity. This will ensure that you have enough participants from each ethnic group in your sample to make valid comparisons. If you do not plan to stratify your sample, you can skip the rest of Step 2a and go to Step 2b.

After stratifying your sample, you can either continue to number households consecutively or restart the numbering for each group. Next, you will need to determine how many households to sample from each group. To do so, you will need to create a table similar to Table 3.1. The first column of the sample size table is filled in according to your stratification groups. For example, if you are surveying a series of camps, column 1 will list each camp. If you are sampling from one large community, column 1 will list the different neighborhoods or zones in the community. If you are stratifying by ethnic groups, column 1 would list those groups. For the following example, we will be looking at a geographic area consisting of refugees in different zones (Zone 1, Zone 2, etc.).

The second column lists the number of households within each stratification group (in this example, the number of households within each zone are listed). This number is obtained from the household list. The third column, "household proportion," is calculated by dividing the number of households in each zone by the total sample size. The fourth column, "sample size," is calculated by multiplying the third column by the total survey sample size to get the sample size for each zone. Box 3.2 provides an example of how to calculate the numbers in each column.

Table 3.1: Sample size selection of eligible households by zone for random sampling.

Zone (Camp, neighborhood, village, etc. . .)	**Households**	**Household proportion**	**Sample size**
Zone 1	228	15.06%	75
Zone 2	344	22.72%	114
Zone 3	223	14.73%	74
Zone 4	314	20.74%	104
Zone 5	405	26.75%	134
Total	1514	100.00%	501*

* Total may be higher due to rounding

Box 3.2: Example for calculating sample size for Zone 1.

Refer to Table 3.1 to work through this exercise. In this example, there are 228 eligible households in Zone 1.

Calculation 1: 228 eligible households in Zone 1 divided by 1514 total households = 15.06% of all households.

Calculation 2: 15.06% household proportion multiplied by 500 total sample = sample size of 75.3 rounded to 75 women to be interviewed for Zone 1.

- Therefore, we will randomly select 75 of the possible 228 households in Zone 1.

Step 2b: Randomly select households

Once you have determined how many households you need from each area, use a computer program or a random numbers table to select which households will be sampled for the survey. Several computer applications, such as Excel, Access, SAS, and CSPro, can generate random numbers. If you are familiar with these programs, you can generate numbers electronically rather than using the random numbers table. The random numbers table and instructions on how to use it can be found in Appendix B.

Step 3: Select one woman of reproductive age within each selected household to be surveyed.

Once the households have been randomly selected, locators will be responsible for going to each selected household and randomly selecting one respondent from all women of reproductive age that live in that household. The selection of women at the household level is described in detail in the training manual in Module 8: Locator Training–Use of Forms.

Cluster Sampling

The cluster sampling method has been used widely in developing countries to assess health measures. Cluster sampling is usually selected over (the more statistically precise) random sampling when the geographic area is large, and it will be too difficult, costly, and/or lengthy to cover the entire area with random sampling. This method is also appropriate in cases where household lists are not available or do not meet the criteria needed for random sampling. Cluster sampling can help save time and resources as you need only to create a list of households in the selected clusters rather than for all households in the entire population. However, one disadvantage of cluster sampling is that households in clusters (e.g., neighborhoods, blocks) may share similar characteristics (e.g., income, education, ethnicity). For this reason, the information collected from clusters can be more homogenous than information collected from a random sampling throughout the catchment area, and the sample may not be as representative of the entire population as a sample selected using random sampling.

Because cluster sampling is less precise than random sampling, we must obtain a larger sample size. For cluster sampling, we estimate you will need to have completed interviews from at least 500 women of reproductive age. We anticipate a response rate of 80%, in which case 625 households must be contacted to obtain 500 completed interviews. For cluster sampling, we can not guarantee any precision of the data collected. The sample size is only an estimate, and the true sample size depends upon how different the clusters are from each other, which usually cannot be determined until after data collection is completed.

The cluster survey method in this Toolkit has been designed based on a scientific paper by Steve Bennett and colleagues[6].

Cluster sampling involves a multi-step process. First, you must select which clusters to survey. Second, within each of the selected clusters, you must select which households to survey. Then one woman of reproductive age is randomly selected from each household. To conduct cluster sampling, you must work through the steps listed in Box 3.3.

Box 3.3: Cluster sampling steps

Step 1: Define clusters within the geographic boundaries.

Step 2: Determine the number of households within each cluster.

Step 3: Select the clusters to be sampled.

Step 4: Select the households within each cluster to be sampled.

Step 5: Select one woman of reproductive age within each selected household to be surveyed.

Step 1: Define clusters within the geographic boundaries.

This step involves identifying natural groupings of populations, such as camps, villages, neighborhoods, districts, city blocks, or other communities, within the geographic area selected for the survey. When defining groupings, ensure that they do not overlap. These natural groupings will serve as the basis to form clusters. Clusters may vary in size, but each must contain enough households so that the number of eligible households within each cluster can be interviewed. If clusters are too small (i.e., fewer than 25 households), then you must combine them with other neighboring clusters. There is no upper limit on how many households each cluster can contain. We have determined that at least 25 clusters with at least 25 households each are needed for our survey. If you have fewer than 25 clusters, seek technical assistance from DRH to determine the best way to gather information for your population.

Using the map that you created for defining the geographic bounds of your survey area, identify each grouping of households that will serve as a cluster. For example, if refugee tents are organized by blocks, then these blocks may be used to define the clusters.

Step 2: Determine the number of households within each cluster.

For each of the clusters, you must know the total number of households. If you have a listing of households, total up the number of households per cluster. If you do not have a listing of all the households, then the total number can be estimated from the total population and the average size of each household. Divide the total population by the average size of households to estimate the number of households, as follows:

Total population ÷ average size of households = total number of households

For example, if a camp has an approximate population of 5000 people, and the average size of each household is about 5 people, then there are about 1000 households in this camp.

Step 3: Select the clusters to be sampled.

Before you select the clusters, you must determine what your sample size will be, since you will only be surveying a randomly selected sample of the clusters. It is important to determine the right number of clusters and households within those clusters so that the information you collect will accurately represent the entire population and provide the level of accuracy you wish to obtain. As previously mentioned, we have concluded that in most cases, 25 clusters of 25 households each is an appropriate sample size for this survey.

To select the clusters to be surveyed, you will be using a method for sampling called probability proportional to size. This means that a cluster with more households will have a greater chance of being picked for the sample than a cluster with fewer households. This will help assure that the sample is representative. To choose the 25 clusters, refer to the map of your geographic area and clusters within that area. You will be randomly selecting 25 clusters out of all possible clusters within the survey area.

First, create a table of possible clusters in your area. List the clusters in the first column and their estimated number of households in the second column. The list should include communities that are not on official lists (new settlements, refugee camps, etc.). In the third column, which lists the cumulative number of households, add each number of households per community as you go down the list.

Table 3.2 is an example of a cluster list created to facilitate the sampling. This list represents a geographic area with 30 clusters from which you would pick 25. The clusters vary in number of households:

Table 3.2: Number of households per cluster.

Cluster #	Number of households in cluster	Cumulative number of households
1	28	28
2	32	60 (28+32)
3	65	125 (60+65)
4	48	173 (and so forth…)
5	25	198
6	29	227
7	37	264
8	34	298
9	29	327
10	27	354
11	25	379
12	30	409
13	29	438
14	32	470
15	40	510
16	33	543
17	28	571
18	31	602
19	25	627
20	27	654
21	25	679
22	31	710
23	27	737
24	31	768
25	44	812
26	28	840
27	39	879
28	26	905
29	34	939
30	31	970

To select 25 clusters, divide the total number of households in all clusters by 25. This will be the sampling interval:

Cumulative number of households ÷ 25 (the number of clusters to be selected) = sampling interval

From the random number table provided in Appendix B, choose a random number between 1 and your sampling interval, following the directions in Appendix B.

To select the first cluster, refer to the table you created of the number of households per cluster and look to see where this number falls within your cumulative number column. The cluster selected is where the number falls.

To select the second cluster, add the sampling interval to your original random number, and determine where this number falls within your cumulative number column. The second cluster selected is where the number falls.

Continue adding the sampling interval to the number that identified the previous cluster, and choose clusters until you have identified all 25 needed. Because we are using probability proportional to size, it is possible that the same cluster will be selected more than once. Each time a cluster is chosen, it counts as 1 cluster. If a cluster is chosen twice, then 50 (2 x 25) households will be selected. Box 3.4 provides an example of how to select clusters.

Box 3.4: Example of calculating sampling interval and selecting clusters.

Use Table 3.2 to work through this exercise.

Calculate sampling interval: 970 cumulative number of households ÷ 25 clusters = 38.8, rounded to 39. Thus, 39 is our sampling interval.

Select first cluster: Using the random numbers table, let's say you randomly selected 29. Look to see where this number falls within your cumulative number column. 29 falls between 28 and 60, so you would choose cluster #2 as your first sampled cluster.

Select second cluster: To choose the second cluster, add the sampling interval (39) to your original random number (29), and the sum of 39 + 29 equals 68. Again, find where this number lies in the cumulative number column (in this case, 68 falls between 61 and 125, so you would choose cluster #3 as your second sampled cluster.

Select third cluster: To choose the third cluster, add the sampling interval (39) to the number that identified your previous cluster (68), and the sum of 39 + 68 equals 107. Again, find where this number lies in the cumulative number column (in this case, 107 falls between 61 and 125, so you would choose cluster #3 as your third sampled cluster. Because cluster #3 has now been selected twice, you will select a total of 50 households (2 x 25 households) out of cluster #3's 65 households.

You would then continue this process until you have selected all 25 clusters.

Step 4: Select the households within each cluster to be sampled.

Once you have selected the clusters, randomly select households within the selected clusters. You will need some way of identifying the individual households in the selected clusters. If household lists are not available, you can easily and quickly develop a basic list of all the households in the cluster. Often, people familiar with the area, such as community leaders or health workers, can help you develop a list of households.

Once this is done, assign each household a number and then choose your 25 households per cluster using a computer program or the random numbers table (Appendix B).

Step 5: Select one woman of reproductive age within each selected household to be surveyed.

Once the clusters and their households have been randomly selected, the locators will be responsible for going to every selected household in that cluster and randomly selecting one respondent from all women of reproductive age who live in that household. The selection of women at the household level is described in detail in the training manual in Module 8: Locator Training–Use of Forms.

CHAPTER 4
Training Manual

This training manual is used to train the entire survey team. As the trainer, you should familiarize yourself with all contents of the training manual. The training agenda provides estimated times to complete the 15 modules in the training manual. Each module specifies participants, estimated time needed to complete the module, goals of the module, a list of training handouts (Appendix C), and in-class activities.

The training manual provides guidance and suggestions for training, but as the trainer, you may need to make modifications based on your specific situation. Space is provided in the manual for taking notes, such as plans for customizing the module or a list of items that are missing. Some training modules cover the use of forms; the actual forms needed in order to conduct the survey are included in the appendices.

The suggested time needed to accomplish each module, listed in the training agenda, is only an estimate. The actual number of training hours required will vary depending on factors such as the number of people in training and how quickly they master the skills. The number of days required to accomplish the training will depend on factors such as how many hours per day people can concentrate on learning new things, the amount of time taken for breaks and meals, and the time of day when the pilot test will be most efficient, according to when it is likely that eligible women will be available for interviews The estimated overall time needed for training will be approximately 10 days for the supervisors and interview team(s), 3 days for the locator team(s), and 1/2 day for the data entry staff.

IMPORTANT: Because of the sensitive nature of the questions and the difficulty in obtaining privacy at a participant's home, it is strongly recommended that your teams conduct interviews at a central location (outside the participant's home), where the questionnaire can be administered in a private area. If it is not possible to conduct the interviews in a central location, interviewers will need to try to find a private area in the house to conduct the interview and ask the other household or family members to respect the participant's privacy. It may be necessary to pause several times throughout the interview to ensure the privacy of the participant's responses.

Training the Survey Team

The goal of this training is to provide information, examples, and practice opportunities to the survey team so that they can do their jobs well. The team will need sufficient time to practice to ensure that they collect quality information. Adjustments should be made during training if needed to ensure that every member of the team can perfectly understand the questionnaire and survey procedures.

The survey requires a field team of interviewers, locators who are responsible for selecting women at the household and sending them to the interview location, and team supervisors. Although interviewers, locators, and supervisors have different tasks during the survey process, all are responsible for protecting the rights and privacy of the participants. All field team trainees should be together during the training sessions covering Modules 1-3 so that everyone has a clear understanding of the overall purpose of the survey and their respective roles and responsibilities. Interviewers and supervisors will then continue on with the training together, while locators can split into a separate training group to learn their specific tasks.

The data entry staff will be responsible for timely and accurate entry of the questionnaires as they are completed and returned from the field. The training for data entry staff should take place after the field team training is completed. The questionnaires collected from the practice interviews and pilot testing can then be used for data entry training.

Re-assigning trainees

You may find in the course of the training that some trainees are not able to develop the skills needed to adequately conduct the survey. In this case, it is important that you re-assign or release them and not risk compromising the quality of data collection. To allow for this possibility, we recommend that you train a few more people

than you will ultimately need. It should be made clear from the first day of training that trainees are required to demonstrate a certain level of competency in order to be hired. If possible, offer a different task or project when trainees fail to meet competency requirements.

Preparation for training

Chapter 2, Planning Checklist, has been provided to help you organize the administrative details needed before training and data collection begins. You may need to modify the list according to your specific situation. There is also a table outlining the criteria and responsibilities of each member of the survey team which may be helpful to you as you hire your survey team. In addition, Chapter 3, Sampling Instructions, will help determine which sampling method is best for your situation. Finally, you will need to develop and distribute to team members a resource list containing contact information for local referral services available to survey participants.

TRAINING AGENDA

Below are estimated times to complete each training module. These estimates are based on pilot-testing of the Toolkit and assume an 8-hour work day. As the trainer, you may need to adjust the estimates to fit your specific situation.

SURVEY TEAM:	Estimated Time to Accomplish

Module 1: Administrative Arrangements . . . . . **2 hours**

- Introductions
- Administrative details
- Identify questions to be answered during the training

Module 2: Introduction to the Survey . . . . . **2 hours**

- Introduction to the survey and its purpose
- Issues of reproductive health covered in survey
- Reproductive health terminology

Module 3: Defining the Roles and Responsibilities of Survey Team . . . . . **3 hours**

- Responsibilities of each team member
- Rights of participants and confidentiality
- Safety and emergency procedures

Module 4: Understanding the Survey and Survey Questions . . . . . **24 hours**

- Questionnaire administration process description
- Question-by-question explanation and discussion

Module 5: Interviewing Techniques and Initiating the Interview . . . . . **4 hours**

- Guiding principles for interviewers
- Tips for good interviewing
- Practice through role-playing

Module 6: Practice Interviews with Role Playing . . . . . **36 hours**

- Practice interviewing
- Practice recording responses

Module 7: Locator Training—Overview of Process . . . . . **2 hours**

- Administrative details
- Review of Locator Form
- Identify questions to be answered during training

Module 8: Locator Training—Use of Forms . . . . . **5 hours**

- Review of Locator Form in detail
- Practice in filling out each section of the form

SURVEY TEAM:	Estimated Time to Accomplish

Module 9: Locator Training— Role Playing . . . . . **8 hours**

- Practice in introductions at households
- Practice in random selection of woman
- Practice in obtaining consent
- Practice in filling out visit record box

Module 10: Supervisor Training— Household Selection Process . . . . . **8 hours**

- Familiarization with sampling method to be used (random or cluster)
- Training on how to identify households for survey
- Training on how to review questionnaires for logic and completeness

Module 11: Practice Interviews in the Community . . . . . **8 hours**

- Provides interviewers, supervisors, and locators real-life experience in administering the survey

Module 12: Review of Survey Schedule . . . . . **3 hours**

- Review logistics of how the interview teams will conduct the survey

DATA ENTRY:	Estimated Time to Accomplish

Module 13: Data Entry—Administrative Arrangements . . . . . **.0.5 hours**

- Review administrative and logistical details
- Explanation of roles and responsibilities of each team member
- Review confidentiality procedures

Module 14: Data Entry Instructions . . . . . **3 hours**

- Overview of survey
- CSPro data entry program and instructions
- Reinforce importance of data quality issues
- Practice in entering questionnaires

Module 15: Data Entry and Cleaning (supervisors only) . . . . . **1 hour**

- Resolving questionnaire errors or data entry errors
- Checking the quality of data being entered
- Combining datasets
- Producing a clean dataset

Total training hours for supervisors: . . . . . **109.5 hours**

(Note: It will be necessary to have some supervisors participate in the locator training and data entry training as they will be the locators and data entry staff supervisors.)

Total training hours for interviewers: . . . . . **.82 hours**

Total training hours for locators: . . . . . **.33 hours**

Total training hours for data entry staff: . . . . . **.3.5 hours**

MODULE 1:
Administrative Arrangements

Participants:

Interviewers, locators, and supervisors

Estimate of time needed:

At least 2 hours are needed to complete this module.

Goals of this module:

- Help trainers and trainees get to know each other
- Address immediate questions trainees may have
- Identify questions to be answered during the training

Handouts for this module:

- Handout 1: Sample Training Schedule (to be modified by trainer)
- Handout 2: Sample Logistics Administration (to be modified by trainer)

In class:

As the trainer, begin by introducing yourself and ask the trainees to state their names and briefly describe themselves. Request that the trainees create nametags or write their name on a folded sheet of paper placed in front of them.

Discuss working arrangements for the survey, including:

- Salary and per diem
- Working hours
- Training schedule, including time for breaks
- Survey schedule
- Transportation and other logistical issues

Training schedules (Handout 1) and logistical details (Handout 2) should be developed in advance and given to the trainees on the first day. In addition, rules regarding absenteeism should be established and discussed with the trainees. Both the training and survey data collection are labor intensive. It is important that an appropriate schedule is established to ensure that work can be done in the most efficient manner possible. You may choose to have a 5-day or 5 ½ - day work week in accordance with what is typical in your location. We recommend that team members do not exceed this amount due to the intensive nature of the work. Team members will also need some time off to relax each week. As for the training sessions, it is important to include several breaks, normally lunch and a morning and afternoon break, in order to give everyone a rest and a chance to socialize and get to know each other. Other logistical considerations may also influence the schedule. For example, team members may need time to take transportation to reach the training or interview location.

Trainees will likely ask you questions about the survey that you intend to answer during upcoming training sessions. Acknowledge the relevancy of the questions but do not try to answer them at this time. Instead, write down all of these questions and explain that they will be addressed during another training session. At the end of the training, revisit the questions to make sure that all have been answered.

We recommend delaying the announcement of personnel assignments to survey teams (as interviewers, locators, and supervisors) until the end of training, when you will know better each person's strengths and weaknesses and how different people work together.

Trainer notes:

MODULE 2:
Introduction to the Survey

Participants:

Interviewers, locators, and supervisors

Estimate of time needed:

At least 2 hours are needed to complete this module.

Goals of this module:

- Introduce the survey and discuss its purpose
- Familiarize survey team with reproductive health issues covered in survey
- Review reproductive health terms

Handouts for this module:

- Handout 3: Overview of the Survey
- Handout 4: Reproductive Health Terms

In class:

Using Handout 3, go over the main goals of the survey, what your organization hopes to accomplish with the information obtained through the survey, and the main topic areas covered in the questionnaire. Make sure that trainees understand the reproductive health terms covered in Handout 4.

Trainer notes:

MODULE 3:
Defining the Roles and Responsibilties of the Survey Team

Participants:

Interviewers, locators, and supervisors

Estimate of time needed:

At least 3 hours are needed to complete this module.

Goals of this module:

- Explain responsibilities of each team member
- Explain rights of participants and confidentiality
- Explain possible emergency situations
- Understand how to complete the Incident Report

Handouts for this module:

- Handout 5: Roles and Responsibilities of Team Members
- Handout 6: Research Participant's Rights and Confidentiality
- Handout 7: Safety and Emergency Procedures
- Handout 8: Incident Report

In class:

Using Handout 5, discuss and review the roles and responsibilities of each team member. Using Handout 6, review the rights of research participants and confidentiality issues. Review the guidelines all team members must follow. You must make sure that confidentiality issues are well explained, given the sensitive nature of the topics covered in the survey. Using Handout 7, make sure survey staff are aware of possible emergency situations and review safety and emergency procedures. Review the Incident Report (Handout 8) and make sure everyone understands the procedures to follow should a problem arise.

Trainer notes:

MODULE 4:
Understanding the Survey and Survey Questions

Participants:

Interviewers and supervisors

Estimate of time needed:

Approximately 3 days are needed to complete this module.

Goals of this module:

- Describe the questionnaire administration process
- Explain and discuss the questionnaire, question-by-question

Handouts for this module:

- Handout 9: Filling Out the Questionnaire
- Appendix G: Copies of the questionnaire
- For the trainer: Appendix D: Questionnaire Guide–Question by Question

In class:

Using Handout 9, go over all questions in the questionnaire, making sure that everyone understands the terminology, language, and concepts. You may want to take advantage of the local expertise of the team to make any needed adjustments to the local language translations of the questionnaire. In addition, review the questionnaire using the Questionnaire Guide (Appendix D).

Trainer notes:

MODULE 5:
Interviewing Techniques and Initiating the Interview

Participants:

Interviewers and supervisors

Estimate of time needed:

At least 4 hours are needed to complete this module.

Goals of this module:

- Review the guiding principles that interviewers should follow
- Review keys for good interviewing
- Practice interviewing through role playing

Handouts for this module:

- Handout 10: Guiding Principles for Interviewers
- Handout 11: Keys to Successful Interviewing
- For the trainer: Appendix E: Practice Exercises

In class:

Use Handout 10 to review the guiding principles for interviewers. Use Handout 11 to review the keys to successful interviewing. Then practice Exercises 1 and 2 (Appendix E).

Trainer notes:

MODULE 6:
Practice Interviews with Role Playing

Participants:

Interviewers and supervisors

Estimate of time needed:

At least 4½ days are needed to complete this module.

Goals of this module:

- Practice interviewing
- Practice recording responses

Handouts for this module:

- Appendix G: Copies of the questionnaire
- For the trainer: Appendix E: Practice Exercises

In class:

Do practice exercises 3-5 (Appendix E). Have the interviewers role-play in pairs before the class and have the others comment on what went well and what can be improved upon. Make sure the class discusses various scenarios and issues that may arise and discusses approaches that may help facilitate the process.

Trainer notes:

MODULE 7:
Locator Training—Overview of Process

Participants:

Locators and supervisors

Estimate of time needed:

At least 2 hours are needed to complete this module.

Goals of this module:

- Discuss administrative details
- Review Locator Form
- Identify questions to be answered during training

Handouts for this module:

- Appendix F: Locator and Consent Form

In class:

Explain to the locators that they will be responsible for going to houses selected for the study and recruiting study participants. They will also be responsible for obtaining consent from the participants who agree to take part in the study.

Discuss the logistical arrangements for their role and write down any outstanding questions participants have that need be addressed during training.

Hand out copies of the Locator and Consent Form. Perform a general review of the form, making sure that everyone understands the terminology and concepts covered, especially in the consent section.

Trainer notes:

MODULE 8:
Locator Training—Use of Forms

Participants:

Locators and supervisors

Estimate of time needed:

At least 5 hours are needed to complete this module.

Goals of this module:

- Review the Locator Form in detail
- Practice filling out each section of the form

Handouts for this module:

- Appendix F: Locator and Consent Form

In class:

The locators will be given locator forms which include consent information and the visit record. Explain to the locators how to fill out the information according to the guidelines below.

Overview:

Locator Name	Locator enters his/her name.
Camp Number	These can be pre-entered by the locator supervisor
Locator Form Number (range 0-9)	This number will be used for randomly selecting a participant within each household. The Supervisor will fill this in before data collection begins. S/he will enter 0,1,2,3, etc over and over until all the forms have a number. See instructions on how to use this number for random selection of participants within households.
Questionnaire Number	The supervisor will enter the corresponding questionnaire number at the time of the interview. This will allow the locator form to be linked to the questionnaire.
Supervisor	Supervisor will fill in his/her name.

For the locators:

- When the locator approaches a home, s/he reads word for word the introduction and purpose of the study to the adult male or female who comes to the door. The locator should be well practiced giving general information about the survey and should be able to answer questions confidently.
- Next, the locator asks how many women between the ages of 15 and 49 (referred to in this manual as women of reproductive age or "WRA") live in the household and writes down the number on the form.
- If there are no women who are between the ages of 15 and 49 years, then the locator should thank the person and SKIP to the "Visit Record" and complete that section.
- If at least one eligible woman lives in the house, then the locator asks for the age of each woman living in the house who is between 15 and 49 years of age (starting with the oldest woman and ending with the youngest). The locator should read this out loud as s/he is filling the WRA table to verify that the information is correct (see Box 1).

Box 1: Table of eligible women in household

In this example, there are three women between the ages of 15-49 in the households, recorded from oldest to youngest.

WRA Line	AGE (Complete years)
1	45
2	30
3	21
4	
5	
6	
7	
8	

- After entering the ages of all eligible women (i.e., all women between the ages of 15-49 years), the locator should randomly select one woman in the household for the interview using these steps and the selection table (see Box 2).
  a) Reading down the column titled "The Locator Form Number" find the number that corresponds to the number recorded on top of the Locator Form and circle it. In this example, the locator form number is 2.
  b) Then find the number of eligible women recorded in the WRA table from the row where the numbers run from 1-8 under the heading "Number of WRA in the House." In this example, there are 3 eligible women from the example in Box 1, so you circle "3".
  c) Follow the locator number line across and the WRA number down until you reach the number where the two rows intersect. In this example, they intersect at "1" so the woman listed in Line 1 of the WRA table you have filled out, who is 45 years old, will be selected as the respondent from the household.
  d) Fill out the appropriate numbers in the box below the table. In this example, the WRA on line 1 of your WRA table was chosen, and the total number of WRA in the household is 3.

Box 2: Example of randome selection of WRA to be interviewed

The Locator Form Number	Number of WRA in the House							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

1. Line Number of the Chosen WRA 1
2. Total Number of WRA in the Household 3

If the chosen woman is at home:

- The locator will read the consent form to her word for word.
- If the woman agrees to the interview, then the locator should sign that section. For reasons of confidentiality, the woman should not sign the consent form nor should her name appear anywhere on the locator form. The locator should complete the visit record and use the result code of "1" that the woman agrees to the interview.
- The locator should then either direct the woman to the interview location or make an appointment time for the woman to participate. The locator should return the locator form to the supervisor at the time of the interview, either in person or sent with the participant, to ensure that the supervisor can keep the consent form with the questionnaire.
- If the selected woman refuses to participate in the survey, the locator will read the question asking why the woman does not want to participate (see Box 3), circle the corresponding response given by the woman, thank her for her time, complete the visit record, and give the completed locator form back to her supervisor.

Box 3: Refusal

If respondent refuses, read the following, circle the appropriate response and then continue:

I'm sorry you will not be able to participate in this survey. May I ask you why you do not want to participate in the survey?

1. No time/busy
2. Not interested
3. Information too sensitive
4. Other (specify) _____
5. No reason given/don't know

Thank you very much for your time. ----------END

If the chosen woman is not at home:

The locator will ask when she will be back, complete the visit record and make arrangements to return to speak with her later. A total of 7 attempts to speak with the selected woman should be made.

How to complete the visit record

- The locator should complete the visit record appropriately and use the result codes listed below the visit record box to indicate the result. Box 4 provides an example of how to complete the visit record.
- Conduct up to 7 attempts to locate the selected woman. If after 7 attempts, the locator is unable to speak to the selected woman, the locator will complete the visit record and give it back to her supervisor.

Box 4: Example of completing the visit record

In this example , the locator has selected a woman, but she is not home. The locator returns the next day, and the selected woman is home and agrees to be interviewed. The following is how the Visit Record should be completed.

Visit number	1	2	3	4	5	6	7
Locator # _____ _____							
Date of visit	Day 05 Month 11	Day 06 Month 11	Day Month	Day Month	Day Month	Day Month	Day Month
Result*	4	1					

*Result codes

1. Agree to interview
2. No eligible woman (age 15-49)
3. Nobody home
4. Selected respondent not home
5. Selected respondent refusal
6. Unoccupied house
7. Other (specify)_____

Trainer notes:

MODULE 9:
Locator Training—Role Playing

Participants:

Locators and supervisors

Estimate of time needed:

At least 1 day is needed to complete this module.

Goals of this module:

- Practice introduction at household
- Practice random selection of woman from household
- Practice obtaining consent
- Practice filling out visit record box

Handouts for this module:

- Appendix F: Locator and Consent Form

In class:

As with the interviewer trainees, have the locators role-play in pairs before the class and have the others comment on what went well and what can be improved upon. Make sure the class discusses various scenarios and issues that may arise and discusses approaches that may help facilitate the process.

Trainer notes:

MODULE 10:
Supervisor Training

Participants:

Supervisors

Estimate of time needed:

At least 1 day is needed to complete this module.

Goals of this module:

- Familiarize supervisors with sampling method to be used (random or cluster)
- Train supervisors on how to identify households for survey
- Train supervisors on how to review questionnaires for logic and completeness

Handouts for this module:

- Chapter 3, Sampling Instructions

In class:

Supervisors may be selected from the interviewer and locator groups or may be the trainers themselves. A qualified supervisor is a good interviewer who is very familiar with the survey and is knowledgeable about the survey area and its culture and politics. Supervisors should have gone through the entire training. If they will be supervising the interview team(s), they should have experience correcting questionnaires. They must be able to review the completed questionnaire quickly so that they do not delay the respondents unnecessarily and to keep up a good pace for the interviews. Both locator and interviewer supervisors will be expected to be with their teams every day of data collection to ensure data quality and help problem-solve any logistical issues that come up.

Review the relevant sampling instructions (random or cluster) and ensure supervisors understand the selection process, as they will be guiding their teams in household selection.

Supervisor responsibilities:

- Ensure the correct selection of households to be sampled.
- Coordinate the locators so that the flow of participants allows for the greatest number of interviews.
- Collect the completed locator forms at the time of the interview and staple it to the corresponding questionnaire.
- Review the questionnaire before the participant leaves the interview location to ensure for correct logic (e.g., skip patterns) and complete information.
- Deal with any logistical issues that arise.

Trainer notes:

MODULE 11:
Practice Interviews in the Community

Participants:

Interviewers, locators, and supervisors

Estimate of time needed:

Approximately 1 day to complete this module.

Goals of this module:

- Provide interviewers, supervisors, and locators real-life experience in administering the survey
- Practice survey/data collection logistics

Handouts for this module:

- Appendix F: Locator and Consent Form
- Appendix G: Copies of the questionnaire

In class:

This is the most crucial part of the training. It should serve as the final determination to see who is fully capable of conducting an interview or acting as a locator. It will also help to identify any issues or translation problems that might not have arisen during the training.

The practice interviews should take place in a community where you will not be conducting the real survey. If necessary, obtain permission from authorities to conduct interviews in the area. These interviews will not be included in the analysis. However, these interviews will be used for data entry training.

Divide the supervisors and interviewers into teams that will practice interviews. Direct each team to a different area so that they will not disturb one another or cause unnecessary confusion in the community. Coordinate the locator supervisor and locators so they know which houses they must visit in order to recruit participants for the practice interviews.

Each interviewer should conduct 2-3 interviews. Supervisors should review the questionnaires when the interview is complete. The supervisors should closely observe several of the interviewers as they conduct an interview and provide feedback once the interview is over. Make sure these discussions do not take place in front of the participant. The locator supervisor should observe the locators to make sure they complete the locator form correctly, select the WRA appropriately according to the WRA and selection tables, and obtain consent for the interview.

