Qualitative Methods in Evaluation of Public Health Programs

A Curriculum on Intermediate Concepts and Practices: Participants' Guide

December 2018

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THE CASE STUDY: THE COMMUNITIES UNITED AGAINST GENDER-BASED VIOLENCE IN TANZANIA[1]

Background Information

Violence Against Women (VAW) is a major public health problem and violation of women's human rights. VAW is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual, psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[2] According to the World Health Organization, almost one-third (30%) of all women have experienced physical and/or sexual violence by an intimate partner, although this varies widely by county.[3] Such violence can have fatal outcomes like homicide or suicide, and can lead to injuries, unintended pregnancies and abortions, and sexually transmitted infections, including HIV.

According to Tanzania's 2015–2016 DHS Survey, 39.5% of all women aged 15–49 have experienced violence after the age of 15, while 41.7% of ever-married women had experienced violence committed by a husband or partner. Violence against married women is legally prohibited in Tanzania by the Law of Marriage Act. The Sexual Offenses Special Provision Act criminalizes various forms of VAW, including rape, sexual assault, and harassment. Tanzania police offices operate gender and children's desks, where women can report acts of violence. These desks are meant to be staffed by specially trained officers and feature a private space for reporting. Despite these resources, very few women ever report violence perpetrated against them.[4] This is both due to fear of more violence and/or social stigma, as well as lack of knowledge about available resources for victims of VAW.[5] In addition, such violence, especially within a marriage, is commonly accepted at a cultural level and many Tanzanians hold the belief that violence against women is an acceptable practice.[6]

The Program

Communities United (CU) is a community mobilization intervention created by a non-governmental organization (NGO) based in Tanzania. CU has been designed to prevent violence by addressing the risk factors associated with violence in relationships and communities in the Sengerema district in the Mwanza region. Formative research for CU identified that knowledge of laws related to VAW and knowledge of available resources for victims is low, community members commonly see VAW as acceptable, and there are many myths regarding the causes of VAW. The CU program acknowledges that VAW is complex in nature, and thus has designed a community-based intervention to target knowledge, attitudes, and skills related to VAW.

The CU program has three primary objectives for three-year life of the program:

- To increase knowledge of community members on the existence of both VAW and the imbalance of power between women and men;
- To increase awareness among community members (both men and women) of laws and local legal resources related to VAW
- To decrease acceptability of VAW among community members
- To increase community support for VAW survivors

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[1] The information in this case study, while based in part on existing intervention programs, is fictional and not based on an actual program.
[2] Source: United Nations.
[3] http://www.who.int/mediacentre/factsheets/fs239/en/
[4] Legal and Human Rights Centre (LHRC) and Zanzibar Legal Services Centre (ZLSC). March 2014. Tanzania Human Rights Report 2013.
[5] Source: WHO multi-country report.
[6] McCleary-Sills, et al., Mar. 2013.

Program Implementation Process

The program uses a combination of three strategies. The first is local activism, through which CU staff recruit and support male and female community leaders, called community activists, to mobilize and engage with their fellow community members around issues of power and violence.