Time should be allotted during the following work day to discuss the experience as a group and to address issues that came up, including any changes to the questionnaire that might be needed.

Trainer notes:

MODULE 12:
Review of Survey Schedule

Participants:

Interviewers, locators, and supervisors

Estimate of time needed:

At least 3 hours are needed to complete this module.

Goal of this module:

- Review logistics of how the interview teams will conduct the survey.

Handouts for this module:

- Survey schedule and assignments

In class:

Announce assignments to the survey teams. Give each interviewer, locator, and supervisor a schedule of where the teams will be throughout the survey. Let them know when and where to report for duty. Remember that interviewers will need time to discuss any problems they anticipate, such as transportation, security, or overnight stays.

Check to see that all questions have been answered. Before you dismiss the teams, stress the importance of the work to be done and your confidence in their ability to do a good job.

Trainer notes:

MODULE 13:
Data Entry—Administrative Arrangements

Participants:

Data entry staff and supervisors

Estimate of time needed:

At least 30 minutes are needed to complete this module.

Goals of this module:

- Review administrative and logistical details
- Explain roles and responsibilities of each member of the team
- Review confidentiality procedures

Handouts for this module:

- Handout 12: Data Entry Staff Guidelines

In class:

Introduce yourself and ask trainees to state their names and briefly describe themselves. Request that the trainees create name tags or write their name on a folded sheet of paper placed in front of them.

Review the guidelines for team members. Though the questionnaires will not have any identifying information (only a unique questionnaire identification number), it is important to review issues of confidentiality, given the sensitive nature of many of the topics covered in the survey. Address working arrangements for the survey. We suggest you discuss:

- Salary
- Working hours
- Transportation and other logistical issues, if necessary

Schedules and logistical details should be developed and given to the data entry staff on the first day. In addition, rules regarding absenteeism should be established and discussed with the trainees. Before training begins, determine whether data entry staff will be paid per day or per questionnaire. Paying by questionnaire is generally preferred as it encourages work to be completed in a timely manner; however, it is important to ensure that the data entry is not done too quickly, such that accuracy is sacrificed. Double entry of all records is recommended, to check for accuracy, but a subset of questionnaires (10%) is acceptable.

Establish a data entry schedule to ensure that work can be done in the most efficient manner possible. Staff should be made aware of how many questionnaires they are expected to enter each day and how long the process should take. The length of the questionnaire, the accuracy of the editing, and the skills of the data entry staff will influence how many questionnaires can be entered each day. The schedule may be adjusted as the data entry staff become more experienced with the job or as problems arise; however, it is often useful to develop a structure at the outset (with some flexibility built in) so that

people know what is expected of them and in what timeframe. Other logistical considerations may also influence the schedule. For example, team members may need to take transportation to reach the training or data entry location.

Trainer notes:

MODULE 14:
Data Entry Instructions

Participants:

Data entry staff and supervisors

Estimate of time needed:

At least 3 hours are needed to complete this module.

Goals of this module:

- Provide overview of survey
- Review data entry program and instructions
- Reinforce data quality issues
- Practice entering questionnaires

Handouts for this module:

- Handout 3: Overview of Survey
- Handout 13: Data Entry Instructions

In class:

Using Handout 3, provide an overview of the main goals of the survey, what the organization hopes to accomplish with the information obtained through the survey, and the main topic areas covered in the questionnaire.

Using Handout 13, review the data entry instructions. Instruct the data entry staff on where to save their data files, how to enter questionnaires into CSPro, and important considerations to keep in mind when entering data. For practice, use questionnaires collected during the practice interviews. It is important to walk data entry staff through the entry process on the computer. Show the trainees how to enter one questionnaire and then allow them to practice with a few questionnaires. Answer questions as they arise.

Remind the data entry staff that it is not their responsibility to guess what a response might be or to make decisions as to how to enter incorrectly filled out questionnaires. There should always be a supervisor available to answer questions. Each staff member will be assigned a unique two digit code. This code is entered in Q009 on the front page of the questionnaire, and it will help identify who entered the questionnaire, in case consistent errors are being noticed.

After practicing, check to see if trainees have additional questions. Give them information on when and where to report for duty. Before dismissing the trainees, stress the importance of the work to be done and your confidence in their ability to do a good job.

Trainer notes:

MODULE 15:
Data Entry and Cleaning (Supervisors Only)

Participants:

Supervisors

Estimate of time needed:

At least 1 hour is needed to complete this module.

Goals of this module:

- Understand how to resolve questionnaire errors or data entry errors
- Know how to check the quality of data being entered
- Learn how to combine datasets
- Learn how to produce a clean dataset

Handouts for this module:

- Handout 14: Concatenating Data
- Handout 15: Data Cleaning

In class:

Have participants read the following to themselves and be prepared to answer any questions:

Supervisors will already have been selected during survey collection. The supervisor for data entry may be selected from that group. The selected data entry supervisor should undergo the data entry training and should also be very familiar with the survey and knowledgeable about computers. Supervisors should be able to resolve any questionnaire errors or data entry errors.

Supervisors must also check the quality of data being entered. At the beginning of the data entry process, the supervisor will need to review each data entry staff member's work to make sure he or she understands the data entry instructions. Once data entry staff become more experienced, the supervisor should check data quality on a periodic basis.

Data quality may be checked using CSPro VERIFY mode. You will need to decide whether data entry staff or supervisors will verify the questionnaires. The verification process will help to minimize data entry errors but will require additional staff time. It is recommended to verify all files, but verifying only a randomly selected sample (for example, 10%), based on questionnaire numbers is acceptable.

During the data collection period, supervisors should carefully check completed questionnaires for errors. In the case that an error is found during data entry, data entry supervisors should correct or clarify data and document the correction on the questionnaire. In the case that there is an unclear response on the questionnaire or other problem, the data entry supervisor should be the only one to make a judgment call on how to correct or clarify the data. Data entry staff should never make the call in such cases. Data entry supervisors should seek to apply decisions consistently.

If there are multiple data files, supervisors are responsible for concatenating (combining) them into a single data file (Handout 14). Supervisors are also responsible for cleaning the dataset (Handout 15). The supervisor will also be responsible for ensuring that completed questionnaires are stored in a secure location.

Trainer notes:

DEMOGRAPHICS

Table B-1: Demographic characteristics of women of reproductive age [Location and year]. {N = Total surveyed}	
Characteristic	**% (n) women**
Age group	
15-19	
20-24	
25-29	
30-34	
35-39	
40-44	
45-49	
Don't Know	
Religion	
Religion 1	
Religion 2	
Religion 3	
Religion 4	
Other	
Ethnicity	
Ethnic group 1	
Ethnic group 2	
Ethnic group 3	
Ethnic group 4	
Ethnic group 5	
Mixed Ethnicity	

Other	
Highest grade completed	
None	
1-4	
5-8	
9-12	
>12	
Technical or vocational	
University or higher	
Respondent earns money outside of the home	
Yes	
No	
Respondent is head of household	
Yes	
No	
Household size	
1-4 people	
5-8 people	
>8 people	
Total lifetime pregnancies	
0	
1-2	
3-4	
5-6	
>6	
Displacement status	
Not displaced	
Displaced	

Length of displacement	
Not displaced	
<1 year	
1-5 years	
> 5 years	
Don't Know	

MARRIAGE AND LIVE-IN PARTNERSHIPS

Table B-2: Age at first marriage/live-in partnership and current marital status among ever-partnered women [Location and year]. {N = Q401 = 1}	
Characteristic	**% (n) women**
Age at first marriage/partnership	
≤14 years	
15-19 years	
20-24 years	
≥ 25 years	
Don't Know	
Marital status	
Married	
Divorced or separated	
Widowed	
Single	
Currently living with husband/partner	
Yes	
No	

Table B-3: Demographic characteristics of current or most recent partner among ever-partnered women [Location and year]. {N = Q401 = 1}	
Characteristic	**% (n) women**
Highest grade completed	
None	
1-4	
5-8	
9-12	
>12	
Vocational or technical	
University or higher	
Occupation of partner	
Professional/business	
Doctor/engineer	
Farmer	
Military/police	
Merchant/trader	
Domestic servant	
Tradesman	
Student	
Unemployed	
Other	

Table B-4: Proportion of women whose husbands have other wives among married women [Location and year]. {N = Q406 = 1}	
Husband has other wives	**% (n) women**
Yes	
No	

Table B-5: Co-wife order among married women whose husbands have other wives [Location and year]. {N= Q406 = 1 and Q408 = 1}	
Respondent's order among co-wives	**% (n) women**
First wife	
Second wife	
Third wife	
Fourth wife	

SEXUAL HISTORY

Table B-6: Age at sexual debut, sexual activity in the last 30 days, and casual partners in the last year among women of reproductive age [Location and year]. {N = total surveyed}	
Characteristic	**% (n) women**
Age at sexual debut	
<15 years	
15-19 years	
>19 years	
Sexually active in the last 30 days	
Yes	
No	
Casual partners in the past year	
0 partners	
1-2 partners	
>2 partners	

EMOTIONAL HEALTH

EMOTIONAL DISTRESS (SRQ-20)

Key Indicator EH-A: Mean SRQ – 20* score of women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Mean SRQ-20 score	

**SRQ-20 is the Self Report Questionnaire which asks respondents if they experienced 20 common problems related to emotional distress in the past four weeks.*

Table EH-1: Proportion of women who reported having common problems related to emotional distress* in the past four weeks among women of reproductive age [Location and year]. † {N = total surveyed}	
Problem	**% (n) women**
Headaches	
Poor appetite	
Sleep badly	
Easily frightened	
Hands shake	
Nervous, tense, or worried	

Poor digestion	
Trouble thinking clearly	
Unhappy	
Cry more than usual	
Difficult to enjoy daily activities	
Difficult to make decisions	
Daily work is suffering	
Unable to play a useful part in life	
Lost interest in things	
Feels worthless	
Thoughts of ending life	
Tired all the time	
Uncomfortable feelings in stomach	
Easily tired	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

**SRQ-20 is the Self Report Questionnaire which asks respondents if they experienced 20 common problems related to emotional distress in the past four weeks.*

PERCEPTIONS OF WOMEN'S HEALTH PROBLEMS IN COMMUNITY

Table EH-2: Most important health problems for women in the community among women of reproductive age [Location and year]. {N = total surveyed}	
Problems	**% (n) women**
Pregnancy-related problems	
Vaginal infections	
Respiratory infections	
Diarrhea	
Malaria	
Violence within the family	
Feelings of sadness or hopelessness	
Headaches/backaches/muscle aches	
Other	

FAMILY PLANNING

AWARENESS, EVER USE, AND PROBLEMS WITH FAMILY PLANNING METHODS

Table FP-1: Awareness of family planning methods among women of reproductive age [Location and year]. {N = total surveyed}	
Method	**% (n) women***
Pill	
IUD	
Male condom	
Female condom	
Implants	
Injectables	
Emergency contraception	
Tubal ligation	
Rhythm/calendar/counting days	
Withdrawal	
Other	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Key Indicator FP-A: Proportion of women who have ever used any family planning method among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Ever used family planning method	

Table FP-2: Proportion of women who have been instructed how to use or have ever used family planning methods among women of reproductive age* [Location and year]. {N = total surveyed}		
Method	**Instructed how to use method** **% (n) women**	**Ever used** **% (n) women**
Pill		
IUD		
Male condom		
Female condom		
Implants		
Injectables		
Emergency contraception		
Tubal ligation		
Rhythm/calendar/counting days		
Withdrawal		
Other		

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Table FP–3: Knowledge of where to get modern* family planning methods among women of reproductive age† [Location and year]. {N = total surveyed}

Method	Health Center % (n) women	Private clinic % (n) women	Market % (n) women	Friends/ relatives % (n) women	Pharmacy % (n) women	Don't Know % (n) women
Pill						
IUD						
Male condom						
Female condom						
Implants						
Injectables						
Emergency contraception						
Tubal ligation						

**Modern family planning methods include the pill, IUD, male and female condoms, implants, injectables, emergency hormonal contraception (EC), tubal ligation and vasectomy.*

†Percentages may add up to greater than 100% as respondent may give more than 1 response.

Table FP–4: Main problem reported with using specific family planning methods among women who have ever heard of that method [Location and year]. {N = total surveyed}

Method	Lack of access % (n) women	Opposition to use % (n) women	Method-related % (n) women	No problem % (n) women
Pill				
IUD				
Male condom				
Female condom				
Implants				
Injectables				
Emergency contraception				
Tubal ligation				
Rhythm/calendar/counting days				
Withdrawal				
Other				

CURRENT USE OF FAMILY PLANNING

Key Indicator: FP-B: Proportion of women who are currently using a <u>modern</u>* family planning method among women of reproductive age [Location and year]. {N=total surveyed†}	
Indicator	**% (n) women**
Contraceptive prevalence (modern methods)	

**Modern family planning methods include the pill, IUD, male and female condoms, implants, injectables, emergency hormonal contraception (EC), tubal ligation and vasectomy.*
†The denominator may include women who are not at risk for pregnancy because they are currently pregnant, infecund, or have had a hysterectomy.

Key Indicator: FP-C: Proportion of women who are currently using <u>any</u> family planning method among women of reproductive age [Location and year]. {N = total surveyed*}	
Indicator	**% (n) women**
Contraceptive prevalence (any method)	

**The denominator may include women who are not at risk for pregnancy because they are currently pregnant, infecund, or have had a hysterectomy.*

Table FP-5: Demographic characteristics of women who are currently using any family planning method [Location and year]. {N = Q307 = 1}	
Characteristic	**% (n) women**
Age	
15-24	
25-34	
35-49	
Relationship Status	
Living with a husband/partner	
Not living with husband/partner	
Total pregnancies	
0	
1-2	
3-4	
>4	
Sexually active in last 30 days	
Yes	
No	

FP-6: Family planning method being used among women who are currently using any family planning method [Location and year]. {N = 307 = 1}	
Method	**% (n) women***
Pill	
IUD	
Male condom	
Female condom	
Implants	
Injectables	
Emergency contraception	
Tubal ligation	
Vasectomy	
Lactational amenorrhea	
Rhythm/calendar/counting days	
Withdrawal	
Periodic abstinence	
Other	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Table FP–7: Location where family planning method was last obtained among women who are currently using a <u>modern</u>* family planning method [Location and year]. {N = Q309 = 1 AND a modern method is used}	
Method	**% (n) women**
Health Center	
Hospital	
Supermarket/Market	
Pharmacy	

**Modern methods include the pill, IUD, female and male condoms, implants, injectables, emergency hormonal contraception (EC), tubal ligation and vasectomy.*

BARRIERS TO FAMILY PLANNING

Key Indicator FP-D: Proportion of women who are at risk for pregnancy,* desire to stop or delay childbearing, and are not using family planning among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Unmet need*	

**Women who are at risk for pregnancy are women who report being fecund, sexually, active, NOT pregnant and NOT postpartum.*

FP-8: Barriers to family planning among women who are at risk for pregnancy, desire to stop or delay childbearing and are not using family planning [Location and year]. {N= (Q203=2) AND (Q509=1) AND (Q315=1) AND (Q307=2) AND (Q305=2 OR Q305=2 or 3) AND (Q315=1)}	
Barriers to family planning	**% (n) women***
Fertility-related reasons	
Opposition to use	
Lack of knowledge	
Method-related reasons	
Lack of access	
Other	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Table FP-9: Demographic characteristics of women who reported barriers to family planning among women who are at risk for pregnancy, desire to stop or delay childbearing and are not using family planning [Location and year]. {N= (Q203=2) AND (Q509=1) AND (Q315=1) AND (Q307=2) AND (Q305=2 OR Q305=2 or 3) AND (Q315=1)}

Characteristic	Fertility-related % (n) women	Opposition to use % (n) women	Lack of knowledge % (n) women	Method related % (n) women	Lack of access % (n) women
Age					
15-24					
25-34					
35-49					
Relationship Status					
Living with a husband/partner					
Not living with a husband/partner					
Total pregnancies					
0					
1-2					
3-4					
>4					
Sexually active in last 30 days					
Yes					
No					

INTENT TO USE A FAMILY PLANNING METHOD IN THE NEXT 12 MONTHS

Key Indicator FP-E: Proportion of women who are not currently using a family planning method, but plan to in the next 12 months [Location and year]. {N = Q307 = 2 (minus women who report a hysterectomy)}	
Indicator	**% (n) women**
Future intent to use family planning in next 12 months	

FEMALE GENITAL CUTTING

PREVALENCE OF FEMALE GENITAL CUTTING

Key Indicator FGC-A: Proportion of women who have ever had their genitals cut among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Prevalence of female genital cutting	

Table FGC-1: Demographic characteristics of women who have heard of female genital cutting and whose genitals have been cut [Location and year]. {N = Q901 = 1 AND N = Q902 = 1}	
Characteristic	**% (n) women**
Age	
15-24	
25-34	
35-49	
Relationship status	
Living with husband/partner	
Not living with husband/partner	
Ethnic Group	
Group A	
Group B	

Group C	
Group D	
Group E	
Religion	
Religion A	
Religion B	
Religion C	
Religion D	
Religion E	

Table FGC-2: Age and severity of genital cutting among women who have heard of female genital cutting and have had their genitals cut [Location and year]. {N = Q901 AND N = Q902 = 1}

Characteristic	**% (n) women**
Age when genitals were cut	
<1	
1-4	
5-10	
>10	
Genital area was sewn closed	
Yes	
No	

PREVALENCE OF FEMALE GENITAL CUTTING AMONG YOUNGEST DAUGHTER

Key Indicator FGC-B: Proportion of women whose youngest daughter had her genitals cut among women who have heard of female genital cutting and have at least one daughter [Location and year]. {N = Q901 = 1 AND N = 905 ≥ 1}	
Indicator	**% (n) women**
Prevalence of female genital cutting among youngest daughters	

Key Indicator FGC-C: Proportion of youngest daughters whose genitals were cut in the <u>current location</u> among women who have heard of female genital cutting and have at least one daughter [Location and year]. {N = Q901 = 1 AND N = 905 ≥ 1 AND Q907 = 1}	
Indicator	**% (n) women**
Prevalence of youngest daughters cut in the current location	

Table FGC-3: Demographic characteristics of women who have heard of female genital cutting and whose youngest daughter had her genitals cut in the <u>current location</u> [Location and year]. {N = Q901 = 1 AND N = 905 ≥ 1 AND N = Q907 = 1 AND Q912 = 1}	
Characteristic	**% (n) women**
Age	
15-24	
25-34	
35-49	
Ethnic Group	
Group A	
Group B	
Group C	
Group D	
Group E	
Religion	
Religion A	
Religion B	
Religion C	
Religion D	
Religion E	
Highest grade completed	
1-4	
5-8	
9-12	
Technical/vocational	
University	

Table FGC-4: Age when youngest daughter was cut, severity of cutting, and person who performed the cutting among women who have heard of female genital cutting and whose youngest daughter had her genitals cut in the current location [Location and year]. {N = Q901 = 1 AND N = 905 ≥ 1 AND N = 907 = 1 AND Q912 = 1}

Characteristic	% (n) daughter
Age when genitals cut	
<1	
1-5	
5-10	
>10	
Had genital area sewn closed	
Yes	
No	
Person who performed cutting	
Traditional “circumciser”	
Traditional birth attendant	
Doctor	
Trained nurse/midwife	
Other	

FUTURE INTENT OF FEMALE GENITAL CUTTING

Key Indicator FGC-D: Proportion of women who intend to have their youngest daughter's genitals cut in the future among women who have heard of female genital cutting, have at least one daughter, and whose youngest daughter does not have her genitals cut [Location and year]. {N = Q901 AND N = 905 ≥ 1 AND Q907 = 2}	
Indicator	**% (n) women**
Intend to have youngest daughter's genitals cut in the future	

PERCEPTIONS AND BELIEFS REGARDING FEMALE GENITAL CUTTING

Table FGC-5: Perceived benefits of having genitals cut among women who have heard of female genital cutting [Location and year].* {N = Q901 = 1}	
Characteristic	**% (n) women**
No benefits	
Cleanliness/hygiene	
Social acceptance	
Better marriage prospects	
Preserve virginity/prevent premarital sex	
More sexual pleasure for the man	
Religious approval	
Other	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Table FGC-6: Perceived benefits of <u>NOT</u> having genitals cut among women who have heard of female genital cutting [Location and year].* {N = 901 = 1}	
Characteristic	**% (n) women**
No benefits	
Fewer medical problems	
Avoiding pain	
More sexual pleasure for woman	
More sexual pleasure for man	
Follows religion	
Other	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Table FGC-7: Beliefs about female genital cutting (FGC) among women who have heard of FGC [Location and year]. {N = Q901 = 1}	
Attitudes and beliefs	**% (n) women**
Prevents a girl from having sex before marriage	
Female genital cutting is required by religion	
Men want practice of female genital cutting to continue	

Key Indicator FGC-E: Proportion of women who think the practice of female genital cutting (FGC) should continue among women who have heard of FGC [Location and year]. {N = Q901 = 1}	
Indicator	**% (n) women**
Think practice of FGC should continue	

GENDER-BASED VIOLENCE

Key Indicator GBV-A: Proportion of women who experienced any physical and/or sexual violence* among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Experienced any violence	

** Includes violence by an outsider (during or after conflict), intimate partner (ever), or family member (in the last year).*

OUTSIDER VIOLENCE

Key Indicator GBV-B: Proportion of women who experienced physical and/or sexual violence by an outsider* DURING the conflict among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Experienced outsider violence during the conflict	

**Outsider is someone other than a husband, partner, or family member.*

Key Indicator GBV-C: Proportion of women who experienced physical and/or sexual violence by an outsider* AFTER the conflict among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Experienced outsider violence after the conflict	

**Outsider is someone other than a husband, partner, or family member.*

Table GBV 1: Proportion of women who experienced physical and/or sexual violence by an outsider* during and after the conflict among women of reproductive age [Location and year]. {N = total surveyed}

During conflict		After conflict	
Physical violence % (n)	**Sexual violence % (n)**	**Physical violence % (n)**	**Sexual violence % (n)**

**Outsider is someone other than a husband, partner, or family member.*

Table GBV-2: Types of physical and sexual violence perpetrated by an outsider* during and after the conflict among women of reproductive age† [Location and year]. {N = total surveyed}

Type of violence	During conflict % (n)	After conflict % (n)
Physically hurt, such as slapped, hit, choked, beaten, or kicked		
Threatened with a weapon of any kind		
Shot or stabbed		
Detained against will		
Subjected to improper sexual comments		
Forced to remove or stripped of clothing		
Subjected to unwanted kissing or touching on sexual parts of body		
Forced or threatened with harm to make, give or receive oral sex or have vaginal or anal sex		

**Outsider is someone other than a husband, partner, or family member.*
†Total percentage may be greater than 100 because respondent could mention more than one injury.

Table GBV-3: Types of physical and sexual violence perpetrated by an outsider* by frequency during and after the conflict among women of reproductive age [Location and year]. {N = total surveyed}

	During conflict				After conflict			
Type of violence	**0 times % (n) women**	**Once or twice % (n) women**	**Several times % (n) women**	**Many times % (n) women**	**0 times % (n) women**	**Once or twice % (n) women**	**Several times % (n) women**	**Many times % (n) women**
Physically hurt, such as slapped, hit, choked, beaten, or kicked								
Threatened with a weapon of any kind								
Shot or stabbed								
Detained against will								
Subjected to improper sexual comments								
Forced to remove or stripped of clothing								
Subjected to unwanted kissing or touching on sexual parts of body								
Forced or threatened with harm to make, give or receive oral sex or have vaginal or anal sex								

**Outsider is someone other than a husband, partner, or family member.*

Table GBV-4: Demographic characteristics of women who experienced physical and/or sexual violence by an outsider* during and after the conflict [Location and year]. {N = Q801A-H any = 1 OR Q805A-H any = 1}		
Characteristic	**During conflict % (n)**	**After conflict % (n)**
Age		
15-24		
25-34		
35-49		
Relationship Status		
Living with a husband/partner		
Not living a with husband/partner		

**Outsider is someone other than a husband, partner, or family member.*

INJURIES, HELP-SEEKING, AND REPORTING BEHAVIOR

Table GBV-5: Proportion of women who were injured among women who experienced physical and/or sexual violence by an outsider* during and/or after the conflict [Location and year]. {N = Q801A-H any = 1 OR Q805A-H any = 1}	
Characteristic	**% (n) women**
Injured	

**Outsider is someone other than a husband, partner, or family member.*

Table GBV-6: Types of injuries and help-seeking behavior among women who were injured from an experience of physical and/or sexual violence by an outsider* during and/or after the conflict [Location and year]. {N = (Q801A-H any = 1 OR Q805A-H any = 1) AND Q809 = 1}	
Characteristic	**% (n) women†**
Type of injury	
Cuts, punctures, bites	
Scratches, abrasions, bruises	
Sprains, dislocations	
Burns	
Penetrating injury, deep cuts, gashes	
Broken eardrum, eye injuries	
Fractures, broken bones	
Broken teeth	
Other	
Sought medical treatment for injuries	

**Outsider is someone other than a husband, partner, or family member.*
†Total percentage may be greater than 100 because respondent could mention more than one injury.

Key Indicator GBV-D: Proportion of women who reported violence to an authority* among women who experienced physical and/or sexual violence by an outsider† during and/or after the conflict [Location and year]. {N = Q801A-H any = 1 OR Q805A-H any = 1}	
Indicator	**% (n) women**
Reported outsider violence to an authority	

**Authority persons include doctor/provider, police, military, and NGO worker.*
†Outsider is someone other than a husband, partner, or family member.

Table GBV-7: Reporting behavior of women who experienced physical and/or sexual violence by an outsider* during and/or after the conflict [Location and year]. {N = Q801A-H any = 1 OR Q805A-H any = 1}	
Characteristic	**% (n) women****
Total women who reported violence to anyone	
Person reported to	
Family member or friend	
Authority†	

**Outsider is someone other than a husband, partner, or family member.*
***Total percentage may be greater than 100 because respondent could mention more than one response.*
†Authority persons include doctor/provider, police, military, and NGO worker.

Table GBV-8: Reasons given for not reporting violence among women who did not report an experience of physical and/or sexual violence by an outsider* during and/or after the conflict [Location and year]. {N = Q812A-F all ≠ 1}	
Reasons for not reporting violence	**% (n) women†**
Did not know where to go	
No use/ would not do any good	
Embarrassed	
Afraid of more violence	
Afraid of causing problems in relationship	
Would not be believed/ taken seriously	
Violence normal/ no need to complain	
Thought she would be blamed	
Bring bad name to family	
Other	

**Outsider is someone other than a husband, partner, or family member.*
† Total percentage may be greater than 100 because respondent could mention more than one response.

Table GBV-9: Strategies that would be helpful in coping with experiences of violence among women who experienced physical and/or sexual violence by an outsider* during and/or after the conflict [Location and year]. {N = Q801A-H any = 1 OR Q805A-H any = 1}	
Coping strategies	**% (n) women†**
Support group for women	
Talking it over with friends	
Talking it over with family	
Assistance from NGO workers	
Legal advice/traditional justice	
Religious counseling	
Mental health counseling	
Medical assistance	
Trying to forget about it	
Other	

**Outsider is someone other than a husband, partner, or family member.*
†Total percentage may be greater than 100 because respondent could mention more than one response.

INTIMATE PARTNER VIOLENCE

Key Indicator GBV-E: Proportion of women who ever experienced physical and/or sexual violence by an intimate partner* among ever-partnered† women [Location and year]. {N = Q401 = 1}	
Indicator	**% (n) women**
Ever intimate partner violence (IPV)	

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Ever partnered is ever married or lived with a man with whom respondent had sex.

Table GBV-10: Types of violence experienced among ever-partnered* women who ever experienced physical and/or sexual violence by an intimate partner† [Location and year]. {N = Q401 = 1 AND Q815A-D any = 1}	
Type of violence	**% (n) women****
Forbidden from community activities	
Threatened with a weapon or himself	
Slapped, twisted arm, hit with fist, pushed, kicked, choked	
Threatened or forced to have sex	
Other	

**Ever-partnered is ever married or lived with a man with whom respondent had sex.*
†Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.
***Percentages may add up to greater than 100% as respondent may give more than 1 response.*

INJURIES, HELP-SEEKING, AND REPORTING BEHAVIOR

Table GBV-11: Proportion of women who were injured among ever-partnered* women who ever experienced physical and/or sexual violence by an intimate partner† [Location and year]. {N = Q815A-D any = 1}	
Characteristic	**% (n) women**
Injured	

**Ever-partnered is ever married or lived with a man with whom respondent had sex.*
†Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.

Table GBV-12: Types of injuries and help-seeking behavior among ever-partnered* women who ever experienced physical and/or sexual violence by an intimate partner† [Location and year]. {N = Q815A-D any = 1 AND Q818 = 1}	
Characteristic	**% (n) women****
Types of injuries	
Cuts, punctures, bites	
Scratches, abrasions, bruises	
Sprains, dislocations	
Burns	
Penetrating injury, deep cuts, gashes	
Broken eardrum, eye injuries	
Fractures, broken bones	
Broken teeth	
Other	
Sought medical treatment for injuries	

**Ever-partnered is ever married or lived with a man with whom respondent had sex.*
†Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.
***Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Key Indicator GBV-F: Proportion of women who reported violence by an intimate partner* to an authority† among ever-partnered women who ever experienced physical and/or sexual violence by an intimate partner [Location and year]. {N = Q815A-D any = 1}**	
Indicator	**% (n) women**
Reported to authority	

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Authority persons include doctor/provider, police, military, and NGO worker.
***Ever-partnered is ever married or lived with a man with whom respondent had sex.*

Table GBV-13: Reporting behavior of women who experienced violence by an intimate partner* among ever-partnered women† who ever experienced physical and/or sexual violence by an intimate partner [Location and year]. {N = Q815A-D any = 1}	
Person reported to	**% (n) women****
Family member/friend	
Authority††	

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Ever-partnered is ever married or lived with a man with whom respondent had sex.
***Percentages may add up to greater than 100% as respondent may give more than 1 response.*
†† *Authority persons include doctor/provider, police, military, and NGO worker.*

Table GBV-14: Injury status of women who experienced violence by an intimate partner* by whether or not they reported it among ever-partnered† women who ever experienced physical and/or sexual violence by an intimate partner [Location and year]. {N = Q815A-D any = 1}		
Injury Status	**Reported Intimate Partner Violence (IPV) to an authority** **% (n) women** **(Q820C-E any=1)**	**Did not report Intimate Partner Violence (IPV) to an authority** **% (n) women** **(Q820C-E all≠1)**
Injured		
Not injured		

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Ever-partnered is ever married or lived with a man with whom respondent had sex.
*** Authority persons include doctor/provider, police, military, and NGO worker.*

Table GBV-15: Reasons given for not reporting violence among ever-partnered† women who ever experienced physical and/or sexual violence by an intimate partner* and did not report it [Location and year]. {N = Q820A-D ALL ≠ 1}	
Reasons for not reporting violence	**% (n) women****
Did not know where to go	
No use/ would not do any good	
Embarrassed	
Afraid of more violence	
Afraid of causing problems in relationship	
Would not be believed/taken seriously	
Violence normal/ not need to complain	
Thought she would be blamed	
Bring bad name to family	
Other	

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Ever-partnered is ever married or lived with a man with whom respondent had sex.
***Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Table GBV-16: Strategies that would be helpful in coping with experiences of violence among ever-partnered† women who ever experienced physical and/or sexual violence by an intimate partner* [Location and year]. {N = Q815A-D any = 1}	
Coping strategies	**% (n) women****
Support group for women	
Talking it over with friends	
Talking it over with family	
Assistance from NGO workers	
Legal advice/traditional justice	
Religious counseling	
Mental health counseling	
Medical assistance	
Trying to forget about it	
Other	

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Ever-partnered is ever married or lived with a man with whom respondent had sex.
***Percentages may add up to greater than 100% as respondent may give more than 1 response.*

INTIMATE PARTNER VIOLENCE IN THE LAST 12 MONTHS

Key Indicator GBV-G: Proportion of women who experienced physical and/or sexual violence by an intimate partner* in the last year among ever partnered† women [Location and year]. {N = Q401 = 1}	
Indicator	**% (n) women**
Intimate partner violence in the last year	

**Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*
†Ever-partnered is ever married or lived with a man with whom respondent had sex.

Table GBV-17: Demographic characteristics of ever-partnered* women by whether or not they experienced physical and/or sexual violence by an intimate partner† in the last year [Location and year]. {N = Q401 = 1}

Characteristic	IPV in last year % (n) women (Q816 A-D=2, 3, OR 4)	No IPV in last year % (n) women (Q816 D=1)
Total		
Age		
15-24		
25-34		
35-49		
Partner education		
None		
1-4		
5-8		
9-12		
> 12		
Technical Vocational		
University or higher		
Partner occupation		
Professional/business		
Doctor/engineer		
Farmer		
Military/police		
Merchant/trader		
Domestic servant		

Tradesman		
Student		
Unemployed		
Other		
Don't know/no response		

**Ever-partnered is ever married or lived with a man with whom respondent had sex.*
***Intimate partner is a husband or a partner that respondent lives with now or lived with in the past.*

FAMILY VIOLENCE

Key Indicator GBV-H: Proportion of women who experienced physical violence by a family member* in the last year among women of reproductive age [Location and year]. {N = total surveyed}	
Characteristic	**% (n) women**
Physical violence by family member(s) in the past year	

**Family members exclude husbands or partners.*

Table GBV 18: Perpetrators of family violence among women who experienced physical violence by a family member* in the last year [Location and year]. {N = Q823 = 1}

Perpetrators	**% (n) women†**
Mother	
Father	
Mother-in-law	
Father-in-law	
Other female relative	
Other male relative	
Other	

**Family members exclude husbands or partners.*

†Percentages may add up to greater than 100% as respondent may give more than 1 response.

HIV/AIDS

COMPREHENSIVE CORRECT KNOWLEDGE OF HIV/AIDS

Table HIV-1: Correct knowledge of HIV/AIDS among women of reproductive age [Location and year]. {N = total surveyed}	
Knowledge	**% (n) women**
Having one uninfected, faithful partner to prevent HIV/AIDS (Q702=yes)	
Using condoms to prevent HIV/AIDS (Q703=yes)	
Can not get HIV/AIDS from mosquitoes (Q705=no)	
Can not get HIV/AIDS from sharing food with infected person (Q709=no)	
A healthy-looking person can have HIV/AIDS (Q710=yes)	

Key Indicator HIV-A: Proportion of women who have comprehensive correct knowledge* of HIV/AIDS among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Comprehensive correct knowledge of HIV/AIDS	

**Comprehensive correct knowledge of HIV/AIDS is having heard of HIV/AIDS, AND identifying that using condoms and limiting sex to one faithful, uninfected partner are two ways to prevent HIV/AIDS transmission, AND rejecting two common misconceptions that mosquitoes transmit HIV/AIDS and sharing food with an infected person transmits HIV/AIDS, AND knowing that a healthy-looking person can have HIV/AIDS.*

Table HIV-2: Demographic characteristics of women with and without comprehensive correct knowledge* of HIV/AIDS among women of reproductive age [Location and year]. {N = total surveyed}

Characteristic	Does have comprehensive correct knowledge % (n) women	Does NOT have comprehensive correct knowledge % (n) women
Age		
15-24		
25-34		
35-49		
Relationship Status		
Living with husband or partner		
Not living with husband or partner		
Sexually active in last 30 days		
Yes		
No		

**Comprehensive correct knowledge of HIV/AIDS is having heard of HIV/AIDS, AND identifying that using condoms and limiting sex to one faithful, uninfected partner are two ways to prevent HIV/AIDS transmission, AND rejecting two common misconceptions that mosquitoes transmit HIV/AIDS and sharing food with an infected person transmits HIV/AIDS, AND knowing that a healthy-looking person can have HIV/AIDS.*

COMPREHENSIVE CORRECT KNOWLEDGE OF MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS

Table HIV-3: Correct knowledge of mother-to-child transmission of HIV/AIDS among women of reproductive age [Location and year]. {N = total surveyed}	
Knowledge	**% (n) women**
Can transmit HIV/AIDS during pregnancy and delivery	
Can transmit HIV/AIDS through breastfeeding	

Key Indicator HIV-B: Proportion of women who have comprehensive correct knowledge* of mother-to-child transmission of HIV/AIDS among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Comprehensive correct knowledge of mother-to-child transmission of HIV/AIDS	

**Comprehensive correct knowledge of mother-to-child transmission is having heard of HIV/AIDS AND knowing that HIV/AIDS can be transmitted from mother to child during pregnancy, delivery, and breastfeeding.*

Table HIV-4: Demographic characteristics of women with and without comprehensive correct knowledge* of mother-to-child transmission of HIV/AIDS among women of reproductive age [Location and year]. {N = total surveyed}

Characteristic	Does have comprehensive correct knowledge % (n) women	Does NOT have comprehensive correct knowledge % (n) women
Age		
15-24		
25-34		
35-49		
Relationship Status		
Living with husband or partner		
Not living with husband or partner		
Ever pregnant		
Yes		
No		
Currently pregnant		
Yes		
No		

**Comprehensive correct knowledge of mother-to-child transmission is having heard of HIV/AIDS AND knowing that HIV/AIDS can be transmitted from mother to child during pregnancy, delivery, and breastfeeding.*

ACCEPTING ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS

Table HIV-5: Accepting attitudes toward people living with HIV/AIDS among women who have ever heard of HIV/AIDS [Location and year]. {N = Q701 = 1}	
Attitude	**% (n) women**
Does not believe positive HIV/AIDS status of family member should be kept secret (Q713=no)	
Willing to care for a relative with HIV/AIDS at home (Q714=yes)	
Believes a teacher with HIV/AIDS should be allowed to keep teaching (Q715=yes)	
Willing to buy fresh vegetables from a shopkeeper with HIV/AIDS (Q716=yes)	

Key Indicator HIV-C: Proportion of women who have accepting attitudes* towards people living with HIV/AIDS among women who have ever heard of HIV/AIDS [Location and year]. {N = Q701 = 1}	
Indicator	**% (n) women**
Accepting attitudes towards people living with HIV/AIDS	

**Accepting attitudes is not believing the HIV/AIDS positive status of a family member should be kept secret AND is willing to care for HIV/AIDS positive relative in her household AND believing that an HIV/AIDS positive teacher should be allowed to continue teaching AND would buy fresh vegetables from HIV/AIDS positive person.*

Table HIV-6: Demographic characteristics of women with and without accepting attitudes* towards people living with HIV/AIDS among women who have ever heard of HIV/AIDS [Location and year]. {N = Q701 = 1}

Characteristic	Has accepting attitudes % (n) women	Does NOT have accepting attitudes % (n) women
Age		
15-24		
25-34		
35-49		
Relationship Status		
Living with husband or partner		
Not living with husband or partner		

**Accepting attitudes is not believing the HIV/AIDS positive status of a family member should be kept secret AND is willing to care for HIV/AIDS positive relative in her household AND believing that an HIV/AIDS positive teacher should be allowed to continue teaching AND would buy fresh vegetables from HIV/AIDS positive person.*

PAST HIV TESTING

Key Indicator HIV-D: Proportion of women who have ever had an HIV test among women who have heard of HIV/AIDS [Location and year]. {N = Q701 = 1}

Indicator	% (n) women
Ever had HIV test	

HIV-7: Demographic characteristics of women by whether or not they have ever been tested for HIV among women who have ever heard of HIV/AIDS [Location and year]. {N = Q701 = 1}		
Characteristic	**NEVER had an HIV test** **{N = Q723 = 2}** **% (n) women**	**Had an HIV test** **{N = Q723 = 1}** **% (n) women**
Age		
15-24		
25-34		
35-49		
Relationship Status		
Living with husband or partner		
Not living with husband or partner		

Table HIV-8: Testing characteristics among women who have ever had an HIV test [Location and year]. {N = Q723 = 1}	
Characteristic	**% (n) women**
Timing of last HIV/AIDS test	
Less than 1 year ago	
1-2 years ago	
3 or more years ago	
Testing was voluntary	
Received counseling when tested	
Received test results	
Source of testing	
Public Sector	
Hospital	
Government health facility	
Clinic / family planning	
Mobile clinic (government, public)	
Private Sector	
Private hospital / clinic	
Pharmacy	
Private medical doctor	
Mobile clinic (private)	
Traditional healer	

INTENT TO BE TESTED FOR HIV IN THE FUTURE

Key Indicator HIV-E: Proportion of women who would have an HIV test in the future among women who have heard of HIV/AIDS [Location and year]. {N = Q701 = 1}	
Indicator	**% (n) women**
Would go for an HIV test in the future	

Table HIV-9: Demographic characteristics of women by whether or not they would go for a HIV test in the future among women who have ever heard of HIV/AIDS [Location and year]. {N = Q701 = 1}

Characteristic	**Would go for HIV test in future** **% (n) women**	**Would not go for an HIV test in future** **% (n) women**	**Don't know** **% (n) women**
Age			
15-24			
25-34			
35-49			
Relationship Status			
Living with husband or partner			
Not living with husband or partner			
Know a source for testing			
Yes			
No			

Table HIV-10: Primary reason for not wanting to go for an HIV test in the future among women who have ever heard of HIV/AIDS and would not go for a test in the future. [Location and year]. {N = Q701 = 1 AND Q729 = 2 or 8}	
Reason	**% (n) women**
Sure of being infected	
Afraid of the result	
Afraid of the blood taking	
Afraid of catching infection	
Fear of stigmatization	
Too expensive	
Other	

RECEIPT OF HIV/AIDS INFORMATION

Table HIV-11: Received and preferred sources of information about HIV/AIDS among women who ever heard of HIV/AIDS [Location and year].* {N = Q701 = 1}		
Source	**Source of HIV/AIDS information received** **% (n) women**	**Preferred source of HIV/AIDS information** **% (n) women**
Mass media		
Health services		
People		
Other places		

** Percentages may add up to greater than 100% as respondent may give more than 1 response.*

SAFE MOTHERHOOD

PREGNANCY OUTCOMES

Table SM-1: Pregnancy outcomes in the last two years [Location and year]. {N = total pregnancies in last two years, Sum of Q218}	
Pregnancy outcome	**% (n) of pregnancies**
Singleton pregnancies	
Live birth	
Still birth	
Multiple pregnancies	
Spontaneous abortion	
Induced abortion	
Ectopic pregnancy	

Key Indicator SM-A: Proportion of women who were pregnant in the last two years among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Pregnant in the last two years	

AWARENESS OF DANGER SIGNS DURING PREGNANCY

Key Indicator SM-B: Proportion of women who have any awareness of danger signs of pregnancy complications among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Awareness of danger signs during pregnancy	

Table SM-2: Awareness of danger signs during pregnancy among women of reproductive age [Location and year]. {N = total surveyed}	
Danger signs	**% (n) women***
Severe fatigue	
Severe abdominal pain	
Bleeding from the vagina	
Fever	
Unusual swelling of face/fingers/legs	
Severe and continued headache	
Rapid or difficult breathing	
Foul smelling vaginal discharge	
Convulsions/fits	
Loss of consciousness	
Blurred vision	
Other	
Don't know	

** Percentages may add up to greater than 100% as respondent may give more than 1 response.*

CURRENTLY PREGNANT WOMEN

Key Indicator SM-C: Proportion of women who are currently pregnant among all women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**
Currently pregnant	

Table SM-3: Demographic characteristics of currently pregnant women [Location and year]. {N = Q203 = 1}	
Characteristic	**% (n) pregnant women**
Total	
Age	
15-24	
25-34	
35-49	
Relationship status	
Living with a husband/partner	
Not living a with husband/partner	

Table SM-4: Awareness of danger signs during pregnancy among currently pregnant women [Location and year]. {N = Q203 = 1}	
Danger signs	**% (n) pregnant women***
Severe fatigue	
Severe abdominal pain	
Bleeding from the vagina	
Fever	
Unusual swelling of face/fingers/legs	
Severe and continued headache	
Rapid or difficult breathing	
Foul smelling vaginal discharge	
Convulsions/fits	
Loss of consciousness	
Blurred vision	
Other	
Don't know	

**Percentages may add up to greater than 100% as respondent may give more than 1 response.*

Key Indicator SM-D: Proportion of women who are receiving antenatal care (ANC) by a trained provider* among currently pregnant women [Location and year]. {N = Q203 = 1}	
Indicator	**% (n) pregnant women**
ANC by trained provider	

**Trained provider is a doctor, nurse, or midwife.*

Table SM-5: Demographic characteristics of currently pregnant women by receipt of antenatal care (ANC) [Location and year]. {N = Q203 = 1}			
Characteristic	**ANC by a trained provider*** **% (n) pregnant women** **(Q206=doctor OR nurse/midwife)**	**ANC by an untrained provider†** **% (n) pregnant women** **(Q206=TBA/CHW or other)**	**No ANC** **% (n) pregnant women** **(Q205=2)**
Total			
Age			
15-24			
25-34			
35-49			
Relationship Status			
Living with a husband/partner			
Not living a with husband/partner			

**Trained provider is a doctor, nurse, or midwife.*

†Untrained provider is a traditional birth attendant (TBA), community health worker (CHW), or anyone that is not a doctor, nurse, or midwife.

Table SM-6: Antenatal care (ANC) services received among currently pregnant women receiving ANC [Location and year]. {N = Q203 = 1 AND Q205 = 1}

ANC services	% (n) pregnant women*
Weighed	
Checked blood pressure	
Received abdominal exam	
Listened to baby's heartbeat	
Asked about medical history	
Provided a urine sample	
Advised on what to do for potential problems	
Received tetanus toxoid injection(s)	
Received malaria medication/malaria test	
Asked to take, or took, a Syphilis test	
Asked to take, or took, an HIV test	
Discussed birth plan in case of emergency	

**Total percentage may be greater than 100 because respondent could mention more than one response.*

Table SM-7: Barriers to antenatal care (ANC) among currently pregnant women who are NOT receiving ANC [Location and year]. {N = Q203 = 1 AND Q205 = 2}

Barriers to ANC	% (n) pregnant women*
Lack of access	
No healthcare provider available	
Could not afford	
Distance too far	
Lack of transportation	
Poor road conditions	
Opposition to care	
Husband/partner would not permit	
Perception to care	
Afraid of doctor, nurse, etc	
Have never used doctor/nurse before	
Not treated well previously	
Embarrassed or ashamed	
Time	
Too early in pregnancy	
Not enough time	
Other	

**Total percentage may be greater than 100% because respondent could mention more than one response.*

WOMEN WHO GAVE BIRTH IN THE LAST TWO YEARS

ANTENATAL CARE (ANC)

Key Indicator SM-E: Proportion of women who received at least 4 antenatal care (ANC) visits by a trained provider* among women whose most recent pregnancy ended in a live or still birth in the last two years [Location and year]. {N = Q218a = 1 or 2 or 3 or 4}	
Indicator	**% (n) women**
Optimal ANC (≥ 4 visits with a trained provider)	

**Trained provider is a doctor, nurse, or midwife.*

Table SM-8: Demographic characteristics of women whose most recent pregnancy ended in a live or still birth in the last two years by receipt of antenatal care (ANC) [Location and year]. {N = Q218a = 1 or 2 or 3 or 4}

Characteristic	ANC by a trained provider* and ≥4 visits % (n) women (Q220=doctor OR nurse/midwife) AND Q220=3 or 4)	ANC by a trained provider and <4 visits OR by an untrained† provider % (n) women (Q220=doctor OR nurse/midwife AND Q221=1, 2 or 3) OR (Q220=TBA/CHW or other)	No ANC % (n) women (Q219=2)
Total			
Age			
15-24			
25-34			
35-49			
Relationship Status			
Living with a husband/partner			
Not living a with husband/partner			

**Trained provider is a doctor, nurse, or midwife.*

†Untrained provider is a traditional birth attendant (TBA), community health worker (CHW), or anyone that is not a doctor, nurse, or midwife.

Table SM-9: Antenatal care (ANC) services received among women who received ANC during their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N= (Q218a = 1 or 2 or 3 or 4) AND Q219 = 1}

ANC services	% (n) women*
Weighed	
Checked blood pressure	
Received abdominal exam	
Listened to baby's heartbeat	
Asked about medical history	
Provided a urine sample	
Advised on what to do for potential problems	
Received tetanus toxoid injection(s)	
Received malaria medication/malaria test	
Asked to take, or took, a Syphilis test	
Asked to take, or took, an HIV test	
Discussed birth plan in case of emergency	

**Total percentage may be greater than 100 because respondent could mention more than one response.*

Table SM-10: Barriers to antenatal care (ANC) among women who did not receive ANC during their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N = (Q218a = 1 or 2 or 3 or 4) AND Q219 = 2}	
Barriers to ANC	**% (n) women***
Lack of access	
No healthcare provider available	
Could not afford	
Distance too far	
Lack of transportation	
Poor road conditions	
Opposition to care	
Husband/partner would not permit	
Perception to care	
Afraid of doctor, nurse, etc	
Have never used doctor/nurse	
Not treated well previously	
Embarrassed or ashamed	
Time	
Too early in pregnancy	
Not enough time	
Other	

**Total percentage may be greater than 100 because respondent could mention more than one response.*

PREGNANCY COMPLICATIONS

Table SM-11: Types of pregnancy complications among women who reported a complication during their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N = (Q218a = 1 or 2 or 3 or 4) AND Q224 = 1}	
Pregnancy complications	**% (n) women***
Severe fatigue	
Severe abdominal pain	
Bleeding from the vagina	
Fever	
Unusual swelling of face/fingers/legs	
Severe and continued headache	
Rapid or difficult breathing	
Foul smelling vaginal discharge	
Convulsions/fits	
Loss of consciousness	
Blurred vision	
Other	

**Total percentage may be greater than 100 because respondent could mention more than one response.*

HELP-SEEKING BEHAVIOR FOR PREGNANCY COMPLICATIONS

Key Indicator SM-F: Proportion of women who sought help at a health facility* among women who reported a pregnancy complication during their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N = (Q218a = 1 or 2 or 3 or 4) AND Q224 = 1}	
Indicator	**% (n) women**
Went to health facility for pregnancy complication	

** Health facility is a health center or hospital.*

Key Indicator SM-G: Proportion of women whose delivery was attended by a trained provider* at a health facility† among women whose most recent pregnancy ended in a live or still birth in the last two years [Location and year]. {N = Q218a = 1 or 2 or 3 or 4}	
Indicator	**% (n) women**
Optimal delivery care (at a health facility with a trained provider)	

** Trained provider is a doctor, nurse, or midwife.*
† Health facility is a health center or hospital.

Table SM-12: Demographic characteristics of women whose most recent pregnancy ended in a live or still birth in the last two years by delivery care [Location and year]. {N = Q218a = 1 or 2 or 3 or 4}

Characteristic	Delivery with a trained provider* AND at a health facility† % (n) women (Q228=2 AND Q230=3)	Delivery with a trained provider BUT NOT at a health facility % (n) women (Q228=2 AND Q230≠3)	Delivery with NO trained provider and NOT at a health facility % (n) women (Q228≠2 AND Q230≠3)
Total			
Age			
15-24			
25-34			
35-49			
Relationship Status			
Living with a husband/partner			
Not living a with husband/partner			

**Trained provider is a doctor, nurse, or midwife.*

† Health facility is a health center or hospital.

Table SM-13: Types of complications among women who reported at least one complication during labor and delivery in their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N = (Q218a = 1 or 2 or 3 or 4) AND Q231 = 1}	
Labor and delivery complications	**% (n) women***
Heavy bleeding	
Prolonged (>12 hours) labor	
Vaginal tearing	
Convulsions	
Fever	
Green or brown water coming from the vagina	
Water breaks and labor not induced within 6 hours	
Placenta not expelled within 1 hour of birth	
Other	

**Total percentage may be greater than 100 because respondent could mention more than one response.*

POSTPARTUM CARE

Key Indicator SM-H: Proportion of women who received at least one postpartum care visit within six weeks of delivery among women whose most recent pregnancy ended in a live or still birth in the last two years [Location and year]. {N = Q218a = 1 or 2 or 3 or 4}	
Indicator	**% (n) women**
Received postpartum care visit	

Table SM-14: Demographic characteristics of women whose most recent pregnancy ended in a live or still birth in the last two years by receipt of postpartum care* [Location and year]. {N = Q218a = 1 or 2 or 3 or 4}

Characteristic	Received postpartum care % (n) women (Q233≠4)	Did NOT receive postpartum care % (n) women (Q233=4)
Total		
Age		
15-24		
25-34		
35-49		
Relationship Status		
Living with a husband/partner		
Not living a with husband/partner		

**Health worker visited or the respondent went to health center.*

Table SM-15: Receipt of information or counseling about family planning during a postpartum visit among women whose most recent pregnancy ended in a live or still birth in the last two years AND received postpartum care [Location and year]. {N= (Q218a = 1 or 2 or 3 or 4) AND Q233 ≠ 4}

Characteristic	% (n) women
Received information or counseling	
Did NOT receive information or counseling	

HELP-SEEKING BEHAVIOR FOR POSTPARTUM COMPLICATIONS

Table SM-16: Types of postpartum complications among women who reported at least one postpartum complication after their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N = (Q218a = 1 or 2 or 3 or 4) AND Q235 = 1}

Postpartum complications	% (n) women*
Heavy bleeding	
Bad smelling vaginal discharge	
High fever	
Painful urination	
Hot, swollen, painful breasts	
Other	

**Percentages may be greater than 100 because respondent could mention more than one response.*

Table SM-17: Help-seeking behavior among women who reported at least one postpartum complication after their most recent pregnancy that ended in a live or still birth in the last two years [Location and year]. {N = (Q218a = 1 or 2 or 3 or 4) AND Q235 = 1}

Characteristic	% (n) women
No help	
Help at home	
Help at health facility*	

** Health facility is a health center or hospital.*

SEXUAL HISTORY/SEXUALLY TRANSMITTED INFECTIONS (STIS)

SEX WITH A CASUAL PARTNER

Key Indicator STI-A: Proportion of women who had sex with a casual partner in the last 12 months among women of reproductive age [Location and year]. {N = total surveyed}	
Indicator	**% (n) women**

Table STI-1: Demographic characteristics of women who had sex with a casual partner in the last 12 months [Location and year]. {N = Q504 ≥ 1}	
Characteristic	**% (n) women**
Age	
15-24	
25-34	
35-49	
Relationship Status	
Living with husband/partner	
Not living with husband/partner	

Key Indicator STI-B Proportion of women who did not use a condom at last intercourse with a casual partner among women who had sex with a casual partner in the last 12 months [Location and year]. {N = Q504 ≥ 1}	
Characteristic	**% (n) women**
Used a condom at last sex with casual partner	

Table STI-2: Reasons for not using a condom among women who did not use a condom at last intercourse with a casual partner [Location and year].* {N = Q504 ≥ 1 AND Q505 = 2}	
Characteristic	**% (n) women**
Not available	
Too expensive	
Partner objected	
Do not like them	
Used other contraceptive	
Didn't think it was necessary	
Didn't think of it	
Other	

* Percentages may add up to greater than 100% as respondent may give more than 1 response

KNOWLEDGE OF SELECTED STI-ASSOCIATED SYMPTOMS

Key Indicator STI–C: Proportion of women who are aware of at least one of three STI-associated symptoms* among women of reproductive age [Location and year]. {N = total surveyed}	
Characteristic	**% (n) women**
Aware of at least one of three symptoms of an STI	

*Three symptoms are green or curd like vaginal discharge, foul-smelling discharge, and genital ulcers/sores.

Table STI-3: Awareness of STI-associated symptoms among women of reproductive age [Location and year].* {N = total surveyed}	
Characteristic	**% (n) women**
Systemic symptoms	
Abdominal pain	
Weight loss	
Yellow eyes/yellow skin	
Vaginal symptoms	
Green or curd-like vaginal discharge	
Foul-smelling discharge	
Redness/inflammation of genital area	
Genital itching	
Genital ulcers/sores	
Urinary symptoms	
Burning during urination	
Blood in urine	
Fertility effects	
Difficulty getting pregnant	
Other	
Don't know	

* Percentages may add up to greater than 100% as respondent may give more than 1 response.

SELECTED STI-ASSOCIATED SYMPTOMS IN THE LAST 12 MONTHS

Key Indicator STI–D: Proportion of women who had unusual genital discharge and/or genital ulcers or sores in the last 12 months among women of reproductive age [Location and year]. {N = total surveyed}	
Characteristic	**% (n) women**
Had unusual genital discharge and/or genital ulcers or sores	

Table STI-4: Demographic characteristics of women who had unusual genital discharge and/or genital ulcers or sores in the last 12 months [Location and year]. {N = Q603 = 1 OR Q604 = 1}	
Characteristic	**% (n) women**
Age	
15-24	
25-34	
35-49	
Relationship Status	
Living with husband/partner	
Not living with husband/partner	

HELP-SEEKING BEHAVIOR FOR SELECTED STI-ASSOCIATED SYMPTOMS

Key Indicator STI–E: Proportion of women who went to a health facility for treatment among women who had unusual genital discharge and/or genital ulcers or sores in the last 12 months [Location and year]. {N = Q603 = 1 OR Q604 = 1}	
Characteristic	**% (n) women**
Went to a health facility for treatment	

Table STI-5: Barriers to seeking treatment for STI-associated symptoms among women who had unusual vaginal discharge and/or genital ulcers or sores in the last 12 months and did not go to a health facility for treatment [Location and year].* {N = Q603 = 1 OR Q604 = 1 AND N = Q605 = 2}

Barriers to STI Treatment	% (n) women
Lack of access	
No healthcare provider available	
Could not afford	
Distance too far	
Lack of transportation	
Poor road conditions	
Opposition to care	
Husband/partner would not permit	
Perception to care	
Afraid of doctor, nurse, etc	
Have never used doctor/nurse before	
Not treated well previously	
Embarrassed or ashamed	
Other	

* Percentages may add up to greater than 100% as respondent may give more than 1 response.

CHAPTER 6
Suggestions for Data Use

The Toolkit helps organizations collect data that can drive action on improving the reproductive health status of conflict-affected women. The actions could for example, include initiating a new program to provide antenatal care, utilizing the survey to monitor and evaluate an existing voluntary counseling and testing program for HIV/AIDS, developing a policy to promote comprehensive family planning services, or using the data to support a request for funding or other resources. The specific actions should be developed after interpreting the data and identifying priorities and needs. The following section provides some tips on how to translate the data to action.

Interpretation of results

A standard analysis plan (See Chapter 5, Analysis Guide) has been developed that will give organizations the data they need to inform programs and services for women of reproductive age in the population. The analyses are grouped under the same headings as the questionnaire:

- **Background characteristics:** Describes background characteristics of the women of reproductive age in your population. These data are descriptive and can be useful in describing your population when reporting findings and identifying particular groups at high risk of having poor reproductive health.
- **Safe motherhood:** Assesses knowledge of danger signs during pregnancy, access to antenatal services, incidence of pregnancy-related complications, help-seeking behaviors during pregnancy, labor/delivery, and postpartum care, and pregnancy outcomes in the last two years. The data from this section will help determine the need to promote antenatal care, in order to reduce maternal complications and poor birth outcomes.
- **Family planning:** Assesses knowledge of family planning methods, current contraceptive use, unmet need for family planning, and barriers to family planning. The data from this section will help determine the need to promote family planning (limiting number of children or spacing births) and identify barriers to family planning efforts.
- **Sexual history and sexually transmitted infections (STIs):** Assesses knowledge of STIs, prevalence of self-reported STI-associated symptoms, help-seeking behaviors, and barriers to treatment. The data from this section will help determine the need to prevent STIs through ABC's, i.e. abstaining from sex or being mutually faithful or when appropriate, consistently using condoms. These data can also identify needs regarding access to treatment.
- **HIV/AIDS:** Provides information on knowledge of HIV/AIDS, social views of HIV/AIDS, and future intent to get tested. The data from this section will help determine the need for HIV/AIDS prevention services and will assess demand for testing.
- **Gender-based violence (GBV):** Provides information on prevalence of physical and sexual violence during and post-conflict, intimate partner violence, GBV-related injuries, and help-seeking behaviors. The data from this section will help to assess the magnitude of the problem and identify strategies that women would prefer.
- **Female genital cutting (FGC):** Provides information on prevalence of FGC in the current location and perceptions and attitudes regarding FGC.
- **Emotional health:** Provides information on emotional distress issues. This section will assess the need for mental and other health-related services.

Analysis Guide:

The data generated from the Analysis Guide can guide the project team in prioritizing the most critical needs of the population of interest. Organizations may choose to address one or more priority needs, depending on the survey findings and available resources.

The following are examples of how to use the Key Indicator List and Analysis Tables:

Box 6.1

Example 1

Results: For the indicator "Currently pregnant women," your survey may find that 8% of the population is currently pregnant. Next, you discover through the indicator "Antenatal care for currently pregnant women" that only 60% of the currently pregnant women have seen anyone for antenatal care for this pregnancy.

How to Interpret: This would be an alarming finding, and you would want to know who is not being seen for antenatal care and why they are not. The related analysis tables provide a breakdown by demographic characteristics of women not seeing anyone for antenatal care and what they reported as barriers to care. Reviewing the demographic characteristics, you can determine who these women are, which will help you determine how to target messages promoting antenatal care. For example, you might discover that women aged 15-24 who are married and read easily are not seeking care. When reviewing the barriers, you might discover that the most common barrier is lack of access.

Possible Action: You can target the high-risk group you have identified and address the barrier of lack of access to antenatal services.

Box 6.2

Example 2

Results: For the indicator "Comprehensive correct knowledge of HIV/AIDS," your survey may find that only 40% of the population has comprehensive correct knowledge. You may also know from community statistics that there is a high prevalence of HIV.

How to Interpret: Together, these findings suggest that the population is at risk and has inadequate knowledge of how HIV is transmitted and how to prevent transmission. The related analysis tables may show that young people, aged 15-24, do not know how HIV is transmitted and their reading ability is low.

Possible Action: Appropriate HIV education could target this age group, through non-written communications.

Report template

Your technical report should document the entire survey process, findings, conclusions, and recommendations. This report, either as a whole or in summary form, should be used in dissemination efforts. Appendix H provides a sample table of contents for such a report.

Dissemination Plan

A plan for disseminating the findings and recommendations from the survey should be developed by the organization prior to conducting the survey. The findings from the survey should be shared with key collaborators and members of the target population. Your recommendations will help them interpret findings and plan for action. In addition, this information should be disseminated back to project staff to encourage feedback and build buy-in for future data collection efforts and effective use of the data. The findings should be disseminated widely to local and international partners, community leaders and members, and other decision-makers.