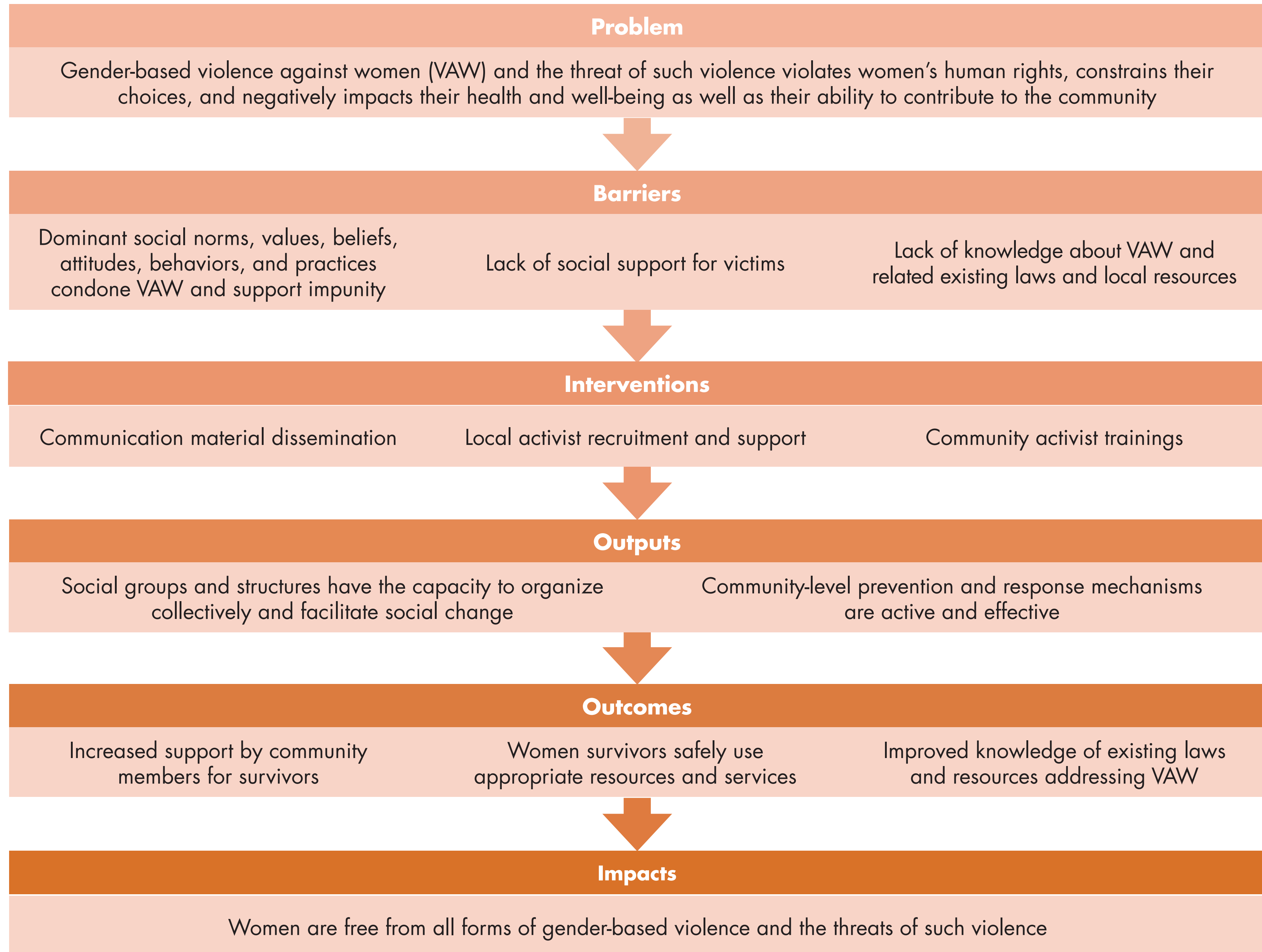
The second strategy is the use of communication materials, which are designed to be locally and contextually relevant and provide activists with a tool for guiding discussions around various themes and topics related to VAW, local laws, and resources. To support this strategy, CU staff were present in the communities on a regular basis to assist in the implementation of these tools.

The third strategy is training, by which both CU staff and community leaders are supported to strengthen their knowledge and skills continually, which in turn supports community members in the prevention and response to VAW. Over the duration of the three-year implementation, CU staff supported over 150 community activists to implement CU in their communities. These included women and men who were involved in men's, women's, and youth groups. Each community activist committed to conducting four activities a month, which they documented during their monthly meetings with CU program staff. Over the intervention period, community leaders led more than an estimated 5,000 activities, which included community conversations, door-to-door discussions, quick chats, trainings, public events, poster discussions, community meetings, and prayer group meetings, and engaged a variety of community members through different channels.

Participant Demographics

The population of the study communities were relatively young (42% were 25 years of age or younger) and dominated by one tribal ethnic group. The community was culturally diverse, representing four different tribal groups and at least as many languages. Approximately 30% of the men and almost 60% of the women had not completed schooling beyond primary education. The median income was low; and many residents were self-employed. Almost two-thirds of the community members identified as Christian while about 25% considered themselves Muslim. Patriarchy—the concentration of both individual and institutional power in the hands of men—was a dominant aspect of the social-cultural context. Men were widely considered to be the head of the household and women were usually expected to be subservient.

Program Theory of Change



GUIDELINES FOR EVALUATION PROPOSAL GROUPWORK AND PRESENTATIONS

Objective

To prepare an evaluation proposal using the concepts and methods learned at the workshop.

Overview

1. The work will be performed in groups of 4–6 persons.
2. Groups will be defined on the first day or before of the course. Each group will work on a specific program.
3. Groups will work on developing a proposal for evaluating the program. The group should convincingly justify the proposed evaluation design in terms of methodological rigor and practical feasibility.
4. Groups will work during the last sessions in the afternoons and will receive advice from instructors.

Presentation

Groups will present the results of their work on the last day of the workshop. Each group will have a maximum of 20 minutes for the presentation followed by a maximum of 10 minutes for questions and discussion. **All members of the group must present**. Groups will prepare their presentations using PowerPoint.

The presentation should include the following elements of an evaluation proposal:

1. Title
2. Brief general background: about the country and the main health problem(s) that the program will address
3. Description of the program: name, key objectives, components and interventions, target areas and target groups, key outcomes and target, placement targeting rules or participant selection criteria, start date, duration, implementing plan/timeline, implementing agency, funding
4. Conceptual framework or program theory (the groups will not be developing this—it should be taken from the actual program)
5. Main evaluation questions and subquestions, and why are those questions important for the program or policy makers?
6. Evaluation design
    a. Evaluation concepts: Describe the main concepts that lead the evaluation and how these will be operationalized in the evaluation (example: "the program seeks to improve the quality of life of beneficiaries," but what does it mean? Then "quality of life" is a concept that must be operationalized).
    b. Methods: Describe the methods; for example, participant observation, focus group discussions, photovoice, etc., and timeline for implementation (baseline, midterm, ongoing, endline, etc.). Include quantitative methods as well if mixed-methods design.
    c. Sampling design: How will participants be selected, which kind of sampling will they use, how many times and with whom will the instruments be applied? Also, include methodological logic for deciding when to stop collecting more data.

d. Data collection: Describe how you will capture the data and how often you will reflect on it. For example, you may capture data through: audio or videotaping, writing field notes, memo writing, asking respondents to draw diagrams and/or pictures for you, questionnaires, or in other ways.
e. Analysis plan: The team must explain which kind of analysis they will carry out and why.
f. Plan for establishing trustworthiness and triangulation.
g. Ethical considerations and how these will be addressed: Including special protections for vulnerable groups.
h. Strengths and limitations of the design; also, challenges previewed for fieldwork of the evaluation design and plan "B" in case challenges in the field becomes true.

7. Deliverables (reports or other kinds of dissemination to be prepared)
8. Fieldwork plan: Include estimated timeline as well as notes of any special fieldwork considerations required, such as steps to gaining community entry, staff training, fieldwork quality checking plans, staff and respondent security, etc.
9. Dissemination and communication plan.
10. Gender integration: How your research will address any relevant gender issues in data collection, analysis, and dissemination.

Evaluation proposals typically also include the following sections:

- Organization
- Budget

Your group may consider including brief and general information on these aspects, but they are optional for this presentation.

SESSION 1. INTRODUCTION TO PARADIGMS AND QUALITATIVE EVALUATION

Paradigms: The Third Wave Activity

Group Activity Handout

Instructions: With your team, design 1–2 evaluation questions, determine your study sample population and appropriate data collection methods according to your assigned paradigm.

A. **Positivist**

Evaluation component	Description
Evaluation question	
Sample population	
Data collection methods	

B. **Constructivist/interpretivist**

Evaluation component	Description
Evaluation Question	
Sample population	
Data collection methods	

C. **Critical/emancipatory**

Evaluation component	Description
Evaluation question	
Sample population	
Data collection methods	

D. **Pragmatist**

Evaluation component	Description
Evaluation question	
Sample population	
Data collection methods	

SESSION 2. CREATING AND CONCEPTUALIZING QUALITATIVE EVALUATION QUESTIONS

Group Activity Handout

Instructions: With your team, design 2–3 evaluation questions for your assigned type of evaluation. Then, identify and describe key concepts from each question.