The project team should determine the most effective method in their setting for disseminating findings to important audiences. Some methods of disseminating results include:

- Media and press releases
- Presentations at conferences and meetings
- Newsletters and bulletins
- Websites on the Internet
- Community meetings
- Reports that can be distributed via mail or the Internet

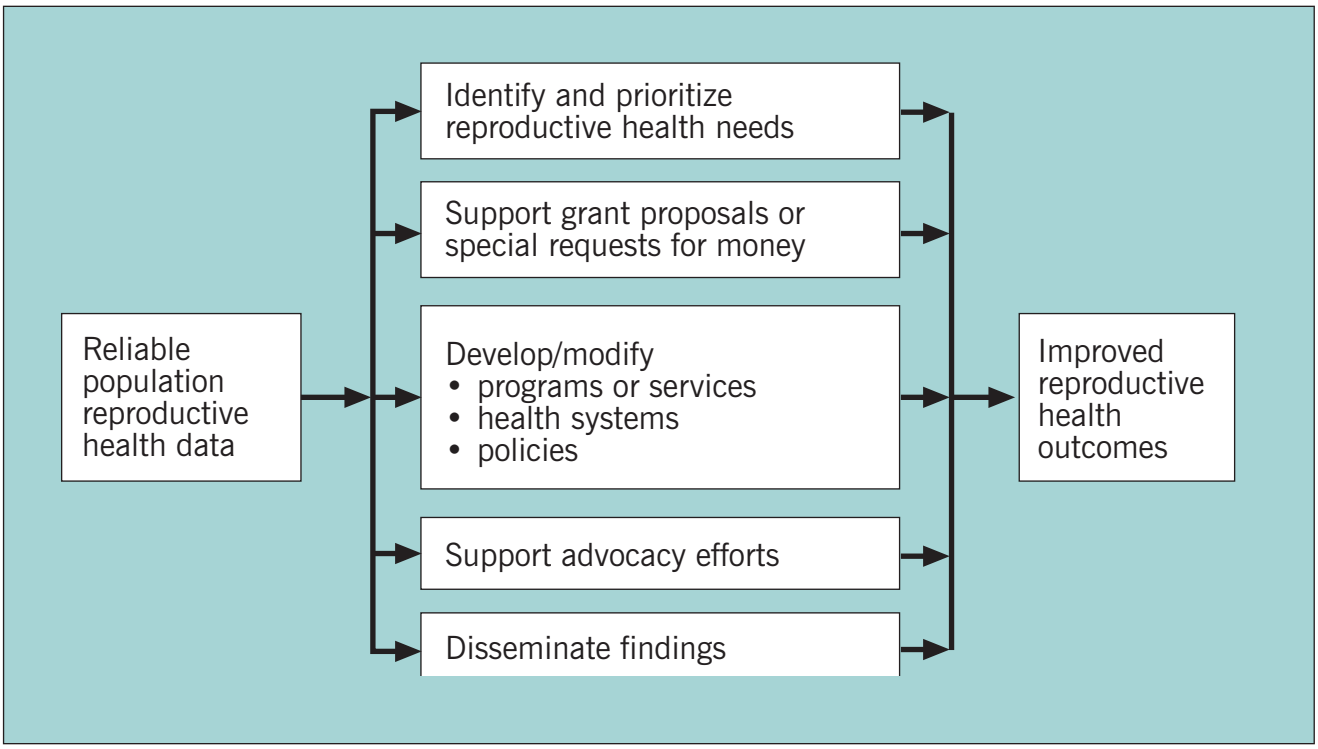
Before you disseminate survey results to anybody outside of the project team, review the reports carefully to ensure confidentiality and privacy of participants will not be breached. Though the data will not have any identifying information, you must also ensure that the report does not contain participant identification (e.g., name, address). The project team should consider carefully how specifically to identify the population. Should the community be named or is it sufficient to state the area of the study?

Data to Action

The goal of the Toolkit is to produce data that will allow you to identify reproductive health needs of women and their families and address them by promoting and enhancing evidence-based programs and services. Figure 6.1 depicts potential 'data to action' strategies to improve the reproductive health outcomes of the survey population.

The strength of the Toolkit is that it provides reliable population-level reproductive health data that can inform the decisions of stakeholders. It is important to engage the project team, partner agencies, and community members as you identify and prioritize strategies to address the findings from the Toolkit. The data can be used to illustrate the need for additional funding (through grants or special requests), to help develop new programs, systems, or policies to address identified needs, and to support advocacy efforts. For programs, health systems, or policies already established, the data can provide valuable information on what effect they are having on the knowledge, attitudes and behaviors of the population. Lastly, as previously mentioned, the findings from the survey should be shared more broadly, to increase the knowledge base regarding reproductive health issues of conflict-affected women.

Figure 6.1 Data to Action



CHAPTER 7
Evaluating Survey Implementation

Evaluating Survey Implementation

Evaluating the survey process will help to enhance completeness and quality of data collection and assure participant satisfaction and privacy. Though time and resources may limit an in-depth evaluation, some level of evaluation is needed to improve the survey process. During the planning phase, the team should develop an evaluation strategy and assure resources are allocated for this effort. A designated person should oversee evaluation activities. As barriers and solutions are identified, you can take action to address them and improve the effectiveness and efficiency of the survey process. Periodic discussions with the team at the end of each day during data collection will help to identify issues and problems at an early stage and allow you to address them accordingly.

The evaluation strategy can include the following methods:

a. **Observation of project team:** All team members should be observed to ensure that they are implementing the survey correctly. Observations could occur during training, the practice interviews, and data collection.

   Examples of what to observe:

   - What barriers exist in implementing the survey correctly?
   - How can the flow of the survey process be made more efficient?
   - What are the training gaps?

b. **Group discussion with project team:** A group discussion with staff members serves a two-fold purpose. First, you will gather information on how the survey process can be improved. Second, the discussion can elicit staff members' perceptions of overarching themes that they observed or heard during the survey process. This qualitative information complements and contextualizes the data gathered from the quantitative survey, and it can help inform the development and implementation of recommendations.

   For each aspect of survey implementation (training, locating, interviewing), open-ended questions can be asked of team members to identify successes, barriers, and solutions and to identify themes (see Appendix I). The group discussion could be conducted after the practice interviews, periodically or half way through data collection, and at the end of data collection. It is important to evaluate earlier in the process of data collection, so that identified problems can be addressed. A facilitator can lead the group discussion, and another individual should take notes. One possibility would be to allot a couple of hours for the group discussion; then close the meeting with a celebration.

c. **Exit surveys with participants:** After the interview, participants can be surveyed verbally to determine their satisfaction with the survey process (see Appendix J). Because participants have already endured a long and possibly emotional interview, the exit survey should be kept brief and easy to answer. A subset of participants (for example, every 10th person interviewed) could be selected systematically for the exit survey, to avoid biases. Exit surveys could be conducted during the time the interviewer leaves to collect the "thank you" gift for the participant.

Additional Resources

- *Reproductive Health Response in Conflict (RHRC) Monitoring and Evaluation Toolkit* is a practical guide tailored specifically to the information and decision-making needs of managers of reproductive health programs serving refugees and other war-affected persons. http://www.rhrc.org/resources/general%5Ffieldtools/toolkit/index.htm

- *How to Guide: Monitoring and evaluation of sexual gender violence programmes – Tanzania*. United Nations High Commissioner for Refugees (UNCHR). Geneva, 2000. http://www.rhrc.org/resources/index.cfm?sector=gbv (under GBV)

- *Gender-based Violence Tools Manual: For Assessment, Program Design, Monitoring and Evaluation in Conflict-Affected Settings*. Reproductive Health Response in Conflict Consortium, 2004. http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html

- *Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons*. November 2004. www.unhcr.org

- *"A method for setting priorities among health problems" in Assessment Protocol for Excellence in Public Health*. National Association of County Health Officials. 1991. pg. E3-7.

- *Setting priorities in international reproductive health programs: a practical framework*. McGinn T et al. Columbia, Center for Population and Family Health, Columbia School of Public Health, April 1996.

- *Reproductive health in refugee situation – an inter-agency field manual*. Geneva, United Nations High Commission for Refugees, 1999.

- *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module*. Women's Commission for Refugee Women and Children, September 2006.

- *Reproductive Health for Refugees: an Inter-agency Field Manual*, Inter-agency Working Group on Reproductive Health in Refugee Situations, 1999.

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7. Training Modules for the Syndromic Management of Sexually Transmitted Infections - 2nd edition. http://www.who.int/reproductive-health/stis/training.htm
8. A user's guide to the self-reporting questionnaire (SRQ). Geneva. World Health Organization, 1994 (WHO/MNH/PSF/94.8).

APPENDIX A
Budget Template

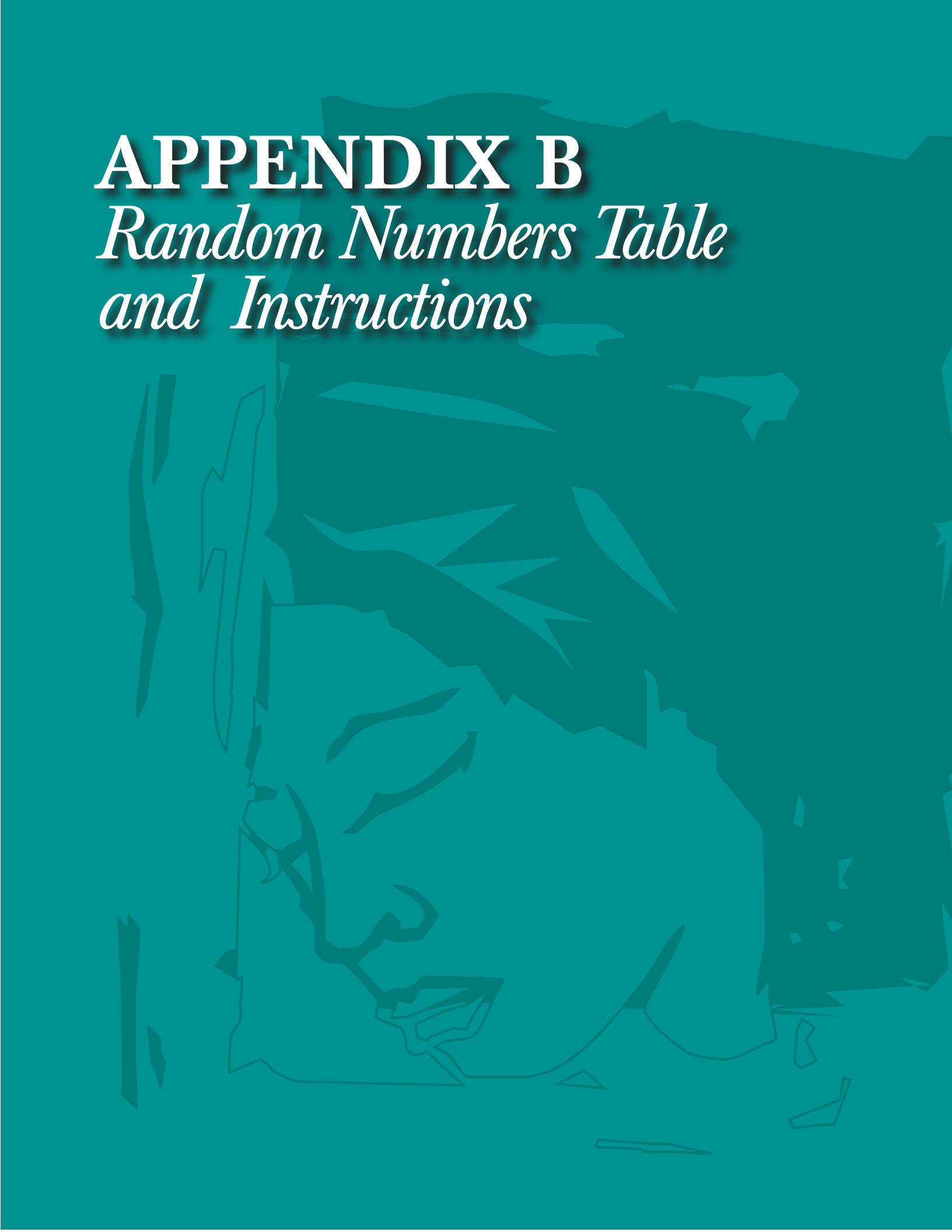
Budget Template

Reproductive Health Assessment Toolkit for Conflict-Affected Women				
Budget Template - this is only a template. Some line items may not be applicable.				
Site Name:				
Date:				
1. Planning and Survey Set-up - This may include an initial site visit that may include travel and/or meeting expenses				
	Number	Unit=Time(days)	Cost/unit	Total Cost
Transportation	1	1	$	$
Lodging	1	5	$	$
Food	1	5	$	$
Logistician for set-up through data collection	1	30	$	$
Community mapping for sampling	1	5	$	$
Planning and Survey Set-up Total				$
2. Training (~2 weeks)				
	Number	Unit=Time(days)	Cost/unit	Total Cost
Trainers (per diem)	2	12	$	$
Supervisors during training (per diem)	4	12	$	$
Interviewers (per diem)	15	12	$	$
Locators during training (per diem)	5	4	$	$
Drivers (per diem)	2	12	$	$
Food for survey team, if applicable	28	12	$	$
Lodging for survey team, if applicable	28	12	$	$
Training facility rental	1	12	$	$
Chairs, tables, etc	1	12	$	$
Photocopying of questionnaires, and locator forms, for training (cost is per page, rather than time)	60	46	$	$
Photocopying of training handouts (cost is per page, rather than time)	28	20	$	$
Materials (pens, paper, butcher paper (flip charts)	1	12	$	$
Translation of English to local language - 37pg	1	37	$	$
Back translation of local language to English - 37pg	1	37	$	$
Local transport for survey team	28	12	$	$
Vehicle rental	2	12	$	$
Vehicles -gas and oil	2	12	$	$
Vehicles - minor repairs	2	12	$	$
Cell phones/phone cards	2	12	$	$
Training Total				$

3. DATA COLLECTION (~2 or 3 weeks)				
	Number	Unit=Time(days)	Cost/unit	Total Cost
Trainers (per diem)*	2	18	$	$
Supervisors during training (per diem)*	4	18	$	$
Interviewers (per diem)	15	18	$	$
Locators during training (per diem)	5	18	$	$
Drivers (per diem)	2	18	$	$
Food for survey team, if applicable	28	18	$	$
Lodging for survey team, if applicable	28	18	$	$
Training facility rental	1	18	$	$
Photocopying of questionnaires, locator forms for data collection (cost is per page, rather than time)	450	46	$	$
Chairs, tables, etc	1	18	$	$
Local transport for survey team	28	18	$	$
Vehicle rental	2	18	$	$
Vehicles -gas and oil	2	18	$	$
Vehicles - minor repairs	2	18	$	$
Cell phones/phone cards	2	18	$	$
Refreshments for Participants	500	1	$	$
Thank you gift for Participants' time	500	1	$	$
Pens/Clipboards for survey team	28	1	$	$
Data Collection Total				$
4. POST DATA COLLECTION				
	Number	Unit=Time(days)	Cost/unit	Total Cost
Survey team wrap-up and celebration	28	1	$	$
Data entry staff	2	15	$	$
Report writing	1	15	$	$
Photocopies of report for dissemination (cost per page)	30	50	$	$
Dissemination activities (reporting back to community, meetings with stakeholders, workshops, media events, etc.)	2	1	$	$
Post Data Collection Total				$
SURVEY SUMMARY				
Subtotal all-phases				$
10% Contingency costs				$
TOTAL SURVEY COST				$

* Trainers can act as supervisors during data collection

APPENDIX B
Random Numbers Table and Instructions



Random Numbers Table and Instructions

NOTE: Several computer applications, such as Excel, Access, SAS, and CSPro, can generate random numbers. If you are familiar with these programs, you can generate numbers electronically rather than using the random numbers table (Table B.1).

Instructions for using the random numbers table:

1. Determine how many digits you need your random number to be, based on the total number of households.
2. Choose a direction (right, left, up or down) in which you will read the numbers from the table. You will read the numbers in this direction for all random numbers selected for the sample.
3. With your eyes closed, use a pointed object, such as a pen or pencil, to touch the random numbers table. Your starting point is the digit closest to the point where you touched the table.
4. In the direction you chose, read the number of digits required. Numbers that are not within the range needed are discarded. Continue reading the numbers in the chosen direction until all random numbers have been selected.

Examples for random sampling:

For each area to be sampled, you must determine how many households there are and how many need to be selected for your sample. Using the example Table 3.1 in the random sampling instructions, you determined that you need to select 75 households from a total of 228 households in Zone 1. So you will need to select 75 numbers between the numbers of 1 and 228 following the steps below. In this example, you are choosing a number between 1 and 228, so you need 3-digit numbers.

Example 1:

You have decided that you will move to the right of where your pencil lands and you need 3-digit numbers between 1 and 228. Your pencil lands on the last digit in the cell in Column C, Row 2. Your pencil should be on the digit "0." Reading to the right to get a 3-digit number gives you the number "084." This means that you will ask household #84 on your list of numbered households to participate in the survey. Reading to the right to get the next 3-digit number gives you the number "443." Since this number is not between 1 and 228, you continue to the next number until it is in the correct range. The next number that fits the range is "015." Repeat this process until all 75 random numbers have been selected.

Example 2:

You have decided that you will move down from where your pencil lands and you need 3-digit numbers between 1 and 228. Your pencil lands on the second digit in the cell in Column H, Row 16. Your pencil should be on the digit "1." Reading down to get a 3-digit number gives you the number "123." This means that you will ask household #123 on your list of numbered households to participate in the survey. You will repeat this process until all 75 random numbers have been selected.

Example 3:

You have decided to move to the left of where your pencil lands and you need 3-digit numbers between 1 and 228. Your pencil lands on the first digit in Column D, Row 27. Your pencil should be on the digit "8." Reading left to get a 3-digit number gives you the number "879." Because 879 is not between 1 and 228, you must choose a new starting point. You try again and your pencil lands on the fourth digit in Column J, Row 11. Your pencil should be on the digit "1." Reading to the left to get a 3-digit number gives you the number "117." You will repeat this process until all 75 random numbers have been selected.

Examples for cluster sampling:

You will need to use the random numbers table for two tasks in cluster sampling. The first task is to choose a starting point between 1 and your sampling interval to select the clusters (refer to Step 3: Selecting the clusters to be sampled).

Example 4:

In our example, we need a number between 1 and 39 (our sampling interval). You have decided that you will move to the right of where your pencil lands and you need a 2-digit number between 1 and 39. Your pencil lands on the last digit in the cell in Column C, Row 45. Your pencil should be on the digit "2." Reading to the right to get a 2-digit number gives you the number "29." Refer back to the sample list of clusters in Table 3.2. The number "29" falls between 28 and 60, so you would start your selection of clusters with cluster #2.

For the second task, you need to randomly select households from each selected cluster. For each selected cluster, you need to choose 25 households. Let's say that you have chosen cluster #15 which has 40 households (Table 3.2). You will need to choose 25 numbers between 1 and 40. In this example, you are choosing a number between 1 and 40, so you need a 2-digit number. The numbers can range from 1–40.

Example 5:

You have decided that you will move to the right of where your pencil lands and you need 2-digit numbers between 1 and 40. Your pencil lands on the last digit in the cell in Column E, Row 10. Your pencil should be on the digit "2." Reading to the right to get a 2-digit number gives you the number "22." This means that you will ask household #22 on your list of numbered households to participate in the survey. You will repeat this process until all 25 random numbers have been selected.

Example 6:

You have decided that you will move up from where your pencil lands and you need 2-digit numbers between 1 and 40. Your pencil lands on the second digit in the cell in Column F, Row 23. Your pencil should be on the digit "0." Reading up to get a 2-digit number gives you the number "03." This means that you will ask household #3 on your list of numbered households to participate in the survey. You will repeat this process until all 25 random numbers have been selected.

Example 7:

You have decided to move to the left of where your pencil lands and you need 2-digit numbers between 1 and 40. Your pencil lands on the first digit in Column I, Row 26. Your pencil should be on the digit "5." Reading left to get a 2-digit number gives you the number "53." Because 53 is not between 1 and 40, you must choose a new starting point. You try again and your pencil lands on the fourth digit in Column D, Row 8. Your pencil should be on the digit "3." Reading to the left to get a 2-digit number gives you the number "39." You will repeat this process until all 25 random numbers have been selected.

Table B.1: Random Numbers Table

	A	B	C	D	E	F	G	H	I	J
1	8450	6992	6563	0340	2649	6933	9446	6182	2601	7800
2	5952	1443	7100	8444	3904	0159	1849	2601	9763	9058
3	5711	6779	9388	9668	4167	1423	2744	4622	2179	8503
4	2681	8047	0494	7853	8411	5406	8127	9577	8530	2350
5	0739	3114	3997	3482	3226	2216	6874	0620	8521	2938
6	8985	2463	5054	3448	6357	0187	6342	4740	4064	5068
7	7644	9339	8375	4583	7715	6355	6827	2055	9328	3287
8	6277	6631	8797	3693	6370	1436	1599	6267	2758	0323
9	6355	7590	7628	9054	0022	4241	7499	3430	3644	6576
10	7828	0589	3075	1954	5972	2266	0055	1097	9706	9009
11	6026	4546	4119	1554	4895	3123	9849	2094	5062	6711
12	8416	1972	9345	1593	2943	2379	5062	4829	5952	8292
13	1433	8823	7706	5273	6160	2161	5510	8617	7894	0175
14	0622	4884	8113	4447	5735	6347	7280	2301	2330	0693
15	4104	7164	1184	3964	2119	6968	0469	3827	0845	8400
16	4272	4979	1471	0942	9573	4283	1557	0161	3957	2516
17	1225	4171	3433	8700	0042	5884	2508	3250	1520	6366
18	7442	6575	1927	7267	7182	3960	4341	0350	1126	5945
19	4911	9007	3048	0319	0916	3002	1466	4421	7246	7662
20	3143	7402	4486	0909	1858	7961	1211	6296	5545	4588
21	8055	9294	2578	0426	4322	6925	2487	5677	9491	4301
22	9240	5260	7134	8001	0140	3394	8437	4066	2855	0933
23	7923	8630	3654	2638	2868	1059	0903	3114	6351	8261
24	0020	5104	4344	3324	9214	6615	5926	7012	9052	9205
25	3312	5923	5469	9171	4877	5392	3394	5077	3750	5637
26	3466	4193	5330	4680	0456	5891	3175	5733	5678	0956
27	1677	1694	1697	8921	2520	2811	3597	1355	9605	3637
28	3846	6283	0969	0051	5857	1043	1671	2013	8955	7706
29	8084	2327	0550	7231	1087	4830	9742	5654	5458	8290
30	2715	2247	4504	1374	9236	7340	1773	0693	2749	1335
31	6537	5815	9312	1460	6593	7678	4312	7537	9360	7195
32	4263	8931	1642	6694	1925	2661	1274	7346	8234	3159
33	7468	4077	6691	3961	7640	2355	9938	8485	9398	8364
34	4884	3324	3690	7433	1245	0523	4483	5933	5634	0512
35	7222	7299	1346	8937	0933	1569	5562	3735	2982	5966
36	5040	0820	8606	4006	4743	6343	4873	1002	4757	1075
37	2980	4860	5694	1501	5791	9414	7246	1283	9766	7427
38	8660	5480	7436	9745	8869	3307	4916	6543	9830	6099
39	7627	4959	6417	3542	1877	0370	5464	9590	5184	7379
40	1890	7664	7144	3523	8465	0385	8174	4740	3654	5543
41	3175	2580	3919	7436	0796	1018	5565	1142	4577	0457
42	7616	9338	6304	0283	6502	9085	5443	1531	9724	4140
43	5223	4525	0895	9930	0050	2201	5270	6447	1850	2070
44	9384	9794	8418	0374	4119	2075	0067	4535	7769	4719
45	5862	9165	5302	9789	5771	9670	7523	9280	2604	0212
46	9450	9307	6597	7183	5243	8854	6735	2415	0364	3096

APPENDIX C
Training Handouts

Training Handouts

HANDOUT 1: Sample Training Schedule

NOTE: you can modify this handout to reflect your setting

DAY 1 (Interviewers, Locators, And Supervisors)

08H00 – 10H00: Module 1: Administrative Arrangements

- Introductions
- Address administrative details
- Identify questions to be answered during the training

10H00 – 10H30: Break

10H30 – 12H30: Module 2: Introduction to the Survey

- Introduction to the survey and its purpose
- Issues of reproductive health covered in survey
- Reproductive health terminology

12H30 – 1H30: Lunch

1H30 – 4H30: Module 3: Defining the Roles and Responsibilities of Survey Team

- Responsibilities of each team member
- Rights of participants and confidentiality
- Safety and emergency procedures

NOTE: After completion of Module 3, locators should be split off into a separate group to continue with locator training, beginning with Module 7.

DAY 2 (Interviewers and Supervisors)

08H00 – 10H00: Module 4: Understanding the Survey and Survey Questions

- Questionnaire administration process description
- Question-by-question explanation and discussion

10H00 – 10H30: Break

10H30 – 12H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

12H30 – 1H30: Lunch

1H30 – 4H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

DAY 2 (Locators Only)

08H00 – 10H00: Module 7: Locator Training– Overview of Process

- Administrative details
- Review of Locator Form
- Identify questions to be answered during training

10H00 – 10H30: Break

10H30 – 12H30: Module 8: Locator Training–Use of Forms

- Review of Locator Form in detail
- Practice in filling out each section of the form

12H30 – 1H30: Lunch

1H30 – 4H30: Module 8: Locator Training–Use of Forms (continued)

- Review of Locator Form in detail
- Practice in filling out each section of the form

DAY 3 (Interviewers and Supervisors)

08H00 – 10H00: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

10H00 – 10H30: Break

10H30 – 12H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

12H30 – 1H30: Lunch

1H30 – 4H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

DAY 3 (Locators Only)

08H00 – 10H00: Module 9: Locator Training Role Playing

- Practice in introductions at households
- Practice in random selection of woman

10H00 – 10H30: Break

10H30 – 12H30: Module 9: Locator Training Role Playing (continued)

- Practice in introductions at households
- Practice in random selection of woman

12H30 – 1H30: Lunch

1H30 – 4H30: Module 9: Locator Training–Role Playing (continued)

- Practice in obtaining consent
- Practice in filling out visit record box

NOTE: Once the Locators can reliably administer the locator form, they may be dismissed until it is time for the team to do Module 11 (Practice Interviews in the Community).

DAY 4 (Interviewers and Supervisors)

08H00 – 10H00: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

10H00 – 10H30: Break

10H30 – 12H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

12H30 – 1H30: Lunch

1H30 – 4H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

DAY 5 (Interviewers and Supervisors)

08H00 – 10H00: Module 5: Interviewing Techniques and Initiating the Interview

- Guiding principles for interviewers
- Tips for good interviewing

10H00 – 10H30: Break

10H30 – 12H30: Module 5: Interviewing Techniques and Initiating the Interview (continued)

- Practice through role-playing

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing

- Pairs of trainees role-play interviewing in front of the group.

DAY 6 (Interviewers and Supervisors)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Pairs of trainees role-play interviewing in front of the group
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Pairs of trainees role-play interviewing in front of the group
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of three
- Practice recording responses

DAY 7 (Interviewers Only)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of three
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of three
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

DAY 7 (Supervisors Only)

08H00 – 10H00: Module 10: Supervisor Training–Household Selection Process

- Familiarization with sampling method to be used (random or cluster)

10H00 – 10H30: Break

10H30 – 12H30: Module 10: Supervisor Training – Household Selection Process (continued)

- Training on how to identify households for survey

12H30 – 1H30: Lunch

1H30 – 4H30: Module 10: Supervisor Training – Household Selection Process (continued)

- Training on how to review questionnaires for logic and completeness

DAY 8 (Interviewers and Supervisors)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

DAY 9 (Interviewers and Supervisors)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

DAY 10 (Interviewers, Locators, and Supervisors)

All day: Module 11: Practice Interviews in the Community

- Interviewers, supervisors, and locators obtain real life experience in administering the survey
- Session closes with debriefing to discuss any issues, questions, or concerns that arose during practice interviews

DAY 11 (Interviewers, Locators, and Supervisors)

08H00-11H00: Module 12: Review of Survey Schedule

- Review logistics of how the interview teams will conduct the survey

DAY 12 (Data Entry Staff and Supervisors)

08H00-8H30: Module 13: Data Entry–Administrative Arrangements

- Review administrative and logistical details
- Explain roles and responsibilities of each team member
- Review confidentiality procedures

08H30-10H00: Module 14: Data Entry Instructions

- Overview of survey
- CSPro data entry program and instructions

10H00 – 10H30: Break

10H30-12H00: Module 14: Data Entry Instructions (continued)

- CSPro data entry program and instructions
- Reinforce importance of data quality issues
- Practice entering questionnaires

12H00 – 1H00:
Module 15: Supervisor Training–Data Entry

- Resolving questionnaire errors or data entry errors
- Checking the quality of data being entered
- Combining datasets
- Producing a clean dataset

HANDOUT 2: Sample Logistics Administration

NOTE: You can modify this handout to reflect your setting.

Training logistics

Training will be held at [insert training location] Monday through Friday from 8:30 AM to 4:30 PM and Saturday from 8:30 AM to 12 noon. Interviewers will be in training for approximately 10 days and locators will be in training for approximately 3 days. At the end of the training period, a practice test of the survey will be conducted in a community setting over the course of 1 day. Interviewers will conduct 2-3 practice interviews during the practice test. We will meet for several hours the next day to discuss the practice test and go over the schedule for the survey.

Interview teams

Following the training, there will be [insert number] teams of interviewers assigned to selected sites, Monday through Friday, for a minimum of two weeks. Each team will be supervised on-site by a team supervisor. Each interviewer will submit their completed questionnaires for review by the supervisor at the close of each interview. Locators will recruit eligible women to participate in the survey.

Locators

Each locator will participate in approximately three days of training to review basic privacy concepts and the survey plan, work separately with a supervisor in reviewing their specific responsibilities, and practice identifying eligible participants and obtaining consent. The locators will join the interviewers and the rest of the survey team for a practice test in a community setting. Once the survey gets underway, locators will be assigned a specified area each day where they will seek eligible participants. The locators will go to pre-selected houses to invite the selected women to participate in the survey. The locators will explain the basic components of the survey to the potential participant. If the woman agrees to participate, she will be guided, and when necessary, transported, to the survey site, where interviewers will be waiting to conduct the survey.

Drivers (optional)

[insert number] driver(s) will be responsible for transporting the interview teams from an identified meeting spot to the selected interview sites each day. After dropping off the interviewers at the interview site, each driver will transport the locators to pre-selected houses where the locators will invite women to participate in the survey. At the end of the day, the drivers will be responsible for returning the interview teams back to a central drop-off point. Departure from the interview location should take place no later than 4 PM each day.

Supervisors

Supervisors will be at the interview site(s) every day that interviews are being conducted. Each supervisor will be responsible for overseeing his/her team. Supervisors are also responsible for ensuring that data are collected properly, security and safety precautions are enforced, and all aspects of the survey implementation proceed smoothly. An additional supervisor will work with the locators to assist with house visits and selection of survey participants.

HANDOUT 3:
Overview of the Survey

Purpose of Toolkit

The Toolkit has been developed to provide a set of tools to assess the reproductive health needs of conflict-affected women and use the data to promote and enhance programs and services to improve the reproductive health of conflict-affected women and their families.

Topics included in the questionnaire

The questionnaire consists of 10 sections that ask about various aspects of a woman's reproductive health status.