Evaluation type	Evaluation questions (2–3)	Identify and describe key concepts
Formative		
Process		
Outcome		
Impact		

SESSION 3. TROUBLESHOOTING IN SELECTED QUALITATIVE METHODS FOR EVALUATION

Group Activity Handout: Focus Group Discussion

Moderator's Topic Guide: Breakfast at the Hotel

Moderator: *Thank you for agreeing to speak with us today about the breakfast at your hotel this morning. We encourage you to speak freely during the discussion. There are no right or wrong answers, we are not working to build consensus. This focus group discussion will last about 20 minutes; you should feel free to leave at any time.*

1. **What did you think of the breakfast provided by the hotel this morning?**

   Probe for information about specific foods or dishes, and why participants were pleased or displeased with the breakfast options provided.

2. **How was today's breakfast different from what you usually eat for breakfast at home?**

   Probe for more information about what participants perceived as new, different, or interesting.

3. **What would like to see provided for breakfast tomorrow?**

SESSION 4. DEVELOPING DATA COLLECTION TOOLS

Sample: Field Notes

Sample Template for Field Notes

[TITLE]

[DATE]

In these sections, give each fieldnote a short title, and record the date.

[DESCRIPTION OF ACTIVITY]

This is for describing what happened during the day as accurately as possible. Take a "who, what, when, where, why, how" approach and try to stick to "facts" to create a **verbal snapshot** of what happened. This includes noting direct quotes and snippets of conversations, text messages, filenames of voice recordings, and any photos taken.

[REFLECTIONS]

Reflect on the day's experiences, methods that worked well, and ideas for improvements.

[EMERGING QUESTIONS/ANALYSES]

This section is for any emerging questions, themes, potential lines of inquiry, and theories that might be useful. These notes lend themselves to data analysis.

[FUTURE ACTION]

This is a "to-do" list of actions, list any items for follow-up.

Characteristics of Good Field Notes

- Include exact quotes.
- Use pseudonyms or unique identities (e.g., KI 1) throughout to ensure anonymity and confidentiality.
- Keep a separate record where pseudonyms are linked to actual identities, but ensure that this is kept separate and safe—password protected.
- Activities are described in the correct sequence in which they occurred.
- Notes are not inferences on what was observed.
- Notes include a short relevant history related to incidents or individuals in the events.
- Researcher's summary/comments are noted separately from direct quotes of speakers and direct observations.
- Date, place, time, and name of the researcher are recorded at the top of all the field notes.

SESSION 5. SAMPLING STRATEGIES AND SATURATION

Group Activity Handout: Sampling Scenarios

Instructions: For each of the four scenarios below, discuss and determine which sampling approach would be **most** appropriate and why.

Sampling approaches available to you in this activity:

A. Stratified purposive sampling
B. Negative case sampling
C. Snowball sampling
D. Maximum variation (heterogeneous) sampling

Scenario 1

A team is conducting a formative evaluation to improve a pilot program addressing the unique barriers to HIV testing and care facing lesbian, gay, bisexual, and transgender (LGBT) persons in a community in a rural district of country Z. Country Z has strict and harsh anti-homosexuality laws. The evaluators would like to sample LGBT persons and have allocated 2.5 months in the field for data collection.

Scenario 2

After a new law is enacted in a state to regulate the accessibility of birth control, a team wants to evaluate the effect of the policy on a broad range of individuals. The state is geographically very diverse, with both large urban centers and agrarian rural communities. There is also considerable diversity in education levels and incomes in the state. The team has enough resources to collect data for up to 10 months.

Scenario 3

A team is contracted to evaluate a new gender-based violence reduction intervention. The program involves the adoption of a mobile electronic health records application by many different service providers. The team wants baseline data from multiple service providers in both rural and urban settings.

Scenario 4

An evaluation team is tasked with evaluating a health systems strengthening intervention in country X. The intervention works with various Ministries/offices (e.g., Ministry of Health, Ministry of Finance, and Office of the President, Civil Service Department) that address financing, leadership and governance, access to essential medicines, the health workforce, and health service delivery. The team wants to conduct key informant interviews with government staff in the relevant offices working with the intervention.

Scenario 5

An extremely effective nutrition education program was associated with an increase in the average national consumption of fruits and vegetables by school-aged children, and a reduction in average childhood obesity. However, no significant outcomes were observed among children living in a particular county.

SESSION 6. QUALITATIVE DATA ANALYSIS TECHNIQUES FOR DRAWING THEMES

Sample Transcript

Perceptions on Gender Roles and Relationships

CU Program (Formative Research)

Excerpt from transcription of an in-depth interview (IDI)
Date: January 27, 2012
Location: Participant's home
People present: Interviewer (1), respondent 1 (R1)

I: How would you describe the typical role of a women in this community?

R1: A woman's role is her domestic roles, you have to respect what a man says. If he says, "Let's go to the garden," you have to go, also the man has to go to work, the woman also has to do all the domestic roles, bathing the children or washing clothes or cooking and any other role to perform to make sure the children go to school is a wife's responsibility. The man's responsibility is to earn money and we all know what a woman has to keep the home. Sometimes, the workload can be too heavy for the woman and sometimes a husband might have to help out, like maybe he'll help her in the kitchen sometimes with making dinner or starting a fire to cook.

I: Apart from helping the woman occasionally when she has too much to do, do you think a man should be sharing domestic roles with his wife all the time? Is it something men do in this community?

R1: Most men will help their wife out with domestic roles from time to time. If a woman needs help with the kitchen or getting the children ready for school, a husband will usually help out if he is there.

I: Do the men do this only to reduce the workload of their wife or are there other reasons why they do might this?

R1: Some men also do it because they don't feel they make enough money for their family, so they help with their strength to give their wife some relief.

I: Apart from the man earning money for the family and the woman mainly performing domestic roles, are there any other important roles performed by men and women in this community?

R1: Yes, there is. Some women go to trade and sell at the local market. That is in our capital town. Some men also take the long way home through the bush roads, so they can stop to bring home some cassava for their family. The wife prepares food with the food items brought home by the man. So that even if the man is not actively engaged in other work, cooking or preparing food, they will feel alright, like they are contributing.

I: When it comes to making decisions at home, who usually makes the decisions?

R1: The man, the husband makes the decisions.

I: Could you tell me more?

R1: The husband controls the household. The head of the household is the man. The wife is supposed to serve the man and the family, but she should not be like a servant or slave at home. This is why husbands will sometime help out with the work, if their wife needs it.

I: Are there decisions in the home made by the woman?

R1: Yes, some women make decisions about the home, like when they will do big cleaning days, or when the family will go to the garden to plant cassava.

I: Apart from making decisions about household work, are there other decisions women make at home?

R1: Sometimes, I see the wife make decisions about where the children will go to school, or which children go to school. But some men don't allow their wives to make any decisions like that.

I: In your view, why do you think some men don't allow their partners make decisions at home?

R1: Okay, well, some men think differently. They may even stop their partners from engaging in any trade in the market, even though they could earn money for the family, because they think their wives may use that as an excuse to cheat on them with other men when they leave home to trade. So, they are jealous or want to make sure they always have the control.

I: Let's talk about misunderstandings that occur in relationships. What steps do the partners take to resolve misunderstandings in their relationships?

R1: It depends on the nature of the misunderstandings. Some of the issues end up in a police station. When you also take your issues to the chief, he may call the parties involved and work with them to resolve the issues amicably. Also, the partners involved can resolve the issues between themselves by talking nicely to each other. Resorting to divorce or separation, especially when there are kids in the relationship, can be really hard on the kids, so this is why partners who are parents have to work to resolve issues in their relationships.

I: In resolving misunderstandings, do partners sometimes rely on an outside mediator?

R1: Sometimes, one of the partners takes the issue to an elder person or the chief for help. The chief might help talk through and resolve the problem.

I: When misunderstandings happen, do partners often hurt one another?

R1: From what I see, partners usually can talk things out or go see the chief or an elder.

I: What about other times?

R1: Yes, I see rare occasions when misunderstandings end in violence and usually the man will react with violence toward his wife.

I: What do you think usually causes a husband to harm his wife?

R1: When she doesn't listen to a decision he's made or he asked her not to go sell at the market and she went anyway, then that's when a man feels like his wife didn't obey him and he might hurt her as a result. But I see this less now than I used to.

I: Why do you think this is?

R1: Because men and women know what the laws are and they might think they could be in trouble with the police.

I: Why do you think people know more about the laws?

R1: Well, the chiefs talk about the laws more to us, what is allowed and what is not under the law. The elders talk about it at the community meetings, so more people know about it. Now, people know you can go to a police station about your partner hurting you.