- **Section 1: Background characteristics.** Background information, such as the number of people living in the household, age, education, ethnic group, religion, origin, and length of displacement.
- **Section 2: Safe motherhood.** Number of pregnancies, pregnancy outcomes, antenatal care, antenatal care provider, reasons for not seeking care, and pregnancy complications.
- **Section 3: Family planning.** Knowledge of different ways to prevent a pregnancy, current family planning methods used, where to obtain desired contraceptive methods, and reasons for not using family planning.
- **Section 4: Marriage and live-in partnerships.** Information about former and current partner status.
- **Section 5: Sexual history: numbers and types of partners.** Sexual history and condom use with casual partners.
- **Section 6: Sexually transmitted infections (STIs).** Knowledge about STI symptoms and where to seek treatment, and reasons for not seeking care.
- **Section 7: HIV/AIDS knowledge, opinions, and attitudes.** Knowledge about HIV transmission, history of HIV testing, and future intent to be tested.
- **Section 8: Gender-based violence (GBV).** Violent acts perpetuated by non-family members during and after the conflict, resulting health complications, resulting help-seeking behavior, intimate partner violence (IPV), and family violence.
- **Section 9: Female genital cutting (FGC).** Prevalence of FGC among respondents and their daughters, and attitudes about FGC.
- **Section 10: Emotional health.** Information about various emotions and feelings.

HANDOUT 4:
Reproductive Health Terms

NOTE: Trainees and supervisors should discuss and agree upon appropriate local terminology. Additional terms from the questionnaire that you wish to define can be added at the end.

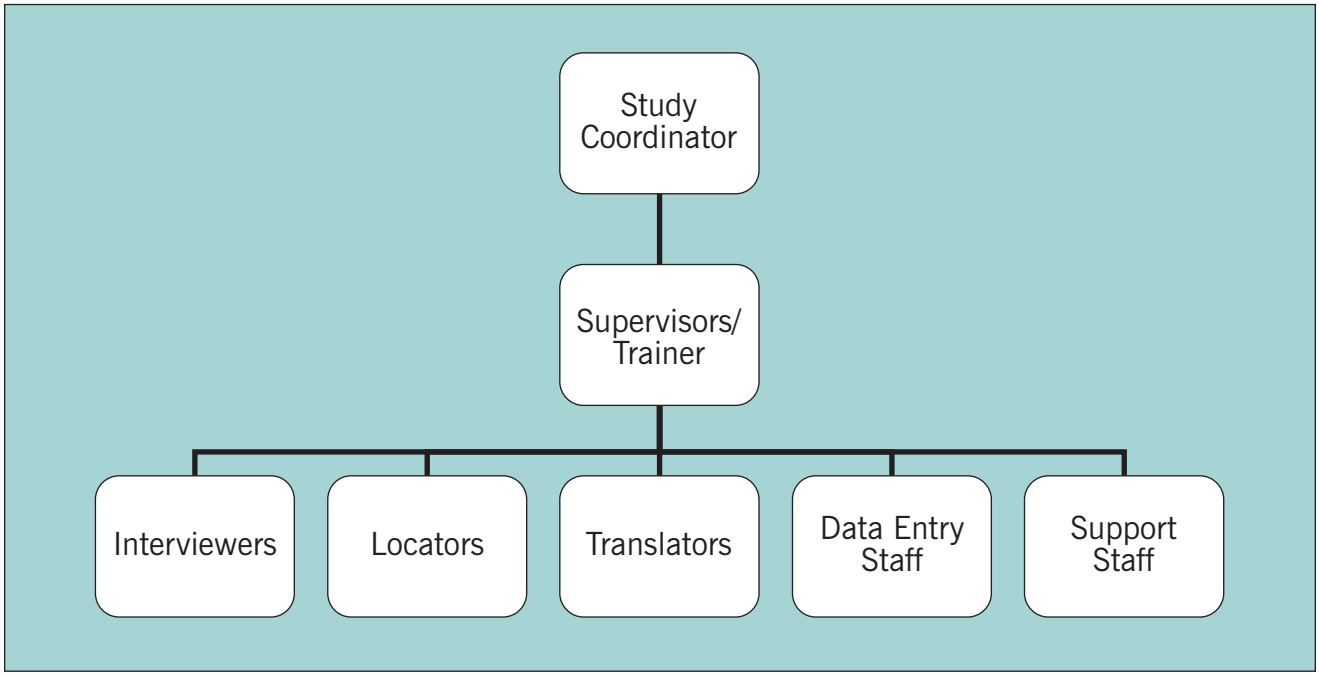
Term	Local term	Definition
Abdominal pain		Pain in the stomach area
Anal sex		Sexual intercourse in which the penis enters the anus
Antenatal care		Contact between pregnant women and trained health care providers to identify and manage current and potential risks and problems during pregnancy and delivery
Burning pain on urination		A burning sensation during peeing
Condom		Barrier method made of latex that helps prevent ejaculate entering the vagina/anal area, protecting against pregnancy and sexually transmitted infections
Ectopic pregnancy		When the fertilized egg is planted outside of the uterus (such as in the fallopian tubes)
Emergency Hormonal Contraception (ECP) ("morning after pill")		Pills that work (if taken soon after intercourse) by delaying or stopping ovulation, blocking fertilization, or preventing implantation of the ovum. ECPs do not interrupt pregnancy
Foul-smelling discharge		Liquid- or gel-like substance (may be thick) coming out of the vagina or penis that smells bad
Genital ulcers/sores		Painful, itchy blisters or shallow sores in the genital area
HIV/AIDS		HIV is the virus that causes AIDS. It is spread by sexual contact with an infected person, use of needles or blood, and blood products contaminated with the virus. Babies who are born to mothers who are infected with HIV are at risk of infection.
Hysterectomy		Surgical removal of the uterus, the female organ in which a fertilized egg develops into a fetus
Induced abortion		Intentionally ending a pregnancy (either surgically or with medication) to avoid a live birth
Injectables (Depo-Provera)		A drug for preventing pregnancy given via an injection every three months that should be administered by trained health professionals
IUD (intrauterine device)		Small plastic or copper device inserted into a woman's uterus to prevent pregnancy
Live birth		The delivery or removal of a fetus that breathes or shows other signs of life
Menopause		Permanent ending of menstruation
Menstrual period		The three- to seven-day period that occurs monthly during which blood and cells are shed from the lining of the uterus and exit through the vagina. This process is called menstruation.
Miscarriage		Unintentional ending of a pregnancy before the fetus is capable of independent life
Mistreatment		When someone treats you poorly or hurts you (physically, emotionally, and/or sexually)
Multiple live birth		Birth of two or more live fetuses at one time
Multiple stillbirth		Birth of two or more dead fetuses at one time
NGO		Non-governmental organization

Term	Local term	Definition
Oral contraceptives ("the pill")		A pill that is taken by mouth every day and delivers doses of hormones that change a woman's reproductive cycle to prevent pregnancy
Oral sex		Sexual activity that involves using the mouth and tongue to stimulate a partner's genitals
Perpetrator		Person, group, or institution that directly inflicts violence or other abuse on another against her will or otherwise supports such violence or other abuse
Physical assault		When person(s) in positions of power inflict intentional harm through the use of physical force, coercion, or intimidation, often resulting in physical injury to another person
Physical abuse		When person(s) in positions of power, by means of physical force, coercion, or intimidation, undermine another person's control of their own body, and /or threaten the physical integrity of another person
Postpartum period		Four to six week time period after having a baby
Psychological abuse		When person(s) in positions of power, by means of physical force, coercion, or intimidation, damage another person's self-esteem, autonomy, identity, and/or development
Rhythm/calendar method		A birth control method where a woman does not have sex during the period of ovulation, when she is most fertile
Sexual assault		When person(s) in positions of power, by means of physical force, coercion, or intimidation, compel another person to engage in sexual interactions against her will that may lead to her physical injury
Sexual relations		Having intercourse with another person (vaginal, anal, and/or oral)
Sexually transmitted infections (STIs)		Infection spread by sexual contact. Some STIs may be acquired through infection of blood products, sharing needles, and mother-to-child transmission.
Stillbirth		The delivery or removal of a fetus that did not show any signs of life
Survivor		Person who has experienced violence or other abuse
Tubal ligation		A surgical procedure in which a woman's fallopian tubes are blocked, tied or cut to provide permanent and highly effective pregnancy prevention. Also called surgical contraception or "having your tubes tied".
Unborn child		Baby still in the womb
Unplanned pregnancy		A pregnancy that was not wanted, or not wanted at that particular time
Vaginal sex		Intercourse in which the penis enters the vagina
Vasectomy (male sterilization)		A surgical procedure that prevents the release of sperm when a man ejaculates, which provides permanent and highly effective pregnancy prevention. Also called surgical contraception
Withdrawal (coitus interruptus)		Deliberate removal of the penis from the vagina before ejaculation so that sperm are not deposited in or near the vagina

HANDOUT 5:
Roles and Responsibilities of Team Members

The success of the survey depends on many different people. Figure 1 shows how the survey team should be organized. The roles and responsibilities of each team member are described below.

Figure 1. Organizational chart



Study coordinator

The study coordinator is responsible for overseeing all aspects of the study from start to finish, including logistical preparation, training, data collection, data entry, report writing, dissemination, and utilization of the data. While many people will be contributing towards each of these activities, it is the study coordinator's responsibility to make sure sufficient staff and resources are available. The study coordinator may take a direct role in the training of survey staff.

Supervisors/trainers

Supervisors provide logistical support to the study coordinator, assist in training interviewers and locators, and oversee quality assurance during data collection. Supervisors collect the locator forms and staple them to the corresponding questionnaire. They also ensure that each survey is filled out completely before the participant leaves the interview location. They may also assist in data entry and the interpretation of the data. Each supervisor is responsible for one team, consisting of the supervisor and an assigned number of interviewers and locators.

Trainers modify the manual as needed and are responsible for all aspects of training, including the logistical preparation for the practice test in a community. Trainers may serve as supervisors; if not, supervisors should be selected from the stronger interviewers (towards the end of training) to ensure they will be reliable in reviewing questionnaires.

Interviewers

Due to the sensitive nature of many of the questions in the questionnaire, interviewers must be female. Interviewers administer the questionnaire to the participants and record their answers, provide information on referral services as needed, and ensure the privacy and confidentiality of respondents is protected. Interviewers must attend

approximately ten days of training and participate in several weeks of data collection, depending on the sample size.

Interviewing for this survey is very structured and different from the way one would normally talk to people. In addition, the interviewer must convey very clearly to participants that the information collected is valuable, the participant's answers will be kept private, and judgments will not be made about the participant. The participant must feel secure that confidentiality will be maintained at all times.

Locators

Locators visit the households that have been selected for the survey, explain the general purpose of the survey to the household members, determine which woman to interview (if more than one is eligible), obtain verbal consent from selected respondents, and send respondents to the interview location. Locators participate in about three days of training and work throughout the entire data collection period. Often, people who work in the community, such as community health workers, make effective locators. Locators can be male or female.

Because of the private and sensitive nature of many of the survey questions, we highly recommended that the interviews be conducted outside the home, in a location that will protect the confidentiality of the participants. If this is not possible in your community and interviews will be conducted in the homes of participants, then the locators are not needed. Therefore, interviewers will take on the relevant responsibilities of the locators described above and include determining which woman to interview (if more than one is eligible) and obtaining verbal consent to continue with the interview from the selected participant.

Translators

Translators translate the training materials for the interviewers and locators. They also translate survey materials, including:

- The original questionnaire and locator form to standardized local language versions
- Back-translation of the local language version to the original to check accuracy
- Any changes to the questionnaire and locator form made during training and after the practice test
- Open-ended questionnaire responses from the local language into English (or other common language) for data entry

Some translators may serve as interpreters, facilitating communication between the study coordinator, supervisors, and others during training and data collection if these team members do not speak the local language.

Data entry staff

Data entry staff enter the completed questionnaires into the pre-programmed CSPro data entry program.

Support staff

Additional staff may be needed to support survey activities, including:

- **Data analysis personnel (optional)**, who analyze the data based on the key indicators, analysis tables, and other guidelines provided in the Toolkit, using software such as CSPro, Epi Info, SAS, STATA, or SPSS. The clean dataset may also be sent to the CDC for analysis in SAS.
- **Driver(s) (optional)**, who transport the survey team to the central interview location, bring the selected participants to the interview location, and provide logistical support, as needed.
- **Financial officer (optional)**, who tracks expenses and oversees the budget.

HANDOUT 6: Research Participant's Rights and Confidentiality

Research participant's rights

Although we want as many of the selected individuals to participant in the survey as possible, there are ethical guidelines to protect the rights of the participants. The following rules must be followed by all survey staff including interviewers and locators to insure that respondents are not harmed by their' participation in this survey.

1) Participants have the right to refuse to participate in the survey.
2) Participants have the right to withdraw from the survey at any time.
3) Locators must inform participants of the general purpose of the survey. Each participant will have a consent form read to them explaining the purpose of the survey.
4) Locators must explain the nature of the survey and the kind of information the participants will be asked to share. Specifically, participants must be informed that the survey will ask them about their experiences with pregnancies, violence and trauma, and other potentially sensitive issues.
5) Locators must inform participants of the potential risks associated with participation in the survey. These risks may include psychological discomfort related to discussion of topics that may be painful. Participating in the survey may involve some inconvenience, as the interview may take up several hours of the participant's time.
6) Locators must inform participants of potential benefits associated with participation in the survey, such as the contribution the survey will make to generating awareness about the impact of violence and women's issues in the current setting.
7) Locators must inform participants about confidentiality. All information shared by the participants will be kept confidential. Participants will remain anonymous, which means their names will not be on the questionnaire or locator form, and their names will never be reported as part of the survey results.
8) Locators must provide participants with contact information if they have any questions about the survey. This information is included on the Locator and Consent Form (Appendix F). Locators must sign the consent form on behalf of the participant to document the participant's knowledge and understanding of their rights as survey participants.

Confidentiality

Confidentiality means that information is not shared outside the setting where it was obtained; it is kept private. There are several types of confidentiality involved with this survey.

- **Employee confidentiality** means that personal information that interviewers, locators, supervisors, and other trainees share about themselves during and after the training will not be shared outside the training group or survey staff.
- **Participant confidentiality** means the names of the respondent who participated in the survey will not be revealed. When the results of the survey are shared with others, no individual's responses will ever be identified. For supervisors and interviewers, this means names of participants will not be discussed or revealed to anyone except to other survey staff. It also means that any information revealed during the course of any interview with anyone will not be discussed except with other survey staff.
- **Questionnaire confidentiality** means that the interview materials that will be used are not to be shared with anyone except during the course of an interview. It is important to let participants in the survey know what the survey is about and the nature of the questions that will be asked (see Research participant's rights). However, interview materials will not be shown to people outside of the survey. These interview materials are tools for assessments that are only to be used by people who have been trained to administer them. The completed questionnaires will be kept in a private and secure place, such as a locked cabinet.

- **Exceptions to confidentiality** occur when someone may be dangerous to herself or others. If a participant reveals threats to hurt herself or someone else, the survey team is legally and ethically obligated to protect the participant and anyone she may have threatened by sharing this information with others (see Handout 7, Safety and Emergency Procedures). ALWAYS CONSULT A SUPERVISOR OR THE STUDY COORDINATOR BEFORE BREAKING CONFIDENTIALITY UNLESS THERE IS AN EMERGENCY.

HANDOUT 7: Safety and Emergency Procedures

While the safety and emergency procedures are most relevant to the interviewers, it is important that the supervisors and locators are aware of possible emergency situations and know how to handle such situations. In addition, interviewers, supervisors, and locators should all know how to complete the Incident Report (Handout 8).

The questionnaire asks participants about some potentially painful experiences they may have had. This section of the manual provides some basic information about dealing with participants who become upset and any emergency situations that may arise. As the trainer, you will need to work with the study coordinator and supervisors to develop specific procedures for possible emergency situations, including situations that may occur with locators. Options for handling difficult situations are given at the end of this section. You will need to adapt these suggestions to your current location and context.

It is not the responsibility of the supervisor or the interviewer to provide mental health treatment to participants. However, if the situation arises, supervisors and interviewers should be prepared to make referrals for the participant and her family. A "clinical back-up" or referral system of local resources should be developed before data collection begins. This resource list can be handed out to participants at the time of the interview, if necessary.

Although it is not expected that emergencies will happen often, it is the interviewer's responsibility to use common sense in dangerous situations. She should get out of danger, leave immediately, and get assistance. For each emergency situation, supervisors and interviewers must complete an Incident Report within 24 hours of the incident.

Possible Emergency Situations

- *Medical emergencies:* situations requiring hospitalization or the police. For example, the participant has a heart attack and needs medical treatment.
- *Participant flashbacks:* situations when a participant who has experienced significant trauma, such as a genocidal rape survivor, starts to feel as though she is back in the traumatic setting. In this situation, she may not respond to the interviewer. She could be hearing or seeing a traumatic event from the rape.
- *Suicidal behavior:* situations where a participant describes a previous suicide attempt or a suicide plan. For example, a participant tells the interviewer that she attempted suicide within the last six months or is planning to kill herself in the near future. If the attempt is particularly imminent, the participant may report a suicide plan or describe how she is planning to kill herself.
- *Participant threatens to hurt or kill someone:* This situation is very dangerous. Action is required only if there is intent to harm a specific person. The participant may become dangerous or violent in the interview for example, she may threaten the interviewer with a loaded gun.
- *Suspected child or elder abuse:* Suspicions of current child or elder abuse should be immediately reported to the supervisor.

Options for handling difficult situations

These may be adapted or modified for the local setting.

- If the situation is dangerous, the interviewer should leave immediately.
- Tell the family (with the participant's consent).
- Tell the treating clinician, if the participant is in treatment.
- Call camp security.
- Advise the participant to seek mental health services and give them a copy of the resource list.
- If the interviewer determines it is a true and urgent mental health crisis, she should contact her supervisor to explain the situation. If the supervisor cannot be located, the interviewer should call the staff social worker or other emergency contact person identified during training.
- If the interviewer goes to someone other than her supervisor, she should describe the situation and explain that she is an interviewer conducting interviews, not a clinician, and needs to know how to address the emergency situation.

HANDOUT 8:
Incident Report

(To be completed within 24 hours of incident)

If the interviewer is completing this form, she must make sure that she discusses the situation with her supervisor. If a supervisor is completing this form, s/he must make sure to discuss the situation with the study coordinator.

Interviewer name: _____

Date and time of incident: _____

Unique questionnaire number: _____

Incident

(Check where appropriate)

- ☐ The interviewer stopped interview due to participant being unable to complete the interview.
- ☐ The interviewer left premises because she felt she was in danger
- ☐ The interviewer broke confidentiality procedures due to [circle appropriate response(s)]:
  1. Participant danger to self
  2. Participant danger to others
  3. Mandated report of child abuse
  4. Mandated report of abuse of older or other vulnerable adult
- ☐ Other (describe): _____

Narrative

(Brief description of incident–include times, locations, and dates)

_____

_____

_____

_____

_____

_____

_____

_____

Incident Report (Continued)

Action taken

(Brief description of action taken)

_____

_____

_____

_____

Reported to

(Name, agency, title, phone)

_____

_____

_____

_____

_____

_____

Signature of Interviewer Date

_____

Signature of Supervisor Date

HANDOUT 9:
Filling Out The Questionnaire

There are different types of questions in the questionnaire. This handout reviews examples of questions by a given type and demonstrates how to fill out these questions.

Numeric responses:

For questions like Q101, the interviewer should first write the number of males living in the household. If the response is a one digit number, then she must first write 0 and then write the number. For example, if there are 3 males in the house, the interviewer writes "03." Next, the interviewer should enter the number of females; in this example, there are 9 females. The interviewer should add the number of males and females to get the total number of people, which in this example is 12, and repeat the total number to the respondent. If the numbers do not match, the interviewer should go over the numbers again with the respondent.

No.	Questions and Filters	Coding Categories	Skip to
Q101	How many people currently live in your household? Exclude visitors and don't forget to include children and elders.	Males [_0_|_3_] Females [_0_|_9_] Number of people [_1_|_2_] No Response 99	

One response:

For questions like Q102, the interviewer should circle only one option, identified by the respondent.

Q102	Who is currently the head of your household?	Myself 1 Husband/Partner (2) Father 3 Mother 4 Other relative 5 Other (specify)_____ 6 No Response 9	

Multiple-part responses:

For questions with multiple parts like Q103, the interviewer needs to read each sub-question and wait for the respondent's answer before going on to the next one. For each response, the interviewer has to select the appropriate code from the list of codes at the top right-hand corner of the question box and circle the corresponding number. Here are some examples for Q103:

A. The respondent makes decisions regarding her own health so the interviewer circles 1 for A, "your own health care."

B. Her husband makes decisions regarding the children's health care, so the interviewer circles 2 for B.

C. Her husband makes decisions regarding larger household purchases, so the interviewer circles 2 for C.

D. Both the respondent and her husband makes decisions regarding daily household purchases, so the interviewer circles 3 for D.

E. Her husband makes decisions regarding visits to family and relatives, so the interviewer circles 2 for E.

F. The respondent makes decisions regarding daily meals, so the interviewer circles 1 for F.

Q103	Currently, who in your family usually has the final say on the following decisions? [READ A-F]	Myself 1 Husband/Partner 2 Myself and Husband/Partner jointly 3 Someone else 4 Myself and Someone else jointly 5 Decision not made / Not applicable 6 No Response 9	
	A. Your own health care?	A. (1) 2 3 4 5 6 9	
	B. Your children's health care?	B. 1 (2) 3 4 5 6 9	
	C. Making large household purchases?	C. 1 (2) 3 4 5 6 9	
	D. Making daily household purchases?	D. 1 2 (3) 4 5 6 9	
	E. Visiting family or relatives?	E. 1 (2) 3 4 5 6 9	
	F. Deciding what to prepare for daily meals?	F. (1) 2 3 4 5 6 9	

Other responses:

For questions with choices like Q226, if the respondent gives a choice that is not on the list, the interviewer writes down the response in the blank following the "other" answer choice.

Q226	Where did you deliver your most recent pregnancy?	At home 1 Health clinic/hospital 2 On the way to the hospital/clinic 3 Other(specify) ***When collecting water*** (4) No Response 9	

Recording months:

For questions where months have to be recorded, the following key should be used.

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

Circle all mentioned:

In questions like Q201, the respondent can mention a number of responses. The interviewer should not read the choices to the respondent. Instead, she should allow the respondent to give her answers and circle "1" next to each response that was mentioned. After the respondent has finished responding, the interviewer must circle 2 for each response that was not mentioned. In this example, the respondent has answered that fever and headaches are danger signs during pregnancy.

Q201	What are the danger signs during pregnancy? *Circle All Mentioned* *1 = mentioned 2 = not mentioned*	Feeling very weak or tired (anemia) 1 ② Severe abdominal pain (pain in the belly) 1 ② Bleeding from the vagina 1 ② Fever ① 2 Swelling of hands and face 1 ② Headache ① 2 Blurred vision 1 ② Other (specify) _____ 1 ② Don't know 1 ② No Response 1 ②	

Skip patterns:

There are some questions that indicate skip patterns, where if the respondent gives a certain answer, the interviewer is directed to skip a question, multiple questions, or the rest of a section. This way, the respondents do not have to answer unnecessary questions and the interview takes less time. For example, in the question below, if the respondent has not heard of HIV or AIDS, the interviewer skips to the next section, Section 8, which begins with Q801.

Q701	Have you ever heard of HIV or a disease called AIDS?	Yes 1 No 2 No Response 9	 **→Q801** **→Q801**

Sometimes, different responses to one question will skip to different questions. For example, in Q205 below, if the respondent responds "Yes," the interviewer continues to the next question. If the response is "No," then the interviewer should skip to Q207. If the respondent does not respond, or does not know the answer, the interviewer should skip to Q208.

Q205 Have you seen anyone for antenatal care for this pregnancy?

Yes 1	
No 2	→Q207
No Response 9	→Q208

Q206 Whom did you see? Anyone else?

CIRCLE ALL MENTIONED
1=Mentioned 2=Not Mentioned

Doctor	1 2	Circle responses and go to
Nurse/Midwife	1 2	→Q208
Traditional birth attendant/community health worker	1 2	
Other (specify) _____	1 2	
No Response	1 2	

Q207 What are the reasons that you did not see someone?

CIRCLE ALL MENTIONED
1=Mentioned 2=Not Mentioned

Lack of Access	
No health care provider available	1 2
Could not afford	1 2
Distance too far	1 2
Lack of transportation	1 2
Poor road conditions	1 2
Opposition to Care	
Husband/partner would not permit	1 2
Perceptions of Care	
Afraid of Dr, nurse, etc.	1 2
Have never used Dr, nurse before	1 2
Not treated well previously	1 2
Embarrassed or ashamed	1 2
Other (specify)_____	1 2
No Response	1 2

Q208 Is this your first pregnancy?

Yes 1	
No 2	→Q300
No Response 9	→Q300

Tables:

In the questionnaire, some questions are organized in tables. One such example is given on the following page. After every response, there is an arrow and a question number which indicates where to go next. In this example, the interviewer should start from Q300A and ask the respondent if she has ever heard of the "Pill or oral contraceptives"? The respondent answers "Yes," so the interviewer circles "1" and continues across the row to Q301A (Have you ever been instructed or taught on how it works?"). A "yes" response directs the interviewer to Q302A. A "yes" response to Q302A directs the interviewer to Q303A. For Q303 and Q304 the interviewer will refer to the code list below the table and select the code that most closely matches the respondent's answer; in this case the respondent would go to the health center to get the pill, so the interviewer would enter "1" in the box for Q303A. The respondent answered that she often can't find the pill in her community and so the interviewer marks "1" in Q304A. The interviewer now moves on to line B and asks these same questions about the IUD. Here, however, the respondent has responded "no" to Q300B and so the interviewer follows the arrow and skips down to row C and asks Q300C.

METHOD	Q300 Have you ever heard of it?	Q301 Have you ever been taught or instructed on how it works?	Q302 Have you ever used it?	Q303 Where would you go to get it? *(See Codes Below)*	Q304 In your opinion, what is the main problem, if any, with using (method)? *(See Codes Below)*
A. The Pill (Oral Contraceptives)	Yes (1) →Q301 No 2 →B NR 9 →B	Yes (1) →Q302 No 2 →Q302 NR 9 →Q302	Yes (1) →Q303 No 2 →Q303 NR 9 →Q303	1 →Q304	1 →B
B. IUD (Loop)	Yes 1 →Q301 No (2) →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →C
C. Condoms (male) (Local name)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →D
D. Implants	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →E
E. Injectables (e.g. Depo-Provera)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →F
F. Emergency Hormonal Contraception ("Morning After Pill")	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →G
G. Tubal Ligation	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →H
H. Vasectomy (Male Sterilization)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →I
I. Rhythm/calendar Method	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	→Q304	_____ →J
J. Withdrawal (Coitus Interruptus)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	→Q304	_____ →K
K. Other contraceptive methods (Specify): _____	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	_____ →Q304	_____ →Q305

Codes for Q303 (Do Not Read Out Loud)

1. Health center in camp/community
2. Private health clinic
3. Supermarket/Market
4. Friends/relatives
5. Pharmacy
6. Other (specify)_____
8. Don't know
9. No response

Codes for Q304 (Do Not Read Out Loud)

1. Cannot obtain method
2. Husband/partner will not permit
3. Religious reasons
4. Stops my period
5. Increases/irregular periods
6. Cannot afford
7. Does not work
8. Other (specify)_____
11. No problems
88. Don't know
99. No response

HANDOUT 10: Guiding Principles For Interviewers

The interviewer must attend the entire training and all practice interviews so that she fully understands the specialized nature of an interview and learns proper interviewing techniques and strategies. The interviewer's demeanor toward the survey participants should be friendly, polite, and empathetic, while at the same time maintaining a professional distance.

The interviewer's role is to:

- Establish rapport with the participant
- Explain the purpose of the interview
- Inform the participant of confidentiality and ethics codes
- Answer any questions the participant may have about the questionnaire or project
- Administer the questionnaire
- Ensure completed questionnaire forms are completely filled out and legible
- Submit completed questionnaires to the supervisor

Guiding Principles

- **Mind your speech**
  Speak slowly and clearly. Repeat instructions or questions when needed.
- **Be courteous and attentive**
  Never yawn during the interview, refuse a break when asked, use judgmental language, ask questions that are not in the survey, tell the participant not to cry, tell the participant not to feel the way she feels, be funny or sarcastic, sound irritated, act bored, or try to hurry the participant.
- **Avoid excessive socializing**
  The interview must not become a social visit and the interviewer should avoid getting involved in lengthy conversations before, during, or after the interview. After a few moments of friendly talk with the participant at the beginning of the interview, the interviewer should move into the interview process.
- **Maintain a neutral and accepting attitude**
  Sometimes participants will report behavior that the interviewer may find disturbing; however, the interviewer must not react with shock or disapproval to anything the participant says in the interview. The interviewer's attitude must be matter-of-fact and accepting. It is very important not to show a reaction; otherwise the participant could get upset, feel discouraged, and not give honest answers for the remainder of the interview. If certain questions in the interview make the interviewers uncomfortable, give them extra practice to feel at ease reading them. If the interviewer is relaxed, it will help the participant to relax.
- **Acknowledge participant feelings**
  The interviewer should acknowledge the participant's feelings if she shares a story about a sad event or becomes upset during the interview. The interviewer should be responsive and sympathetic and allow the participant to talk a little about the event before continuing. If the situation seems to be leading to a lengthy discussion, the interviewer may suggest that the discussion continue after the interview is completed. If a participant becomes very upset during the interview and cannot regain control of her emotions within a few minutes, the interviewer may need to stop and help her calm down or suggest a break.
- **Establish and maintain boundaries**
  These interviews may bring up sadness, anxiety, and anger in the participants. The interviewer must try to prevent a situation where feelings are uncontrolled, causing both the interviewer and the participant to feel unsafe and vulnerable. The interviewer needs to let the participant know that she is listening and paying attention, but is also task-oriented. Participants must know that the situation is one with boundaries. The latter message is particularly important, as it enables the participant to feel safe and contained.
- **Know when to stop the interview**
  There may be times when the interviewer may become very uncomfortable with some part of the interview process and is uncertain about the wisdom of proceeding. If the interviewer feels in danger, the participant is in a crisis, or there is any other extreme situation, the interviewer should take time to consider options and decide how to proceed. She must trust her gut reaction in these situations. She should stop, take

a break, and call backup; she should not keep moving on automatically.