I: So do you see more people going to the police?

R1: Yes and no. People will talk about it more, and sometimes, you will see someone, but mostly people are scared to go. They don't want people to know it's their problem or they don't want to get their husband in trouble with the police because they might take him away.

Sample Codebook

#	Code	Definition	Example of proper use
A.0	**GENDER RELATIONS & ROLES (GENDER)**		
A.01	Kind of relationships that exist between sexes in the community (REL_SEXES)	Descriptions of how individual men are related with individual women, and also how groups of women relate to groups of men	Examples: They can be relatives, boyfriend/ girlfriend, cohabiting, customarily married, concubines, under-work conditions, church associations, etc.
A.02	Positive descriptions of gender relations (GENREL_POS)	When the relations between men and women are positively described as beneficial	For instance, provides financial security, emotional support, companionship, stability, etc.
A.03	Negative descriptions of gender relations (GENREL_NEG)	When the relationships are described as negative and detrimental to the individuals, families, or society	Mention of abusive conditions, being detrimental to health physically and mentally, individuals trapped in relationships, etc.
A.04	Circumstances leading to relationships (REL_CIR)	Mention or description of situations or circumstances that lead to relations	Courtship, marriages, forced, arranged or contract marriages (e.g., based on betrothal, housing arrangement, or property succession or financial reasons), unwanted/ unplanned pregnancies, family influences, peer pressure, etc.
A.05	Feminine gender roles (GENROL_FEM)	Roles females are expected to play in the community	Specific mention of tasks for women: for example, cooking, cleaning, child bearing, childcare, decision-making, etc. Whether they are doing it or not, once it is mentioned it should be coded
A.06	Masculine gender roles (GENROL_MAS)	Roles males are expected to play in the community	Specific mention of tasks for men, for example leadership roles, decision-making, provision of security, breadwinner, etc.
A.07	GENROL_BOTH	Roles that are performed by both feminine and masculine genders	Any role that is mentioned as common to both genders
A.08	Kinds of decisions taken (GENROL_DEC)	Mention of different issues that require decisions to be made and who makes those decisions	Reference to specific issues, childbearing, purchasing a house, etc., that require specific people to make that decision
B.0	**RESOLVING MISUNDERSTANDINGS (RES_MISUN)**		
B.01	Circumstances or conditions that lead to misunderstanding in gender relations (CIRC_GENMIS)	Mention or describe situations or circumstances that lead to misunderstanding in gender relations	Any condition identified as reason for misunderstanding; e.g., poverty, not playing expected roles, lack of understanding, denial of sex, alcohol consumption, peer pressure, infidelity, differences in religious beliefs and faith, etc.
B.02	Ways/medium for resolving misunderstanding within these relationships (GENREL_RESOLVE)	Mention of people who are called in to resolve issues and mention of places that cases are taken to	Any mention of means for resolving misunderstandings mentioned; e.g., through family members, friends, church, elders, social welfare, chief's palace, prayer, internal resolution, ignoring, etc.

#	Code	Definition	Example of proper use
C.0	**VIOLENCE AGAINST WOMEN (VIOLENCE_WOMEN)**		
C.01	Awareness of VAW practices (VAW_PRAC)	Various kinds of violence against women mentioned, or those that are reported/ observed	Physical, emotional, economic violence, forms of deprivation mentioned as a way of punishment. Physical violence—assaults Emotional—neglect, abandonment Verbal—insults Sexual
C.02	Circumstances under which VAW occurs (VAW_CIR)	Describing various situations within which VAW happens	Any condition identified as reason for violence, such as poverty, inability to be submissive, lack of understanding, denial of sex, alcohol consumption, peer pressure, religion, etc.
C.03	Who are victims of VAW? (VAW_VICTIMS)	Description or mention of individuals who are victims of VAW in the community	Characteristics of victims mentioned, age, economic status, religion, marital status, location (rural/urban), people with disability, social status (childlessness), others
C.04	Who are the perpetrators of VAW? (VAW_PERP)	Description or mention of individuals who are perpetrators of VAW in the community	Characteristics of victims mentioned, marital status, sex (M/F), age, economic status, location (rural/urban), religion, others
C.05	Perceptions about VAW (VAW_PERCEP)	Personal opinions/views about VAW	For instance, it is perceived as a norm, abnormal, negative or positive views, nothing can be done about it, needs to be addressed, community problem or individual problem, etc.
C.06	Types of violence committed (TYPE_VAW)	Description of type of VAW	Economic—chop money, salary Physical—battering (e.g., beating, slapping, hitting, kicking) Sexual—rape, denial, abuse, inordinate Emotional—verbal assault
C.07	Nature of violence committed (NAT_VAW)	Description of the actual violence committed	Battering, slaps, denial, insults, etc.
C.08	Consequences of violence (CONSE_VAW)	Description of effects of violence on victim	Examples: separation, injuries, trauma, starvation, disable, deform, loss of opportunity, mistrust
D.0	**REPORTING VAW (VAW_REPORT)**		
D.01	Places or persons for reporting (REPORT_PLACES)	Mentioning of any place, agency, organization, institution where reports of VAW are made	Examples: CHRAJ, DOVVSU, health facility, police station, church, mosque, COMBAT, chief palace, opinion leaders, respected individuals, social/solidarity groups, traditional leaders, family head, friends, etc.

#	Code	Definition	Example of proper use
D.02	VAW frequency of reporting (REPORT_FREQ)	Opinions about whether there are increasing trends in VAW or decreasing trends	Personal opinion as to whether it is increasing of decreasing Reasons that are given for the perceived trends should also be captured
D.03	VAW reporting protocols (REPORT_PROTOCOLS)	Mentioning of guidelines or regulations regarding reporting of VAW	These can include completion of forms, presenting a witness, having evidence, hospital reports, etc.
D.04	Response mechanisms (RESPONSE_MECH)	Action taken by agency/institution/individual once a VAW case is reported	For instance, removal from context, provision of shelter or other basic needs, case investigation, interrogating alleged perpetrators, etc.
D.05	Where to report specific types of VAW (PLACE_REPORT)	Victim aware of the type of VAW handled by specific agencies like police, DOVVSU, chief, social welfare	For instance, reporting assault to police, DOVVSU, reporting battering to hospital for diagnoses/treatment/medical report
E.0	**SUPPORT FOR VAW VICTIMS (VAWVICTIMS_SUPP)**	Kinds of support given to victims of VAW, or what victim expects the community or agency should do to support them.	Mentioning of financial, spiritual, emotional, training (vocational/technical) supports, etc.
E.01	Knowledge and awareness of support systems (KNOW_SUPPORT)	Knowledge about support systems that are currently available	Mentioning of available support systems like DOVVSU, social welfare, CHRAJ, NGO, solidarity association, etc.
E.02	Use of support systems (USE_SUPPORT)	Support systems that have been accessed or utilized by victims	Victim benefiting from a support agencies like DOVVSU, Social Welfare, CHRAJ, NGO, solidarity association, etc.
G.00	**ASSESSMENT OF CURRENT RESPONSE TO VAW (ASSESS_CURRESPONSE)**	Institutional evaluation of response to VAW cases	Thinks institution is performing well or not; examples of instances shared.
G.01	Gaps and challenges in response mechanisms for VAW cases (RESP_GAPS)	Weaknesses and conditions limiting the effective functioning of institution	Mentioning of financial constraints, office space, required expertise, inadequate staff, attitude, cultural barriers What are some of the challenges for those who have used the existing support system before
G.02	Recommendations for addressing gaps in reporting mechanisms (REC_REPORTMECH)	Suggestions for improving reporting mechanisms	Any comment on how reporting and response mechanisms can be improved; e.g., proximity, transport, bureaucratic procedures, etc. For those who have not used existing support system, what are their expectation about the support system? For those who have used a support system, what are their recommendation for improvement?
G.03	Recommendations for improving gender relations in the community (REC_GENREL)	Suggestions for improving gender relations in the community	Any comment on how to have better gender relations in the community