- **Stay focused on the participant**
  Without being rude, the interviewer should try to avoid getting into personal discussions about herself. The interviewer may have to answer a few questions to be polite, but should be as general and noncommittal as possible and redirect questions to the participant as soon as possible. A participant may pressure an interviewer for their opinion on how to answer a particular question. In this situation, the interviewer might gently say "I need you to tell me" or "I can only read the question" or "Whatever you say is the right answer."
- **Treat the participant with respect**
  The interviewer should answer participants' questions as completely as possible. Interviewers should try to maintain as neutral a manner as possible, even with participants who are hostile or defensive.
- **Do not give clinical opinions**
  Because the study has some questions about emotional health issues, participants may ask the interviewer's opinion about problems. The interviewer should not give her opinion about any aspect of mental or emotional well-being. She should explain that she is not a trained therapist and is not in a position to give an opinion. If the participant is very concerned, the interviewer may provide her with a referral from the resource list.
- **Respond to a participant's concerns**
  A participant may become concerned if she finds herself saying "yes" to a number of questions about symptoms. She may ask, "Does that mean there is something wrong with me?" In general, it's best for the interviewer to be noncommittal in her response, since there may indeed be something wrong, and it is best not to give false reassurance. The interviewer can also say something like, "Saying 'yes' doesn't always mean there's something wrong; a lot of people say 'yes' to these questions." If the participant is very concerned, the interviewer may provide her with a referral from the resource list.
- **Deal with critical clinical issues**
  The interviewer may discover something truly threatening to the participant during the course of the interview, such as possible suicidal behavior or evidence of possible child abuse. It may be necessary for the interviewer to break confidentiality. The interviewer should explain to the participant that they need to take a break for a few minutes. The interviewer can offer the participant a glass of water. The interviewer should then immediately go to her supervisor to discuss the situation and let the supervisor decide the best way to proceed. It may be necessary to refer the participant to a social worker or other provider and then complete an Incident Report.
- **Take care of yourself**
  It can be stressful to continually talk about and work with emotional personal experiences. To address this issue, the supervisor should arrange support conferences so that interviewers will have a chance to debrief and talk about issues they have relative to their own emotional strains. If there are concerns about an interviewer's stress level, speak with a supervisor or the study coordinator. Here are some basic ways to manage stress:
  - Take care of your Emotional Self. Get support by talking with someone. If you need to talk to someone immediately, seek help via the resource list. As an interviewer, you may want to talk with someone after a particularly troublesome interview.
  - Take care of your Physical Self. Get enough rest and exercise, and eat properly. Pace yourself.
  - Take care of your Intellectual Self. Think about the goals of the survey. Keep this balanced with your Emotional Self so one is not overpowering the other.
  - Take care of your Spiritual Self. Seek spiritual help according to your beliefs.

HANDOUT 11: Keys to Successful Interviewing

To ensure the success of their interviews, interviewers must do the following:

1. Establish rapport

At the beginning of the interview, the interviewer must establish rapport with the participant. Rapport is the trusting relationship formed between the interviewer and participant that helps the participant feel comfortable sharing personal information during the interview. To foster rapport, the interviewer should:

- Introduce herself and identify the organization she represents.
- Ensure the participant is comfortable with the interviewer and the surroundings.
- Be friendly and have a leisurely attitude toward the interview.
- Have a short conversation about a topic of interest to the participant before beginning.

2. Explain the purpose of the interview

Once rapport is established, the interviewer explains the purpose of the interview and her role as interviewer. She should specify that:

- The interviewer is there to ask questions only, not to provide humanitarian assistance.
- There will be no direct benefit to the participant for responding to the questions.
- The questions are about the participant's life experiences before and during the conflict, while in transition to her current location, and during her life at her current location.
- Some of the questions ask about experiences of mistreatment that the participant may have had, and they may be upsetting for her to talk about. Explain to the participant that answers to these questions will help determine the kinds of medical services needed by residents and may help raise funds for such services.
- The sensitive nature of some of the questions requires privacy. If the interview is interrupted by anyone, the interviewer will immediately switch to a less sensitive line of questioning.
- The participant is free to stop the interview at any time for an explanation if she does not understand a question.
- The participant is free to discontinue the interview at any time, for any reason.
- If a question makes the participant uncomfortable, the interviewer will skip the question and go on to the next question.

3. Reinforce that participant confidentiality will be protected

During training, it is important to emphasize to trainees that confidentiality is a crucial part of data gathering. If a participant feels that her responses will be shared with others at a later date, her answers may not be totally accurate. More importantly, this is a violation of the participant's privacy. The interviewer should explain that neither the participant's identity nor any abuses she reports will be disclosed to anyone, and her name will not be used in any interview summaries. However, if the participant tells an interviewer that she may hurt herself or others, or abuse a child, the interviewer will have to report the incident. Interviewers must explain this to each participant.

4. Administer the questionnaire

In addition to the guiding principles listed above, every interviewer must:

- Be completely familiar with the questionnaire so that she can administer it efficiently and with self-confidence.
- Ensure privacy during the interview. If there is someone else present at the time of the interview, the interviewer should ask whether there is a more private place in which to conduct the interview.
- Conduct the interviews in the same way with every participant.
- Avoid introducing your personal experiences and feelings into the interview.
- Read the questions slowly, in order, and word for word.

- Read questions with a flat voice. Emphasis on certain words or certain intonations can change the meaning of the question. The wrong intonation can give the impression that the interviewer is surprised or approves or disapproves of the answers.
- Try to get as much information as possible without forcing the participant to answer questions that make her uncomfortable.
- Complete the questionnaire carefully and neatly:
  - Record the answer correctly. It is all too easy to get into a routine of the participant answering in one way, such as "no," such that the interviewer may fail to catch the first "yes" that comes up.
  - Follow skip patterns carefully.
  - Neatly print responses for other (specify) responses.
  - Neatly and completely cross out any mistakes or errors and mark the correct box or write in the correct entry. For extensive corrections, carefully transcribe the corrected information onto a new blank questionnaire page.
  - Never use ditto marks (") to record answers, as they can be misread as the number eleven (11).
  - Never change questionnaire numbers.
  - Never write any confidential information concerning the participant (e.g., the person's name).
  - Request answers for missing data or clarify ambiguous responses. Never guess at the answer to a question.
- Probe a participant for a recall if she answers "I don't know" to any question or does not respond to any question. For example, the interviewer could say "Could you give me your best guess?"
- Ask the participant every applicable question and allow the participant to answer the question on her own. The interviewer must never assume she knows how a participant will answer a question or avoid a sensitive question because she believes it will offend a participant.
- Offer a break if a participant is clearly upset or the interview has gone on for more than one hour. For example, "Would you like to take a break?" or "Can I get you some water?"

5. Review questionnaires for completeness

The interviewer must:

- Review the questionnaire for edits, missing data, and errors before the participant leaves the interview site, so that corrections can be made immediately.

6. Provide referrals as necessary

The interviewer must:

Provide referrals to services as appropriate at the end of the interview.

- Ask the participant what alternatives she has considered or tried in the past before suggesting any services on the resource list.
- Discuss alternatives by starting with general ideas, such as "Do you want to talk to someone about the problem?"
- Ask the participant if she has spoken with anyone previously about her problem(s). If a family member is mentioned, the interviewer can ask the participant if she wants to get that family member involved.
- Give the participant the resource list and answer any questions she may have about the available resources in her area.
- Consider referrals to spiritual leaders, traditional medicine persons, pastors, or ministers.
- Don't start talking about the problem! You are not a clinician and should avoid getting into a situation that you have not been trained to handle.

7. End the interview

When ending the interview, the interviewer must:

- Thank the participant for taking part in the survey.
- Reassure the participant that all information she has provided will be held in the strictest confidence.
- Inform the participant that when all surveys are finished, the information will be included in a report that will be used to help improve existing health problems including safety and violence, in conflict settings and plan for future needs, thus making her environment a healthier place to live.

8. Perform all follow-up steps after the interview

After the interview has been concluded, the interviewer must:

- Review the questionnaire for edits and completion before turning it in to the supervisor: ensure all write-in responses are legible; ensure all stray marks are removed from the areas designated for response categories; ensure lines provided for "other" have legible responses; transcribe messy or hard to read pages onto blank questionnaire pages.
- Notify the supervisor verbally and in writing through the Incident Report of any difficulties that were encountered during or as a result of the interview.
- Follow standard procedures (described in Handout 7) for dealing with participants upset by the interview.
- Never duplicate responses from a completed questionnaire to another questionnaire.
- Make every effort to keep participant information confidential.

The supervisor must:

- Review the completed questionnaire for completeness and logic. If something is unclear or a skip pattern was not followed correctly, the supervisor must have the interviewer return to the participant to correct the information.
- Check that each questionnaire has a unique questionnaire identification number and corresponds to the Locator Form.
- Follow standard procedures for dealing with participants upset by the interview.
- Make every effort to keep participant information confidential.

HANDOUT 12: Data Entry Staff Guidelines

Roles and responsibilities of the data entry staff

The data entry staff must attend data entry training so that they become familiar with the data entry program and learn proper techniques to ensure quality of entered data.

The data entry staff's role is to:

- Key the completed questionnaires into the CSPro data entry system
- Ensure accuracy of entered data
- Seek guidance from supervisor as necessary
- File questionnaires in a secure location
- Maintain confidentiality of study materials

Roles and responsibilities of the data entry supervisor

Data entry supervisors must attend training so that they can provide data entry instructions, resolve questionnaire or data entry errors, and ensure the quality of data being entered.

The supervisor's role is to:

- Resolve questionnaire or data entry errors
- Ensure the quality of the data is maintained by monitoring the data entry staff
- Maintain confidentiality of the questionnaire and locator form

Table 1: Title, qualifications, and responsibilities of data entry staff

Title	Qualifications	Responsibilities
Data entry staff	• Good typing skills • Familiar with computers • Detail-oriented	• Entering data from questionnaire into data entry program • Asking supervisor questions as necessary • Maintaining data quality by entering data carefully and accurately
Supervisor	• Familiar with computers • Detail-oriented	• Resolving errors • Making modifications to data file when errors are found • Developing guidelines for backing up data

Confidentiality

As the trainer, explain to the data entry staff that confidentiality means that information is not shared outside the setting where it was obtained; it is kept private. There are several types of confidentiality involved with this study.

- **Employee confidentiality** means that personal information which interviewers, locators, supervisors, and other trainees in the training share about themselves during the training and afterwards will not be shared outside the training group or survey staff.
- **Participant confidentiality** means the names of the respondents who participated in the study will not be revealed. When the results of the study are shared with others, no individual's responses will be identified. For supervisors and interviewers, this means names of participants will not be discussed or revealed to anyone except other survey staff. It also means that any information revealed during the course of an interview will not be discussed except for with other survey staff.
- **Questionnaire confidentiality** means that the interview materials that will be used are not to be shared with anyone except during the course of an interview. It is important to let participants in the study know what the study is about and the nature of the questions that will be asked (see Handout 6: Research Participants Rights and Confidentiality). However, interview materials will not be shown to people outside of the study. These interview materials are tools for assessment that are only to be used by people who have been trained to administer them. The completed interviews will be kept in a private and secure place, such as a locked cabinet.

Guiding principles for the data entry staff

- **Do not interpret data**
  Enter data exactly as it has been completed on the form. The questionnaires will be thoroughly reviewed in the field, so you should not encounter many errors. If there is a discrepancy, see the supervisor to resolve the problem.
- **Be detail-oriented**
  It is important that responses are keyed correctly. You may want to key surveys quickly, but accuracy is more important than speed.
- **Back up data on a regular basis**
  Follow the guidelines specified by the supervisor for backing up data files. The data files should be saved on an external drive or backup device. (The data files could be password protected and saved to a directory on the local or network drive, but an external backup is more effective in guarding against data corruption and loss.)
- **Be systematic**
  Develop a checklist for identifying the questionnaires that have been entered. Mark off questionnaires that have been entered and file the questionnaires in order by the unique Questionnaire Identification Number so they can be easily found in case they need to be referenced for data cleaning.
- **File questionnaires in a secure location**
  To protect sensitive and confidential information, it is important to store the questionnaires in a secure location when taking a break or leaving for the day. The questionnaires should be locked in a cabinet. The questionnaires should be stored for at least five years after the survey is completed before being discarded.

HANDOUT 13: Data Entry Instructions

Introduction

These instructions provide an overview of the CSPro data entry program used for the Toolkit. The following topics are covered:

- About CSPro
- Data entry concepts
- Getting started
- Adding cases
- Modifying cases
- Stopping work
- Getting help
- Verifying cases (optional)
- Concatenating files (for supervisors only)

I. About CSPro

Census and Survey Processing System (CSPro) is a software package for data entry, editing, cross-tabulation, and dissemination of survey data. CSPro lets you create, modify, and run data entry, batch editing, and cross-tabulation applications from a single, integrated development environment. The data are stored in ASCII text files with accompanying data dictionaries.

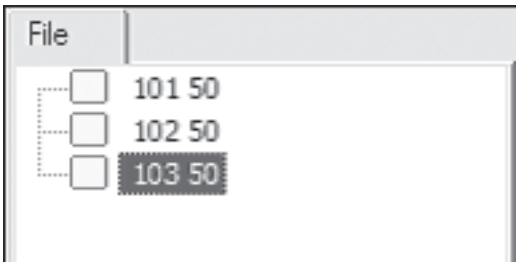
CSPro was developed jointly by the United States Census Bureau, Macro International, and Serpro, SA, with major funding from the United States Agency for International Development (USAID). CSPro is in the public domain. It is available at no cost and may be freely distributed. It is available for download at www.census.gov/ipc/www/cspro

CSPro requires the following hardware and software:

- Pentium processor
- 256 MB of memory
- SVGA monitor
- Mouse
- 70 MB free disk space
- Windows 98SE, ME, NT 4.0, 2000 or XP

A general user's guide is available on the CSPro website. The following sections provide data entry instructions for the Reproductive Health Assessment Toolkit for Conflict-Affected Women.

II. Data entry concepts

Concept	Definition
Mode of operation	There are five different modes or operations within the Data Entry function. They are as follows: **Add:** Entering new cases. **Modify:** Modifying previously entered cases. **Verify:** Verifying previously entered cases. **Pause:** Temporarily stop adding, modifying, or verifying cases. During pause mode, the timer that runs during data entry and automatically tracks the length of time to complete entry of each questionnaire, is suspended. Use pause when you plan to continue from where you left off, after a short delay. **Stop:** During stop mode, no adding, modifying, or verifying cases in the data file are allowed and no form is visible.
Case	A case is the primary unit of data in the data file. A case corresponds to a questionnaire.
File tree	The file tree on the left hand side of the screen shows all cases in the data file. Cases are listed in the tree by their complete ID numbers. The ID consists of the questionnaire number and the county code. For example, the tree might look like the following: 
Fields	A field is the basic element on a data entry form into which individual response data are entered. During data entry, the cursor moves from one field to the next, according to the order and rules defined by the data entry application. Fields are shown on the form as boxes which indicate how many digits or characters may be keyed.
Page	As much as possible, each screen shot corresponds to a page of the locator form and questionnaire. Each page may be larger than the actual screen area. The page will scroll automatically to insure that the field you are entering is visible on the screen. As you complete one page the next page is presented. If you move backward from the first field on a page, the previous page is presented. As you move through sections of the questionnaire, the sections will change color.

III. Getting started

A. Set up data entry program

1. Download CSPro on your computer.
2. Create a folder on your desktop to save the Toolkit data entry program files. Name the folder 'Conflict_Affected_Women' and copy the files into the folder. There are 7 files total.
3. Within the "Conflict_Affected_Women" folder, create a folder to store your data entry files. Name this folder "Data Entry".

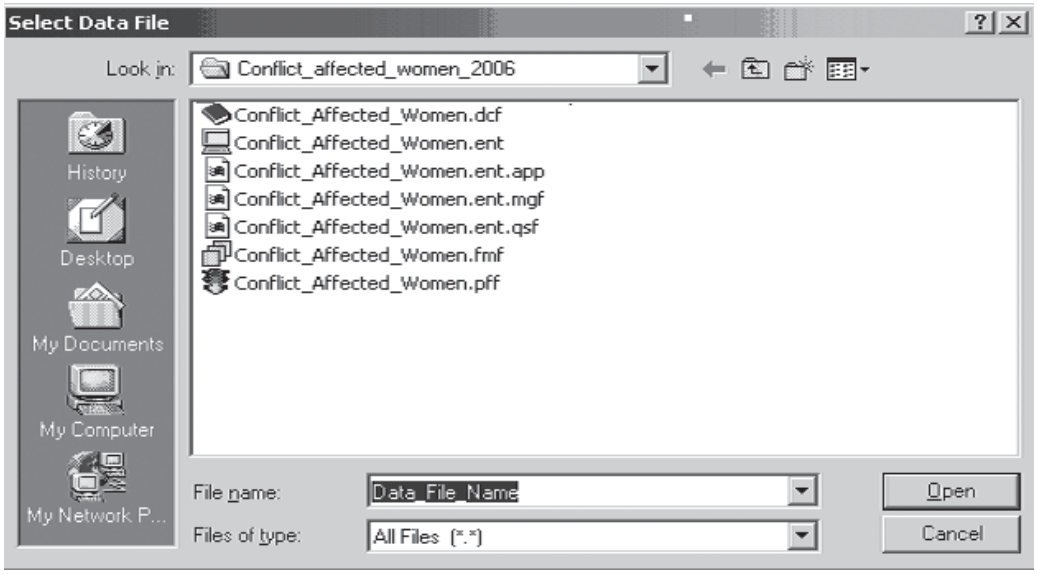
B. Open the data entry program

1. Open the Conflict_Affected_Women folder.
2. Open the data entry program named 'Conflict_Affected_Women.ent' by double-clicking on the following computer icon: 

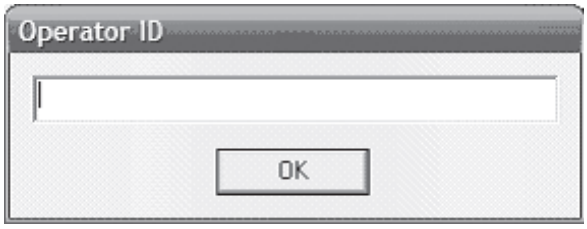
3. Run the data entry program by clicking on the fifth icon from the left:
4. The computer will ask you to select a data file.

   a. When creating a new data entry file, type in the file name. Each data entry staff member will create a separate data entry file. Name the folder with your name (Example: "LastName_FirstName") and save it within the Data Entry folder. A message will prompt, "This file does not exist. Create the file?" Click on YES.

   b. If a file has been created previously, then use the cursor to select the file, and click on OPEN.



5. Enter an Operator ID (you can use your initials, for example 'ABC').

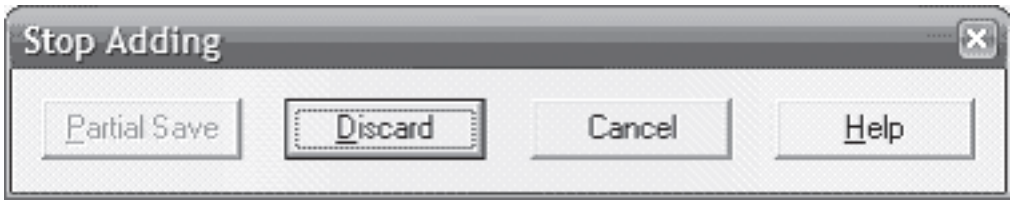


IV. Add cases (questionnaires)

A. Begin adding cases

1. From the Mode menu, select Add or click  on the toolbar to begin adding cases to the END of the data file. This will begin a new Add mode session. You may add as many cases as you like.
2. To end the session, press the Esc key. What happens next will depend on where you are in the case:

   - If you have not yet begun keying a new case, pressing Esc will exit the add mode.
   - If you have begun keying a new case and must exit before finishing the case, you will have to discard the case, and none of the information entered for the case will be saved. Partial saves are not allowed in this program. It is suggested you finish entering the case before ending the session.



B. Enter data

1. The first step of entering a questionnaire is to complete Q009 of the completed questionnaire form with your data entry code and name. Only the code will be entered in the program.

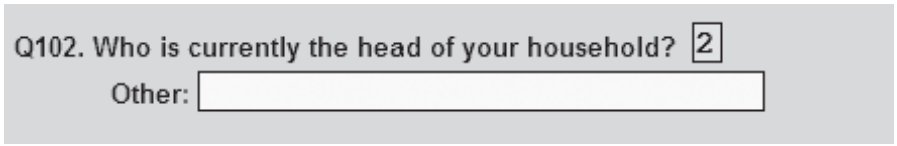
009	DATA ENTERED BY: Code [____|____]	Name_____

2. There are three types of questions on the questionnaire:

   a. Questions that require only one answer, such as Q102:

Q102	Who is currently the head of your household?	Myself 1 Husband/Partner 2 Father 3 Mother 4 Other relative 5 Other (specify)_____ 6 No Response 9

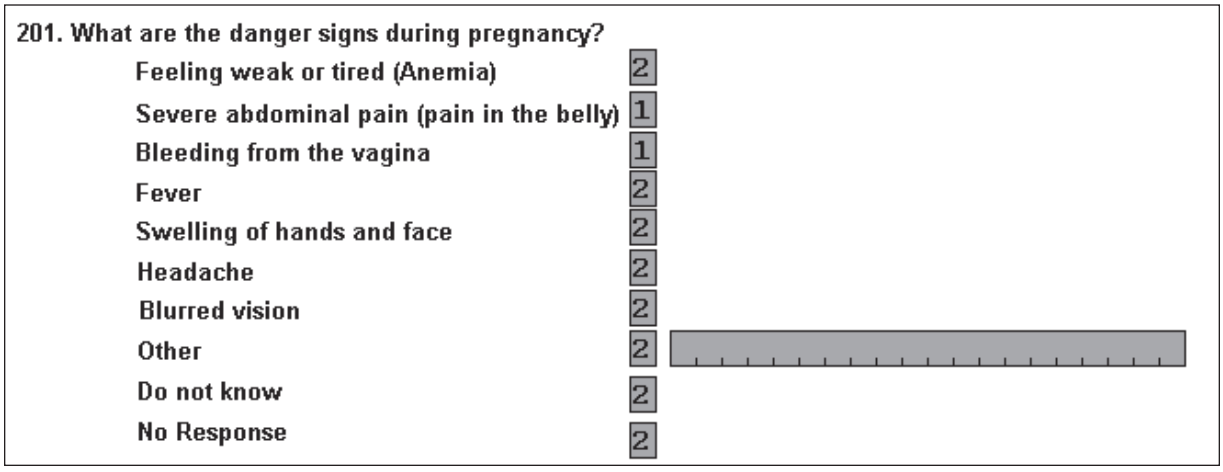
In this case, the interviewer will circle the response and you will type in the number circled into the corresponding blank on the screen (see below).



b. Questions prompting the interviewer to record all responses, such as Q202:

Q201	What are the danger signs during pregnancy? CIRCLE ALL MENTIONED 1=Mentioned 2=Not Mentioned	Feeling very weak or tired (anemia) 1 (2) Severe abdominal pain (pain in the belly) (1) 2 Bleeding from the vagina (1) 2 Fever 1 (2) Swelling of hands and face 1 (2) Headache 1 (2) Blurred vision 1 (2) Other (specify) _____ 1 (2) Don't know 1 (2) No Response 1 (2)

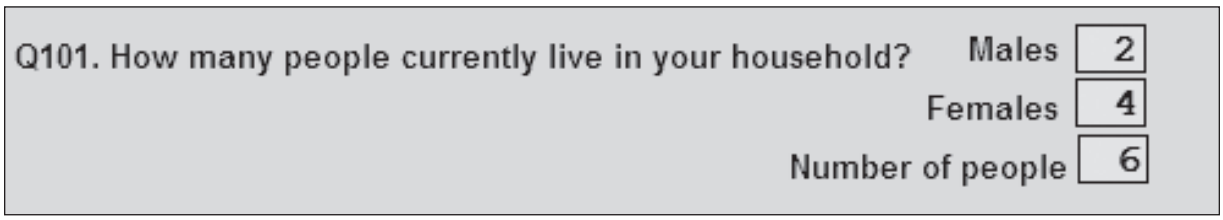
In this case, the interviewer will circle all the numbers that correspond to the answers given by the respondent. If this question was answered, you MUST type in a response (where 1 = mentioned and 2 = not mentioned) for each one of the items on the list.



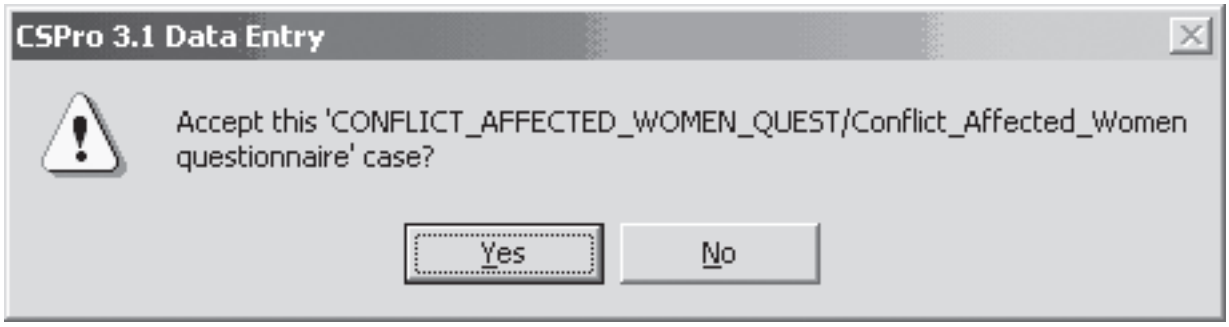
On the data entry screen each one of the items will have its own blank. Do not leave blanks empty unless the respondent did not answer this question because of the skip pattern. If there is a question that should have a response, but the response is missing, see the supervisor. If one of the answers is marked as 'Other,' simply type in "1" in the blank next to 'Other' and then fill out the text response in the space provided.

c. The last kind of question involves a response that the interviewer records exactly as the respondent answers the question (such as person's age or number of people), such as Q101:

Q101	How many people currently live in your household? *Exclude visitors and don't forget to include children and elders.*	Males [0 I 2] Females [0 I 4] Number of people [0 I 6] Don't Know/No Response 99



3. Note that you are not required to press the Enter key after entering data for each field. The cursor will automatically move to the next field once the current field is completely filled. If for a given data field two digits can be entered, and the data enterer enters "02," the system will automatically advance to the next field. If, however, the data enterer only enters "2" for this field, the staff member would have to press the Enter key to advance to the next field. In any case, you can press Enter to move to the next field if the current field is not filled up.
4. This application is designed with skip logic. This means the system will move you automatically to the next appropriate question depending on the values you key. You can continue to key data and move forward until the end of the case, or you can use other keys to move around a case before you finish it.
5. As you move from field to field, the status bar at the bottom of the screen shows you the name and occurrence number of the current field.
6. Finish the case: Normally you finish a case when you have completed entering all the forms in the case. The program will ask you whether you want to accept the case or not. If you accept the case, the case is immediately written to the data file.



C. Things to remember

1. As you move through sections of the data entry program, the screen background color will change. This will help you keep track of what sections you are entering.

2. When there is space to enter two digits, | | you have two options:

   a. Enter both digits: | 0 | 1 |

   OR

   b. Enter a single digit | 1 | | and press "Enter"

The program will continue to the next question.

3. You can navigate the screens and move from question to question by using the arrow keys: ↓↑
4. Edit checks: Throughout the data entry program, edit checks are programmed to pop up when inconsistencies appear, particularly those around ages. A message will pop up describing the inconsistency. You must press F8 to clear and correct the error if necessary or continue with data entry.

   c. For example, for Q105 (a question about age), if the interviewer or respondent calculated age incorrectly using the year of birth, an error message will appear. If there is a mistake, press F8 to clear and ↑ to return to the question and change accordingly. During data entry, if the mistake is a math calculation, you may correct the age according to the year of birth given. If there is no mistake, press F8 to clear and continue with data entry.

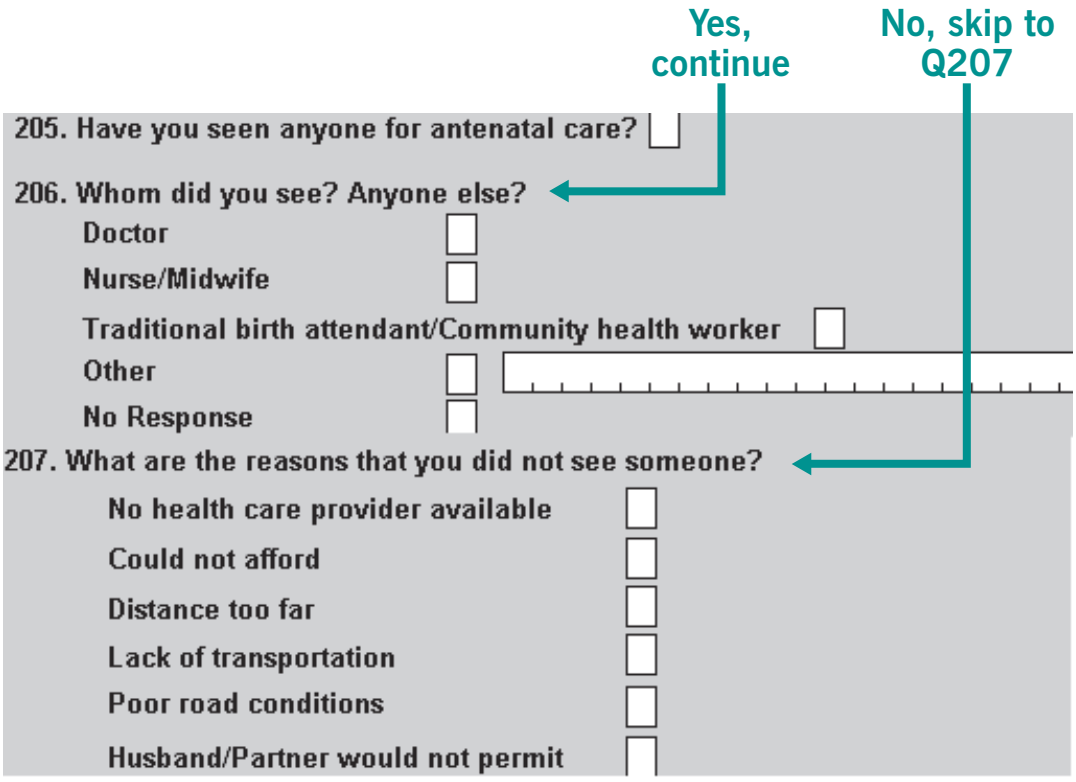
Respondent age inconsistent with DOB - please check Q104 and Q105
Press F8 to clear.

   d. Another example is an "Out of range" error message: You may accidentally enter a number that does not fit in with a given question. For example, Q201 will only accept 1 for "yes" and 2 for "no." If you enter "8," an error message will pop up. Press ↑ and correct accordingly; then continue with data entry.

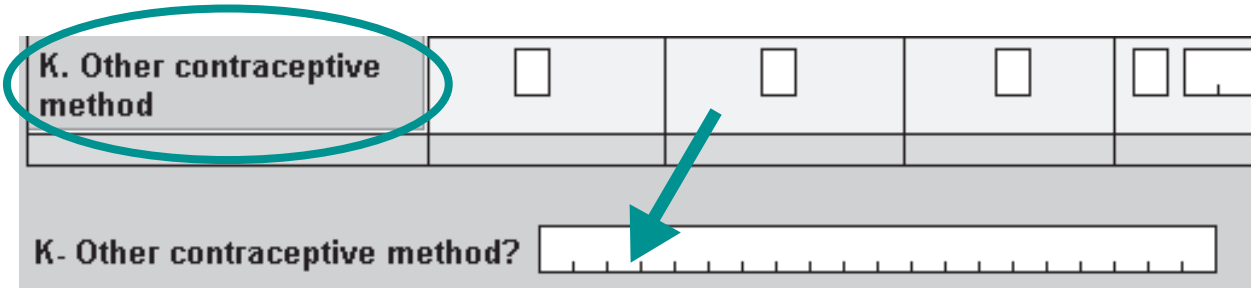
OUT OF RANGE
Enter valid value

5. Skip patterns are programmed based on how the respondent answers a question. The program will automatically skip a series of questions. Pay attention to where the cursor goes next, and enter the next question in the pattern.

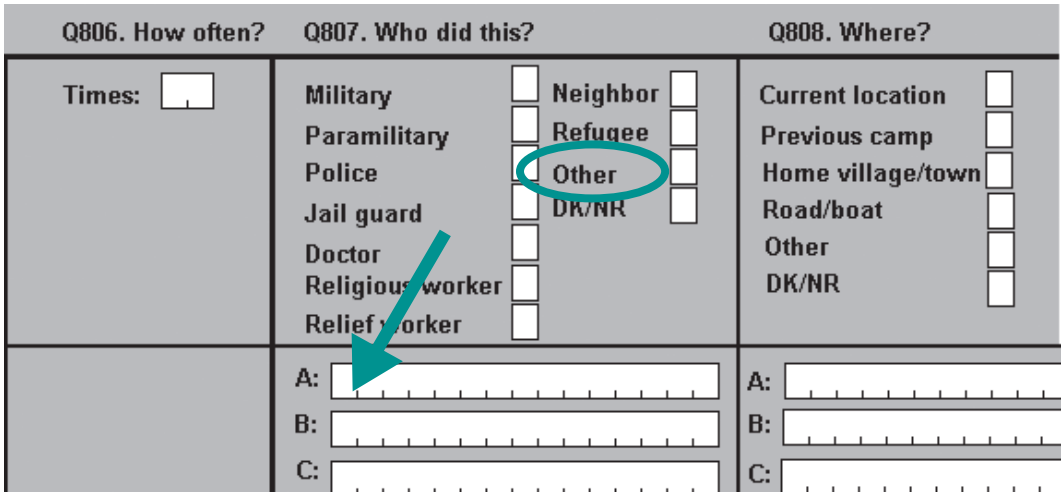
   For example, with question Q205 (Have you seen anyone for antenatal care for this pregnancy?), if the respondent answers "yes" and you enter 1, then the data entry program will go to Q206. After responses are entered into Q206, the program will skip to Q208. If the respondent answers "no" to Q205 and you enter "2," the program skips to Q207, and after responses are entered, continues to Q208.



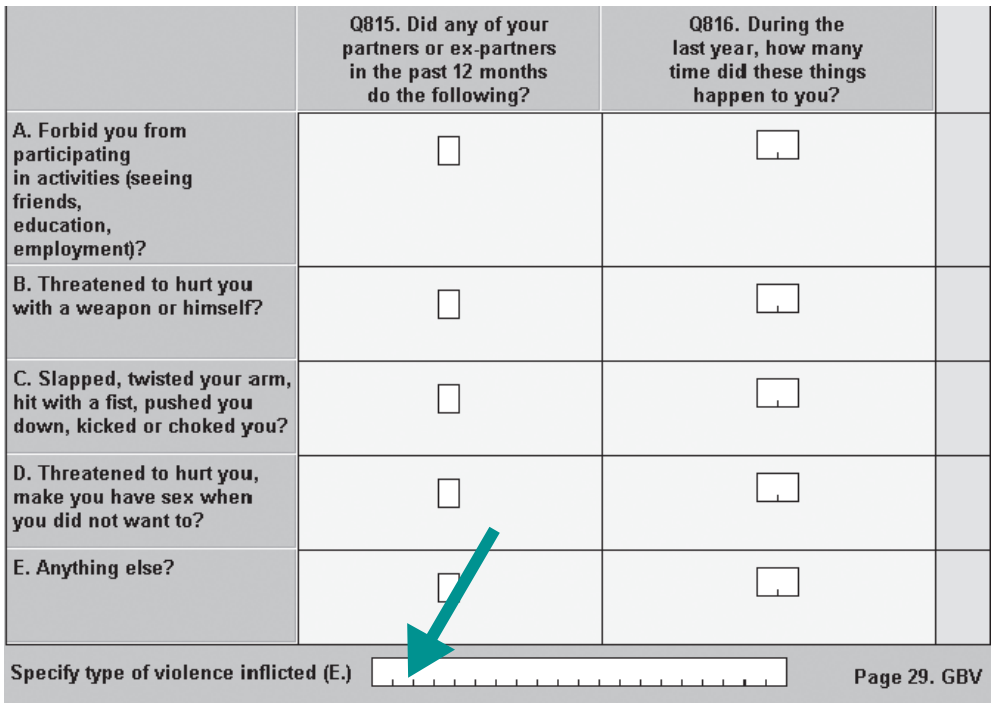
6. In another example, Q300K, if the respondent specified she uses an "Other contraceptive method," the program will take you to the bottom of the table to specify the method.



7. Q806 and 807 ask for details regarding violence after the conflict–again, "who did this?" and "where did this happen?" If the respondent reports "other," the program will take you to the bottom of the table to specify the "other." After you specify and press Enter, it will continue to the next question.

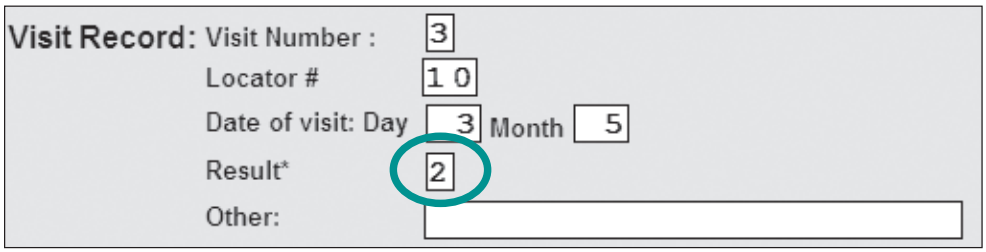


8. For question Q815, if response E, "Anything else," is selected, the program will take you to the bottom of the table to specify the type of violence inflicted.

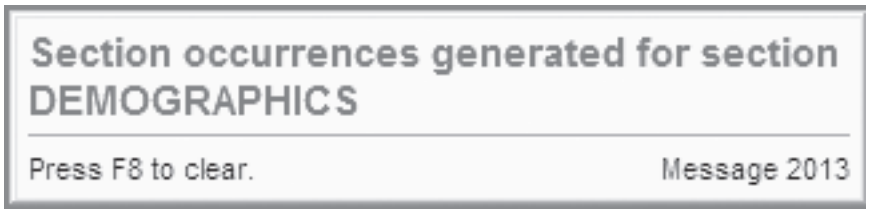


9. Some locator forms will pertain to women who were invited to participate in the study but refused to do so. These forms must still be entered into the data entry program. In such cases, the result code filled in on the Locator Form will be a number from 2 to 7 (result code "1" means that the woman agreed to participate). When you enter any code from 2 to 7, the data entry program will allow you to enter the start time and then skip to the end of the case and allow you to enter the finish time.

From the Locator Form:



When you accept this case, a series of messages will pop up indicating that 'Section occurrences generated' for all of the sections. Press F8 to clear all the messages.



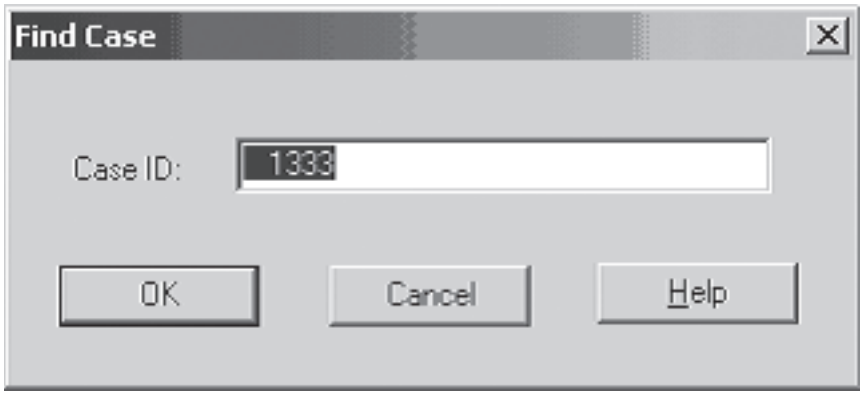
10. If a question is left blank that should have been answered, please see a supervisor to determine how the field should be entered.
11. If you have additional questions, please see the supervisor.

V. Modifying cases

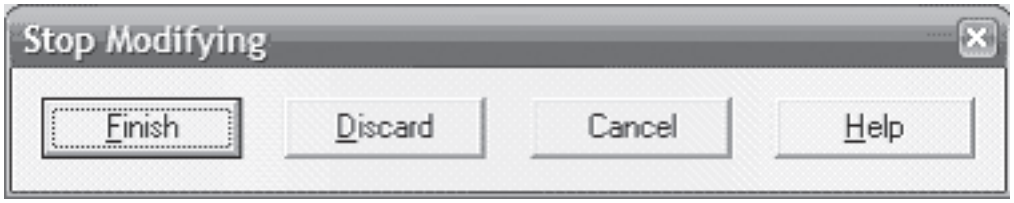
If you realize after saving the data that you made a mistake or did not enter all the data you should have, use the Modify mode to correct your mistakes.

A. Begin modifying cases

1. From the Mode menu, select Modify; or click  on the toolbar to begin modifying. This will begin a new Modify mode session. You can move through cases, viewing as many as you like, but once you begin modifying a case, you must finish the modify session before you can begin viewing another case.
2. Select a case: Use either of the following methods to select a case to view and/or modify.
   - From the File Tree, move the highlight bar to or click on the case ID.
   - From the Edit menu, select Find Case. Then enter the case ID. The case ID must be entered exactly as it appears in the file.



3. When you have completed modifying the case, press STOP, and the program will prompt you to verify whether you are ready to stop.
   - If you want to save changes, click on Finish. It will ask you whether you want to accept the case. Select "yes."
   - If you do not want to save changes, click on Discard.
   - If you have not completed modifying the case, click on Cancel.



B. Move between cases

1. Once you have finished modifying (or simply viewing) a case, you can move to a different case in one of the following ways:
   - From the File Tree, move the highlight bar to or click on a different case ID.
   - Use the toolbar to select first, previous, next or last case in the data file.
   - From the Navigation menu, select First Case, Previous Case, Next Case, or Last Case.

C. Delete a case

1. Make sure you are not in Add, Modify, or Verify mode. You may need to stop (Ctrl+S) data entry first.
2. From the File Tree, move the highlight bar to or click on the case ID you want to delete.
3. Press Ctrl+Del or from the Edit menu, select Delete Case.

D. Change case IDs

Note: CSPro will ensure that no two cases in the same data file have the same IDs.

1. Select the case whose ID you wish to change.
2. Switch to Modify mode.
3. Key in the new ID.
4. Save the case.

VI. Stop work

A. Stop data entry

1. To stop data entry press **Esc** or **Ctrl+S**; click  on the toolbar; or from the Mode menu, select Stop. If you are already stopped, this function will have no effect.
2. If you are at the beginning of a case or have not made any changes, the session will end immediately.
3. If you have started, but not completed entry/modification/verification of a case, two or more of the following choices will appear depending on the mode of data entry:

   - **Finish** allows you to finish the case and save the modifications you have made. Available only in modify mode.
   - **Discard** allows you to discard all the changes you have made since you opened this case. Always available.
   - **Cancel** allows you to cancel this operation and return to entering the case. Always available.

VII. Verify cases (optional)

A. Begin verifying cases

1. From the Mode menu, select Verify; or click on the toolbar to begin verifying cases from the beginning of the data file or where you left off verifying. This will begin a new Verify mode session. CSPro keeps track of the last case that was verified and positions you automatically to the next case to verify.
2. You may verify as many cases as you like until you reach the end of the data file.

B. Verify data

1. When you verify a case, you key the case a second time as if you were in Add mode. Even though there is already data in the data file, CSPro does not show it to you. All fields on the current form start out blank.

2. Each time you verify a field, the system compares the value you keyed (value B) with the value in the data file (value A). If these two values match, you move to the next field. If the values do not match, you get a message telling you so. When this happens, simply re-key the field (value C), in which case one of the following situations will occur:

   - If value C matches A, the system assumes value B is in error and moves to the next field. There will be no change to the data file for this field.

   - If value C matches B, the system assumes the value A in the data file is in error and moves to the next field. The new value, which you keyed twice, will replace the original value in the data file.

   - The value C matches neither A or B, the system will throw away the value B, show you the mismatch message and wait for you to re-key the field again.

C. Show fields while verifying

1. Sometimes you need to see the values in the data file on the screen. This is particularly useful if you are unsure which case you are verifying or exactly where in the case you are. You can use the **Ctrl+F2** key to do this. When you press the **Ctrl+F2** key you will see the values for all the fields on the current form. You must press **Ctrl+F2** again to resume verifying.

VIII. Getting help

1. If you have questions about the data entry program, please contact DRH/CDC. You can find contact information in Chapter 1, Introduction.
2. If you have a general question about CSPro, you can do two things:

   - Press F1; from the Help menu, select Help Topics; or click on the toolbar. Most dialog boxes have a **Help** button.

   - Contact CSPro about problems:
     Technical Assistance Staff
     International Programs Center
     U.S. Census Bureau
     Washington, DC 20233-8860 USA
     Phone: +1(301) 763-1451
     Fax: +1(301) 457-3033
     E-Mail: cspro@lists.census.gov
     Visit: www.census.gov/ipc/www/cspro

When you contact CSPro, please indicate the **version number** of the software, which should be version 3.1. You can obtain the version number from the top of the "about" box. From the **Help** menu, select **About**.

HANDOUT 14: Concatenating Data (For Supervisors Only)

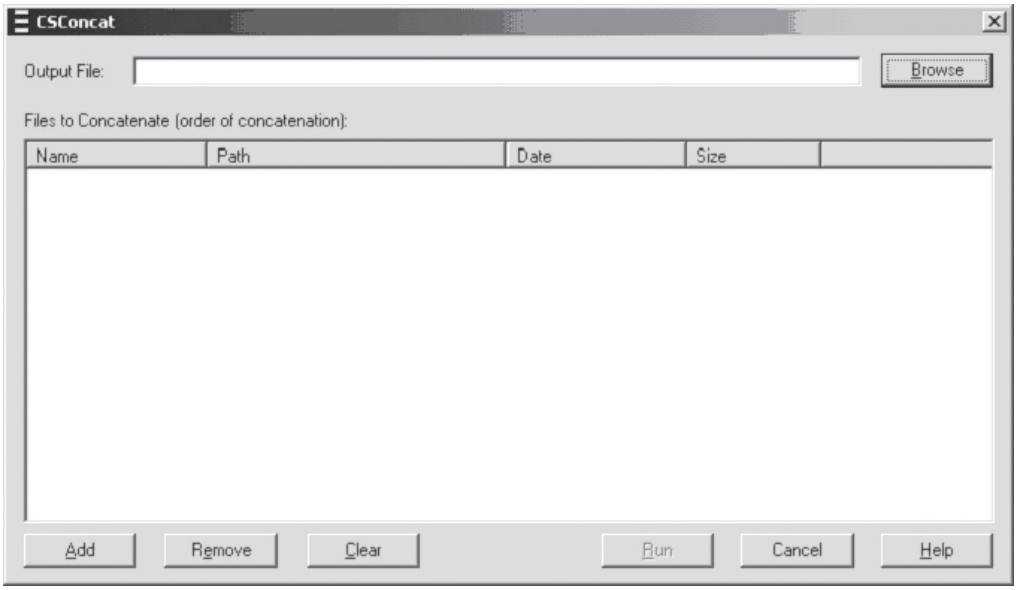
The Concatenate Data function allows you to combine multiple data files into a single data file. This should be done prior to data cleaning and analysis.

The following are instances when you do **not** need to concatenate data:

- If only **one** data entry staff member is entering the data into **one** file.
- If your program is conducting data collection in different sites and you want to analyze the data separately.

If you have two or more data entry staff, you will need to concatenate the files before data cleaning and analysis. For example if there are two data entry staff, each will have saved his or her files in his or her own folder. It will be necessary to concatenate the two data files to create one data file. The final data file should be called "Final_uncleaned." (Note: If the data files are saved on different computers that are not networked together, you will have to copy and save all the data files onto one computer before you can concatenate them.)

1. Locate the files you need to concatenate. If necessary, copy data files from other computers to the computer where you will be performing the concatenation.
2. On the Start/Program menu, select CSPro 3.1 Tools ➜ Concatenate Data. This will open 'CSConcat' (as shown below).



3. Name the output file 'Final_uncleaned'. Select BROWSE and indicate where the final dataset should be saved.
4. Select Add, and select all the data files that need to be combined.
5. Select Run.
6. The concatenated data file is now in its designated location.

HANDOUT 15: Data Cleaning (For Supervisors Only)

The data cleaning process is necessary to reduce errors that occur during the interview or data entry process. Data cleaning produces a dataset for analysis that best represents the responses from the survey. Data cleaning is needed to identify outlying responses due to data entry error or to recode responses due to interviewer or data entry error. The first step to locating errors is to tabulate frequencies of responses to spot outliers. An outlier is a value that is far from most others in a set of data, such as a response that reports a respondent had 15 pregnancies in the last 2 years. The second step is to review the data to see whether "Other" specified responses need to be recoded. The dataset in CSPro must be exported into SPSS or Excel to identify the corresponding questionnaire that has the error; however, changes to the dataset must be made in CSPro.

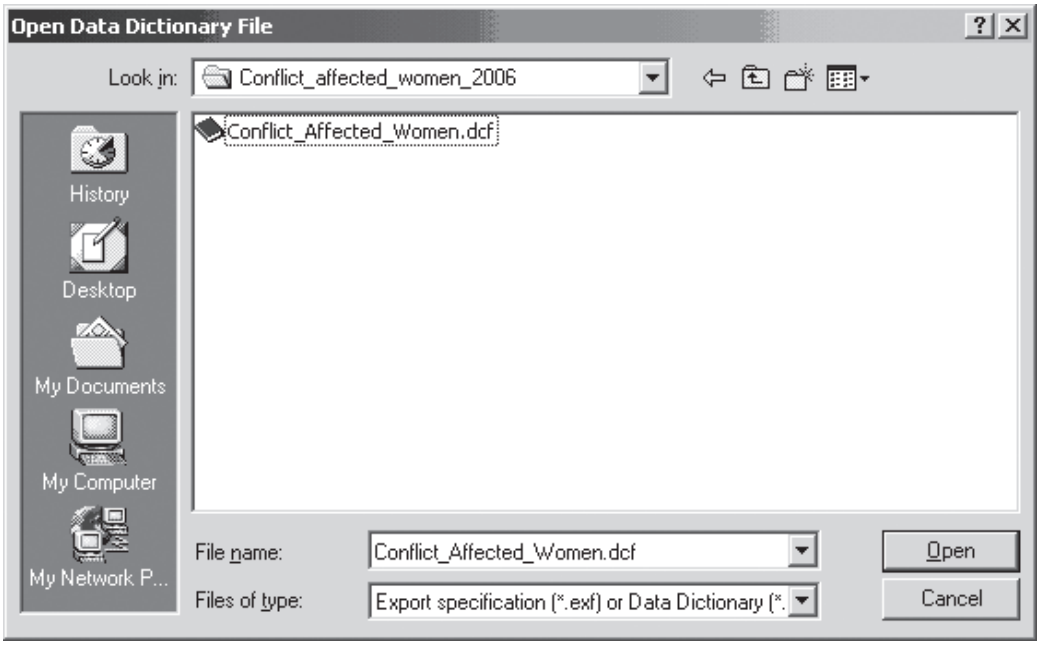
The following directions will walk you through two ways of cleaning the data. The method that is most appropriate for you will depend on whether you have access to SPSS and are familiar with it.

- The first option is to use SPSS to tabulate frequencies and view the responses and questionnaire numbers. This option is recommended because SPSS guides you through the tabulation process and it can be done in fewer steps.
- The second option is to use CSPro to tabulate frequencies and then view the data in Excel. The downside of this option is that you have to tabulate frequencies and view the questionnaire by section. This option will take more time to review and export the data.

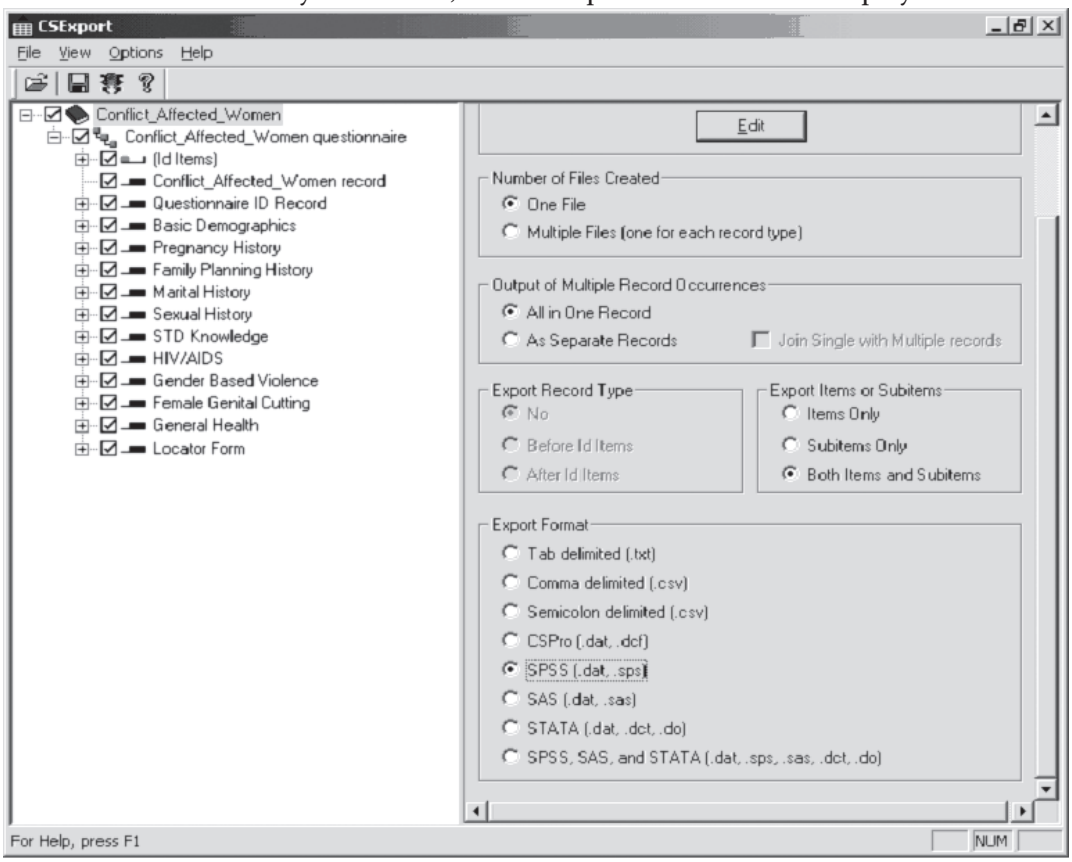
Regardless of the program used to tabulate frequencies or review the data, all corrections to the dataset must be made in CSPro. The final clean dataset, as a CSPro file, can be sent to the Division of Reproductive Health at CDC for weighting and data analysis.

Option A. SPSS

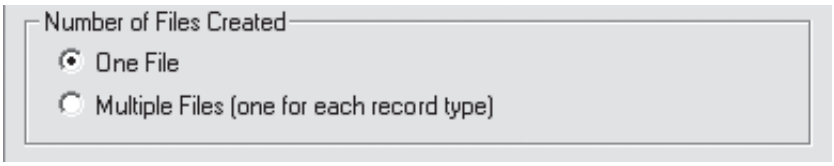
1. In CSPro - from the menu bar at the top, select Tools then Export Data.
2. Select the data dictionary: Conflict_Affected_Women.dcf



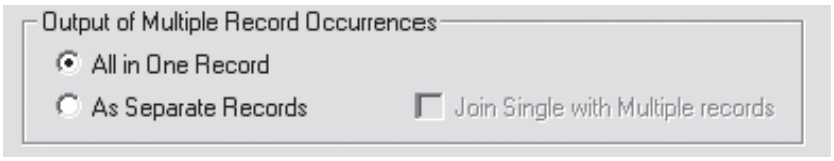
3. Once the data dictionary is selected, the CSExport screen will be displayed.



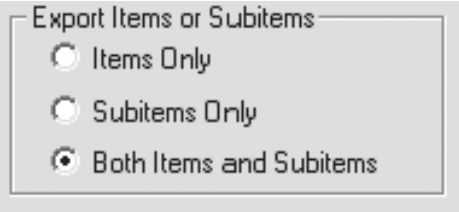
4. Select the items to be exported from the file tree in the panel on the left. Checking any item automatically selects its sub-items. For SPSS, all items should be checked.
5. "Number of Files Created"– select "One File."



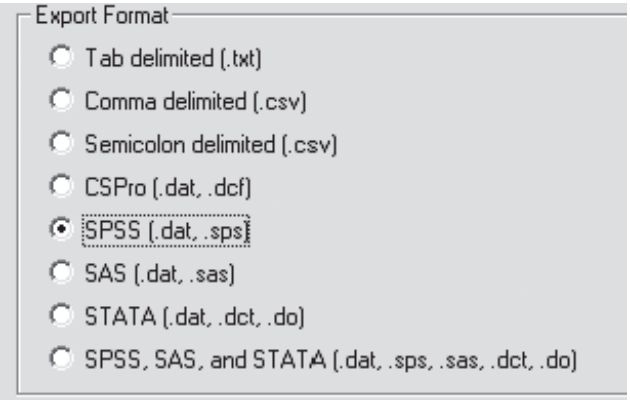
6. "Output of Multiple Record Occurrences"–select "All in One Record."



7. "Export Items or Subitems"– select "Both items and Subitems."



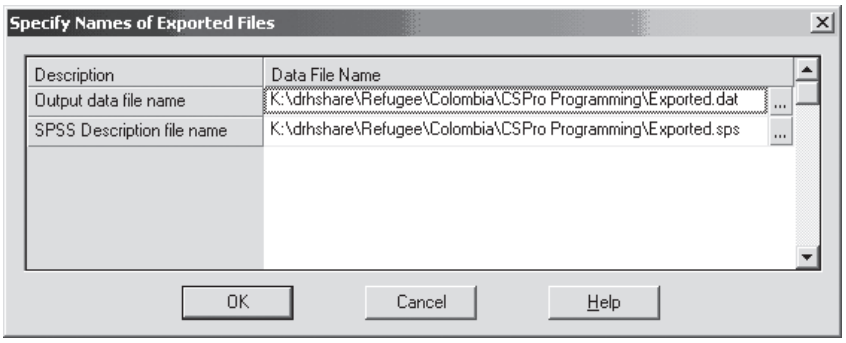
8. "Export Format"– select SPSS (.dat, .sps)



9. Select Run (traffic light icon): 

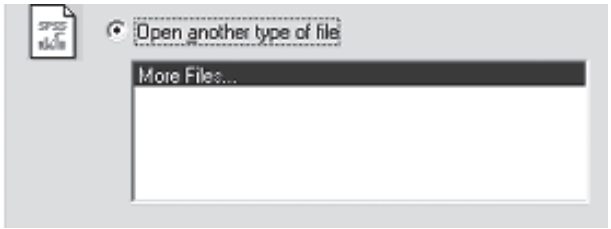
10. Select the dataset or concatenated dataset, if applicable, you want to export to SPSS. A concatenated dataset is a combination of multiple data files into a single data file.

11. "Specify Names of Exported Files" – CSPro has already entered the path and name for the output. You can change the names and paths or use the defaults. We recommended using the defaults.

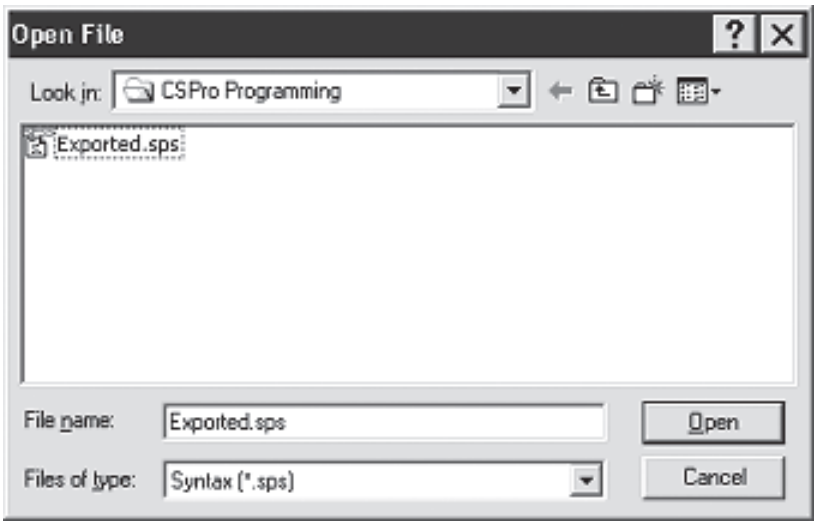


12. The dataset has now been exported to SPSS. Close CSPro and open SPSS.

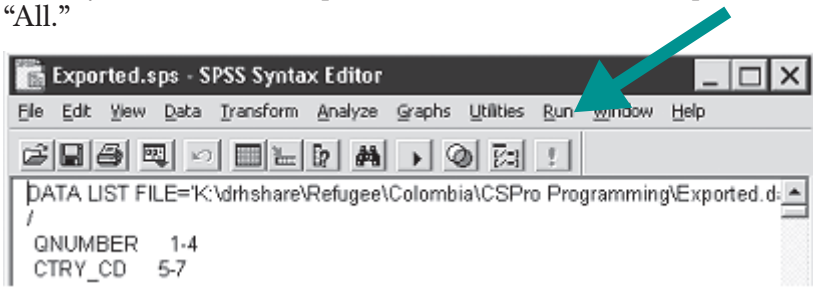
13. In SPSS, click on "Open another type of file."



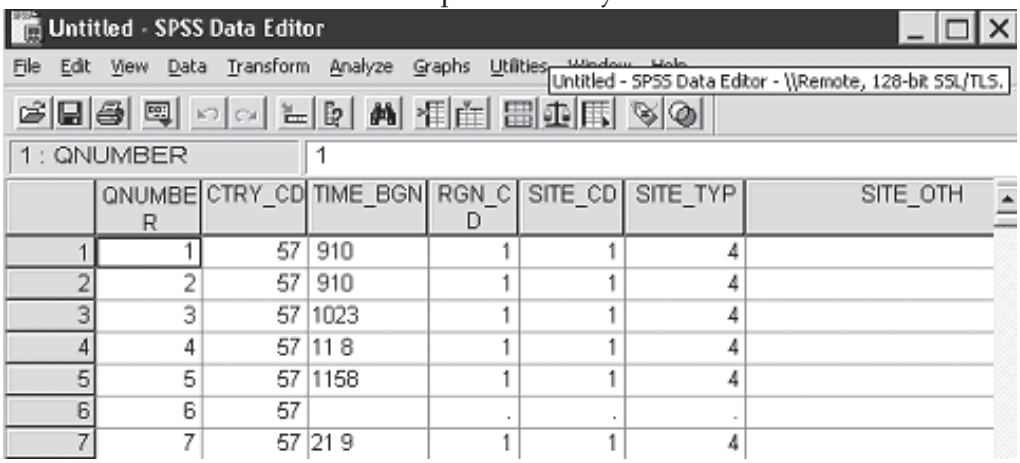
14. In the drop-down menu at the bottom of the dialog box labeled “Files of Type”, click on the arrow beside the box and select “Syntax (*.sps).”
15. Navigate to the exported SPSS program. If you use the default name, it will be “Exported.sps”. Select the exported program and click on “Open.”



16. The Syntax Editor will open. Select “Run” from the top of the menu of this window and then select “All.”

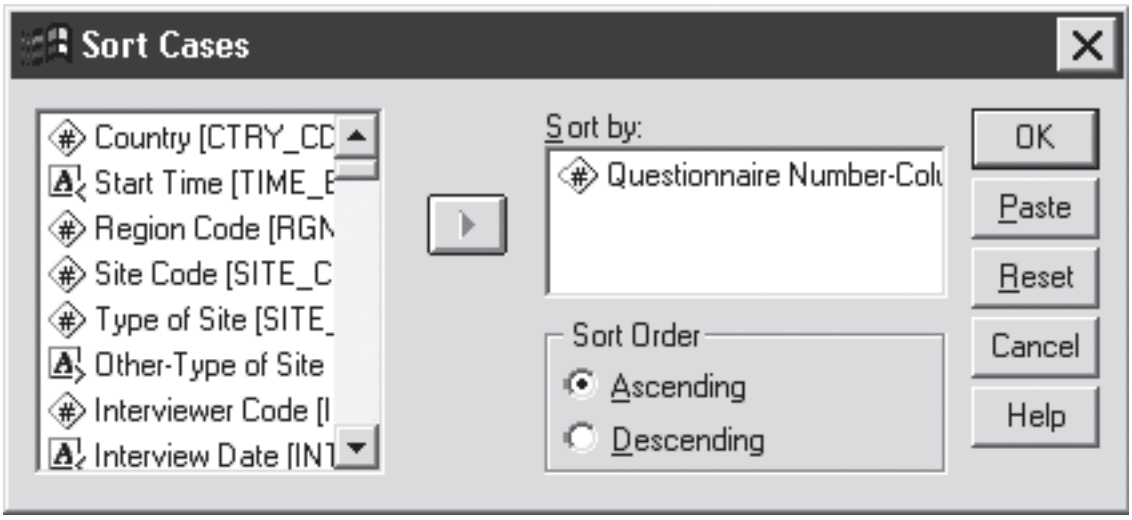


17. The SPSS viewer will open a log window. You can look for errors here or save the contents to another file.
18. The SPSS data editor will now be present with your data. Save the data to the location of your choice.

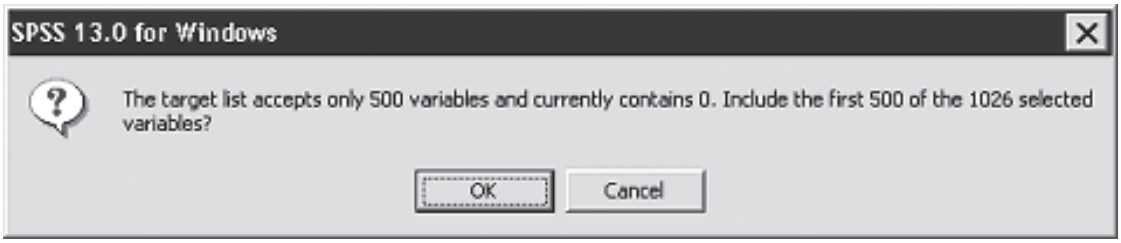


	QNUMBER	CTRY_CD	TIME_BGN	RGN_CD	SITE_CD	SITE_TYP	SITE_OTH
1	1	57	910	1	1	4	
2	2	57	910	1	1	4	
3	3	57	1023	1	1	4	
4	4	57	11 8	1	1	4	
5	5	57	1158	1	1	4	
6	6	57		.	.	.	
7	7	57	21 9	1	1	4	

19. Sort the data by Questionnaire Number:



20. To tabulate frequencies, select Analyze Descriptive Statistics Frequencies from the menu at the top of the screen. SPSS will tabulate frequencies of 500 variables at one time. However, if you select all of the variables, SPSS will ask if you want to tabulate the frequencies for the first 500 variables. Select OK and continue with the tabulation.



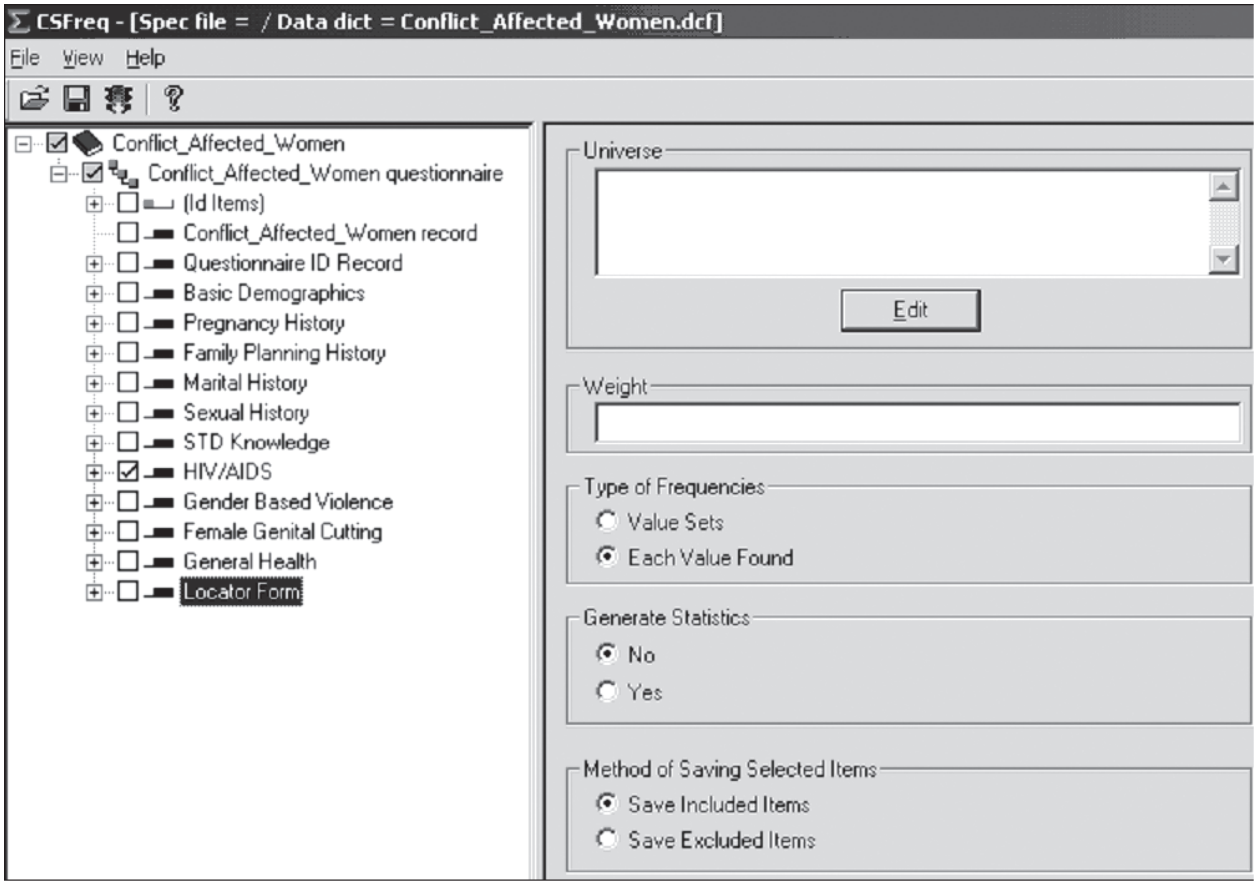
21. If there is an error, identify the questionnaire number. Look at the hard copy of the questionnaire to determine if a change needs to be made. If the error needs to be corrected, open the dataset in CSPro and modify the selected questionnaire accordingly.
22. All changes made to the dataset during cleaning must be done in CSPro. Once cleaning is completed, send the clean CSPro dataset to the DRH/CDC where analysis can be run.

Option B. CSPro and Excel

a. Tabulate Frequencies in CSPro

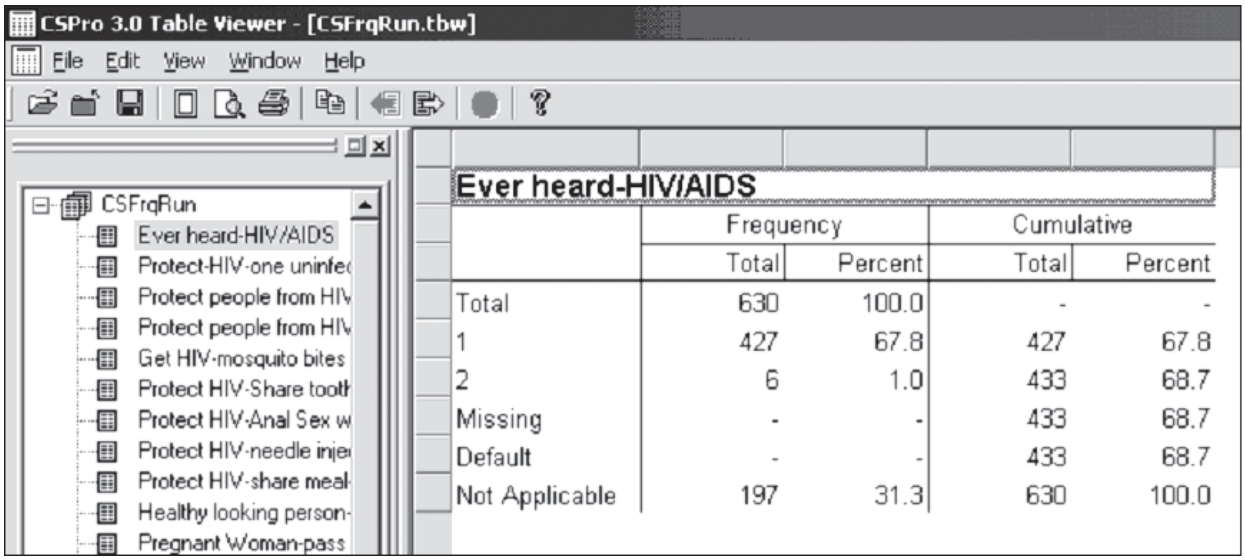
CSPro will tabulate frequencies at a maximum of 100 variables at one time. Therefore, frequencies must be tabulated by sections, such as basic demographics, pregnancy history, and family planning history. This will be discussed in more detail later in this section. The steps to tabulate frequencies in CSPro are as follows:

1. Open up your CSPro program using: Conflict_Affected_Women.ent
2. From the menu bar at the top select Tools, then select Tabulate Frequencies.
3. Select the data dictionary: Conflict_Affected_Women.dcf
4. Select the section you want to tabulate. In this example, we are going to tabulate frequencies for the HIV/AIDS section. You can use the default settings, which will leave Universe and Weight blank. The default for the Type of Frequency is "Each Value Found" and for the Method for Saving Selected Items is "Save Included Items." For Generate Statistics, "No" can be selected.



5. Select **Run** (traffic light icon):
6. Select the data file to tabulate and select "Open."

7. The tables will open in the Table Viewer.



8. To save the tables, select File ➞Save As, then select the table(s) you want to save, then select ➞ Name the file ➞Designate the location to save the file ➞Save.
9. Scroll through the tables and look for any responses that appear unusual or out of the ordinary.
10. CSPro does not tabulate frequencies for alphanumeric items. These are items that have letters in them, such as the "Other" responses that are specified. Therefore, it will be necessary to export the data to Excel (instructions follow) and look at the "Other" categories to see if any of the responses can be re-coded into one of the categories that was included in the questionnaire or if there are enough responses to make a new category.

    a. For example, if in Q106 (Religion), the interviewer circles "other" and specifies the religion as "Protestant," then during data cleaning this response can be re-coded to "Protestant=3." The case for the relevant questionnaire will have to be modified in CSPro to make this change.

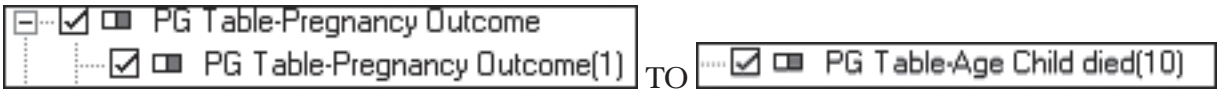
Pregnancy history, family planning, and gender-based violence

Because of the large number of variables in the pregnancy history, family planning, and gender-based violence (GBV) sections, these sections must each be divided into groups in order to tabulate frequencies. When dividing the sections into groups, each variable will have to be individually selected. The sections can be divided in the following ways:

Pregnancy history section

1. Group 1: Ever been pregnant through Total Pregnancies in the last 2 years

2. Group 2: Pregnancy Outcome (1) through Age Child died (10)



3. Group 3: Have Antenatal Care – Recent Pregnancy through Seek help-problems-after delivery-6 wks

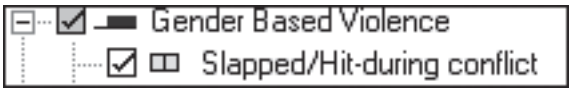
Family planning

1. Group 1: Contraceptive Table
   Ever head of method (1) through Reason not use method (11)

2. Group 2: Want another baby in the future through Don't Know-Prefer use method

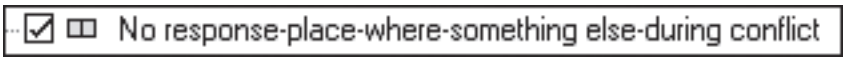
Gender-based violence (GBV)

1. Group 1: Slapped/Hit during conflict through No Response – place where Sexual comments-during conflict



2. Group 2: Stripped of clothing during conflict through No response –place-where something else-during conflict

TO



3. Group 3:Slapped/Hit – after conflict through No response-place where improper sexual comments-after conflict

TO

4. Group 4: Stripped of clothing-after conflict through No response-place where something else after conflict

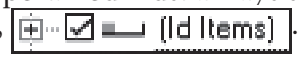
TO

5. Group 5: Ever injured from incidents through No response – cope with GBV

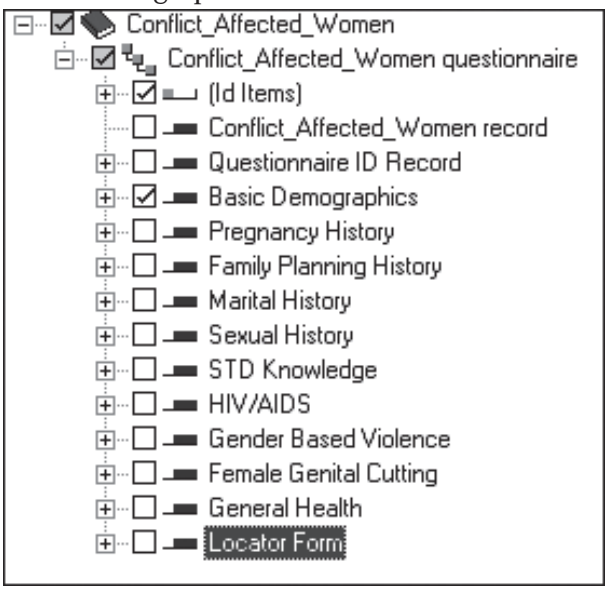
TO


b. Excel

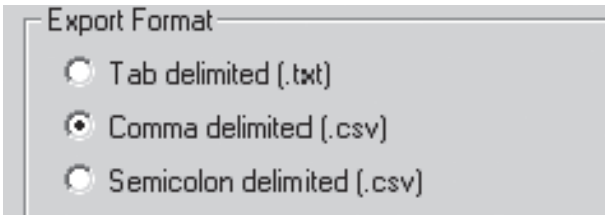
Excel can only accommodate a limited number of columns; therefore, it is necessary to export one section at a time, such as basic demographics, family planning, etc. Divide the Gender-based Violence (GBV) section into subsections, as follows: during the conflict, after the conflict, and intimate partner violence. Follow the same steps as above for SPSS except as follows:

1. When exporting to Excel, the section must be specified for export. You must always select the ID item, which allows the questionnaires to be linked to the data,  .

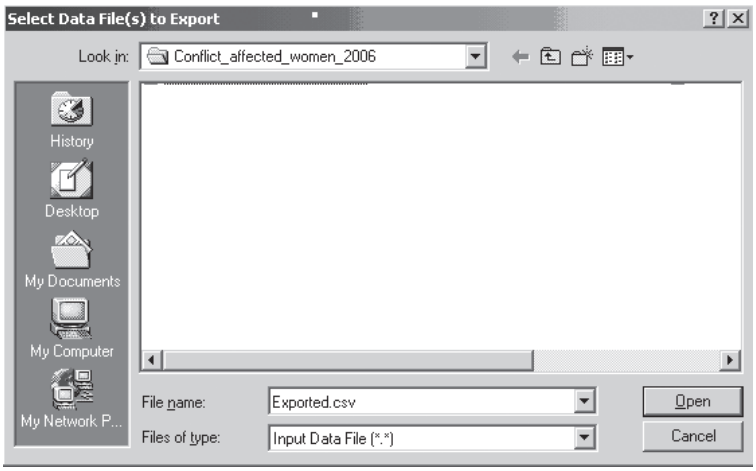
   For example, if you want to export the background charicteristics section to Excel, select ID items and Basic Demographics.



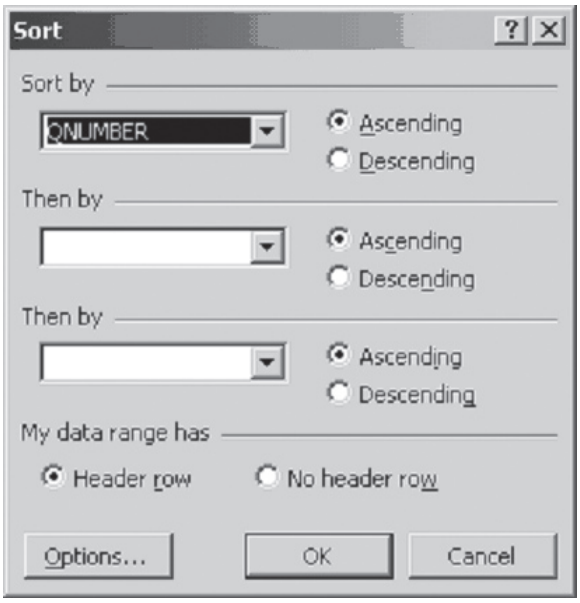
2. For the Export Format, select Comma delimited (.csv).



3. Specify the dataset you want to export and designate the location to export the file.



4. Once the export is complete, open Excel and then open the exported file.
5. Sort the data by questionnaire number.



6. Immediately identify the questionnaire that has the error(s) or scroll through the spreadsheet and look for responses that look unusual or out of the ordinary. For example, if you know that most of the population has lived at the survey location for 5 years or less, a response of "20 years" is likely to be an error. You will want to look at the hard copy of the questionnaire to verify the response.
7. All changes made to the dataset during cleaning must be done in CSPro. Once cleaning is completed, you can send the clean CSPro dataset to DRH/CDC, where analyses can be run.

Technical assistance

Please contact the Division of Reproductive Health at the CDC for technical assistance if you have questions or problems. (Contact information is available in Chapter 1, Introduction.)

APPENDIX E
Practice Exercises

Practice Exercises

Exercise #1: Interviewing techniques

Ask for two volunteers from among the interviewer trainees. Ask one to act as a "respondent" and the other to play the role of the "interviewer." Tell the respondent to respond as if she was being interviewed in real life. Please emphasize that she does not have to give her own personal experiences. She can pretend to answer like a friend or any other woman that she knows. Ask the interviewer to interview the respondent in front of the rest of the trainees. Have her begin by greeting the "respondent" and introducing herself and then proceeding to ask the questions of a specified section of the questionnaire. At the end of the section, ask for observations from the rest of the trainees. Repeat with other volunteer pairs and other sections of the questionnaire.

Exercise #2: Interviewing techniques

Ask for two volunteers from among the interviewer trainees. As with Exercise #1, assign one to act as a "respondent" and the other to act as an "interviewer." Take the "interviewer" aside and tell her to purposely behave badly to the "respondent," based on the Guiding Principals for Interviewers learned in the interview technique lesson (Handout 10). Ask the interviewer to interview the respondent in front of the rest of the trainees. Have her begin by greeting the "respondent" and introducing herself and then proceeding to ask the first few questions of the questionnaire. When several questions have been asked, stop the exercise and ask for observations from the rest of the trainees. Ask what was done incorrectly and what would have been a better way to interview.

Exercise #3: Filling out the questionnaire

Ask for two volunteers from among the interviewer trainees. Ask one to act as a "respondent" and the second to be an "interviewer." Tell the respondent to respond as if she was being interviewed in real life. Please emphasize that she does not have to give her own personal experience. She can pretend to answer like a friend or any other woman that she knows. Ask the interviewer to interview the respondent in front of the trainees, using the first section of the survey. The rest of the group should fill in their questionnaire based on the answers of the respondent. At the end of the section, ask for observations from the rest of the interviewers. You can start with the first section and then go through the questionnaire by question. Each pair does not necessarily have to do all the questions in that section. After about one page, ask a new pair of interviewers to role play. The trainer can take time in between the change of pairs to go over the answers with the rest of the group to make sure everyone has filled in the questionnaire appropriately.

Exercise #4: Filling out the questionnaire

Divide the group into smaller groups of three interviewers each. Ask one to act as a "respondent," the second, as an "interviewer" and the third, to be an observer. Tell the respondent to respond as if she was being interviewed in real life. Please emphasize that she does not have to give her own personal experience. She can pretend to answer like a friend or any other woman that she knows. Ask the interviewer to interview the respondent using the whole questionnaire (or if time is short, give each group a different section). The third person should observe the pair and be prepared to comment on the role-playing pair's techniques for interviewing, filling out the questionnaire, and probing at the end of the interview. At the end of the exercise, ask for observations from the rest of the interviewers. Start with their general feelings about the questions, and then go through each section and take feedback from all groups. Check questionnaires for completeness and correct skip patterns. Have individuals in each group change roles after a section is complete.

Exercise #5: Filling out the questionnaire

Divide the group into smaller groups of two interviewers each. Ask one to act as a "respondent" and the other to act as an "interviewer." Tell the respondent to respond as if she was being interviewed in real life. Please emphasize that she does not have to give her own personal experience. She can pretend to answer like a friend or any other woman that she knows. Disperse these pairs

through out the room and ask the interviewer to interview the respondent using the entire questionnaire. The trainer should rotate through out the room and observe the pairs as they are interviewing. At the end of the questionnaire, the trainee who acted as the interviewer should bring the questionnaire to the trainer to be reviewed. The pair will then switch roles. Have people change partners once each member of the pair has finished the questionnaire.

APPENDIX F
Locator and Consent Form

Locator and Consent Form

Locator Form

[INSERT NAME OF STUDY SITE]

Locator name_____

Site number _____

Locator form number (range 0-9) _____

Questionnaire number _____

Supervisor _____

Introduction at household *(to be read by the locator)*

Hello, my name is _____and I am working with [INSERT ORGANIZATIONS HERE]. We are gathering information on women's health issues. We are here only to ask questions. We are conducting this survey among women between 15 and 49 years of age. We want to use what we learn to plan health services in your area.

Purpose of the study

[INSERT ORGANIZATIONS HERE] are doing this study. We are doing this study to find ways to improve health and community programs for women. The findings from this study may help us find ways to decrease health problems among women.

How many women between the ages of 15 and 49 live in this house? _____

Instructions

IF NO ELIGIBLE WOMEN (age 15-49) LIVE IN THE HOUSE, CONCLUDE THE ENCOUNTER AND FILL OUT VISIT RECORD AT THE END OF THE LOCATOR FORM.

IF AT LEAST ONE ELIGIBLE WOMAN LIVES IN THE HOUSE, CONTINUE.

For each of these women, could you give me the ages of each women (starting with the oldest woman and ending with the youngest):

Table of eligible women in household (to be used for random selection of the woman to be interviewed)

WRA	Age (Complete Years)
1	
2	
3	
4	
5	
6	
7	
8	

Diagram for random selection of the WRA to be interviewed

The Locator Form Number	Number of WRA in the House							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

1. Line Number of the Chosen WRA _____
2. Total Number of WRA in the Household _____

Consent Form for Survey

(Flesch-Kincaid Readability Grade 6)

Reproductive Health Assessment Toolkit for Conflict-Affected Women

Hello, my name is _____and I am working with [INSERT ORGANIZATIONS HERE]. We are gathering information on women's health issues. We are here only to ask questions. We are conducting this survey among women between 15 and 49 years of age. We want to use what we learn to plan health services in your area.

Purpose of the Survey

[INSERT ORGANIZATIONS HERE] are doing this survey. We are doing this survey to find ways to improve health and community programs for women. The findings from this survey may help us find ways to decrease health problems among women.

Your house has been chosen from the list of houses in this area. Your house was chosen from this list because there are women between the ages of 15 and 49 years living in this house. You were randomly selected using numbers on a chart. This number is not linked to you for any other reason except that it helped us choose women from the list. About [500 or 625] women from this area will be asked to participate in this survey.

You are free to join the survey or not. If you do not join, you will not lose any health care services that you normally get. We will ask you some questions about your home life, your health, and your experiences with violence. We will also ask about the conflict in your home country, if this applies to you. Other questions are about AIDS and sexual behavior. It will take about 45 minutes to answer all of the questions.

Risks and Benefits

There is no risk to your health from being in this survey. Some of the questions in the survey ask about your health and your family. We will also ask you questions about your experiences with violence. Answering questions like this can be difficult. If the questions are upsetting or difficult for you to answer, we can stop the interview at any time or we can skip those questions. You may not want to answer some of them. If you do not want to answer a question, we will just skip it and go to the next question.

We hope to learn how health care and community programs in this community can serve women and their families better. We will give you names of people you can go to if you have any questions or concerns about what we discuss. If someone enters the room while we are talking about something private, we will change the topic.

Questions or Concerns

There are people you can contact if you have any questions or concerns. If you have questions about the survey, you can contact [INSERT CONTACT PERSON]. You can reach her by going to the [INSERT LOCATION OR CONTACT INFORMATION].

Confidentiality and consent for interview

You will be asked some very personal questions that some people find difficult to answer. Your answers will be kept private and secret. No one will know that the answers came from you. Also, no one else in the household will know what you tell us. We will never use your name with anything you tell us.

You do not have to answer a question if you do not want to. You may stop answering questions at any time. We would be very grateful for your help. The questions will take about 45 minutes. Do you agree to participate?

Participant: I agree to answer the questions.

_____

(Signature of locater to whom oral consent was given by participant)

If Respondent Refuses, Read the Following and Then Complete the Visit Record

I'm sorry you will not be able to participate in this survey. May I ask you why you do not want to participate in the survey?

1. No time/busy
2. Not interested
3. Information too sensitive
4. Other (specify)_____
5. No reason given/don't know

Thank you very much for your time. ----------END–COMPLETE THE VISIT RECORD

Visit Record

Visit number	1	2	3	4	5	6	7
Locator #							
Date of visit	Day / Month	Day / Month	Day / Month	Day / Month	Day / Month	Day / Month	Day / Month
Result*							

***Result codes**

1. Agree to interview
2. No eligible woman (age 15-49)
3. Nobody home
4. Selected respondent not home
5. Selected respondent refusal
6. Unoccupied house
7. Other(specify)_____

APPENDIX H
Final Report Template

Final Report Template

- Acknowledgements – Acknowledge authors of the report, survey team, or any other person who contributed to the project.
- List of tables – Annotate all the tables in the report. List all the tables in sequential order and include the title for easy reference.
- List of figures – Annotate all the figures in the report. List all the figures in sequential order and include the title for easy reference.
- Executive Summary – Provide a brief overview of purpose of survey, findings, and recommendation. The Key Indicator List can be used in the Executive Summary.
- Chapter 1: Introduction – Describe the background of the population of interest. Why are they in conflict or displaced? What do you know about the group from other data sources? State the survey purpose and objectives. What are you trying to find out? What do you hope to achieve? How are you going to achieve it?
  - 1.1 Reproductive Health in Conflict Settings
  - 1.2 Country Background
  - 1.3 Survey Purpose
  - 1.4 Significance
  - 1.5 Objectives
- Chapter 2: Methodology – Describe and document how the survey was carried out.
  - 2.1 Survey Location
  - 2.2 Survey Design
  - 2.3 Participant Selection Criteria
  - 2.4 Sampling Frame
  - 2.5 Sample Size Calculation and Response Rates
  - 2.6 Survey Planning
  - 2.7 Survey Instrument
  - 2.8 Survey Team Training
  - 2.9 Pilot Test
  - 2.10 Data Collection
  - 2.11 Quality Control and Data Entry
  - 2.12 Data Analysis
  - 2.13 Procedures for Notifying Participants of Survey Results
  - 2.14 Human Subjects Protection
- Chapter 3: Findings – Present the results of each section.
  - 3.1 Background Characteristics
  - 3.2 Safe Motherhood
  - 3.3 Family Planning
  - 3.4 Sexual History: Condom Use and Sexually Transmitted Infections (STIs)
  - 3.5 HIV/AIDS
  - 3.6 Gender-based Violence (GBV)
  - 3.7 Female Genital Cutting (FGC)
  - 3.8 Emotional Health
- Chapter 4: Discussion – Summarize the major findings of the survey. Where are the greatest needs or gaps in service? What groups should be targeted? Describe limitations of the survey, the data, and the use and interpretation of the data. Were there errors in how the survey was implemented that may have affected the results?
  - 4.1 Summary
  - 4.2 Survey Limitations
- References – List all references used in the report.

APPENDIX I
Group Discussion Guide

Group Discussion Guide

Thank you for all your hard work in conducting this survey. The results of this survey will help us to better meet the reproductive health needs of conflict-affected women. The purpose of this discussion is to determine how we can improve the survey process and to learn about what you see as overarching themes, based on your observations during the survey process. Your insights can help inform our recommendations.

Please be as open and honest as possible. There is no wrong or right answer for these questions. We are not trying to blame anyone for things that did not go well. We want to learn from any mistakes so that we can do better the next time. You may provide a specific story to illustrate your point, but to respect the privacy and confidentiality of participants, please do not discuss these stories outside of this discussion. We will take notes from this discussion, but we will not associate any names with comments.

For each part of the survey process (training, locating, and interviewing):

1. What went well?
2. What did not go well?
3. What are potential solutions to improve this part of the process?
4. How could the training have been changed so that you could feel more prepared?
5. What gaps in training existed? Where did you need more training? What parts of the training manual/training agenda was not satisfactory?

Based on the interviewer's experience:

1. How did you feel asking these kinds of questions to women here?
2. How could the training have been changed so that interviewers could feel more prepared when going out into the field in the very beginning?
3. What was something that you learned that surprised you?
4. From what you heard or saw, what concerns/issues related to reproductive health did participants raise that were not addressed by the survey?
5. What did you see as the most important reproductive health concern? What should be acted on first? Why?
6. What factors should decision-makers consider when deciding what actions are needed? Are there contextual issues that may help or hinder taking action?

APPENDIX J
Exit Survey

Exit Survey

NOTE: This exit survey should be given verbally by someone from the survey team, such as a female supervisor. If conducting the survey in a highly literate population, the exit survey could be completed by the participants.

We would like to know what you think about the interview you had today. Your responses to this short survey are completely anonymous and will not be linked back to you. Your responses will help improve the interview process. Thank you for completing this survey.

1. How satisfied were you with the interview you had today?
   - ■ Not at all satisfied
   - ■ Somewhat dissatisfied
   - ■ Neutral
   - ■ Somewhat satisfied
   - ■ Very satisfied
2. Did you understand the purpose of the interview?
   - ■ Yes
   - ■ No
3. Did the person interviewing you help you to feel comfortable?
   - ■ Yes
   - ■ No

Please describe what we could have done better: _____

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Notes:

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Suggested Citation:
Reproductive Health Assessment Toolkit for Conflict-Affected Women. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention, Department of Health and Human Services, 2007.

Updates to the Toolkit will be posted on the CDC Web site at the following address:
www.cdc.gov/reproductivehealth/Refugee/

For additional information, send an email to Rconflicttoolkit@cdc.gov or write to
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