SESSION 7. QUALITATIVE DATA ANALYSIS: HANDS-ON

Handout 1. Analysis Chart Design Example

<table>
<tr><td colspan="6">Main objective/main question
[This area should list the main objective of the evaluation and the main evaluation question to be answered.]
Examples were created for a formative evaluation related to a program intended to address micronutrient deficiencies in children through use of nutritional supplements.</td></tr>
<tr><th>Specific objectives</th><th>Question to be answered for this objective</th><th>Who/when/ what is the source of information?</th><th>Tools and topics that each tool covers</th><th>Type
• Qualitative
• Quantitative</th><th>Concepts: Data will be analyzed using thematic analysis.
Predetermined concepts and codes:</th></tr>
<tr><td>Specific objective 1.
Write each specific objective.
To understand the strengths and weakness of the program in relation to counseling to increase nutritional supplement consumption.</td><td>Question 1.
What are the strengths and weakness of the program in relation to nutrition counseling?</td><td>Program Operators</td><td>Tool: Observation of counseling with non-participants
• Topic 1. Counseling information
• Topic 2. Counseling practical session
• Topic 3. Counseling on overcoming barriers to supplement consumption</td><td>Qualitative</td><td>Concepts: Counseling, teaching strategies, perception of barriers and overcoming barriers
• Code: Counseling knowledge and behavior
• Code: Counseling—learning by doing
• Code: Counseling supplement consumption barriers
• Code: Counseling empowering methods</td></tr>
<tr><td>Specific objective 2.
To understand the beneficiaries' perceptions of nutritional supplement, as well as the enablers and barriers of consumption.</td><td>Question 2.
What are the perceptions of beneficiaries on supplement consumption and what are enablers and barriers of consumption?</td><td>Beneficiaries</td><td>Tool: Semi-structured interview with mothers
• Topic 1. Perception of under-nutrition and stunting on their own children
• Topic 2. Perceptions on supplement's effects.
• Topic 3. Enablers of consumption.
• Topic 4. Barriers for consumption and strategies for overcoming.</td><td>Qualitative</td><td>Concepts: Health behavior related to subjective understanding of health and subjective understanding of nutritional supplements and behavior
• Code: Understanding of nutrition, stunting, and under-nutrition,
• Code: Understanding of nutritional supplements
• Code: Enablers for consumption
• Code: Barriers of consumption
• Code: Strategies for overcoming barriers</td></tr>
<tr><td>There will be as many rows as there are specific objectives</td><td>As many questions as there are in the evaluation design</td><td>As many people/subject groups as you intend to talk to</td><td>As many tools as you need.</td><td>Can be qualitative, quantitative, or both</td><td>As many concepts as there are involved</td></tr>
</table>

Handout 2. Oportunidades Example Sample

General Sample

STATUS OPPORTUNITIES	ETHNICITY	CHIAPAS	CHIHUAHUA	OAXACA	SONORA	TOTAL
Beneficiaries	Indigenous	12	12	12	12	48
Beneficiaries	Mestizo	12	12	12	12	48
Not beneficiaries	Indigenous	12	12	12	12	48
Not beneficiaries	Mestizo	12	12	12	12	48
TOTAL		48	48	48	48	192

Sample Design

<table>
<tr><td colspan="24">Chiapas (site 1 de 4) this site is composed by three micro regions (total in the four sites 192 households)</td></tr>
<tr><td colspan="8">Microrregion 1
16 households</td><td colspan="8">Microrregion 2
16 households</td><td colspan="8">Microrregion 3
16 households</td></tr>
<tr><td colspan="4">Intervention</td><td colspan="4">Control</td><td colspan="4">Intervention</td><td colspan="4">Control</td><td colspan="4">Intervention</td><td colspan="4">Control</td></tr>
<tr><td colspan="2">Indigenous</td><td colspan="2">Mestizo</td><td colspan="2">Indigenous</td><td colspan="2">Mestizo</td><td colspan="2">Indigenous</td><td colspan="2">Mestizo</td><td colspan="2">Indigenous</td><td colspan="2">Mestizo</td><td colspan="2">Indigenous</td><td colspan="2">Mestizo</td><td colspan="2">Indigenous</td><td colspan="2">Mestizo</td></tr>
<tr><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td><td colspan="2">4</td></tr>
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<tr><td colspan="2">12</td><td colspan="4">Indígenas Intervención</td><td colspan="2">12</td><td colspan="4">Indígenas Control</td><td colspan="2">12</td><td colspan="4">Mestizos Intervención</td><td colspan="2">12</td><td colspan="4">Mestizos Control</td></tr>
<tr><td colspan="12">½ de Firstborns (¼ Indigenous intervention y ¼ Indigenous control)
½ de Lastborns (¼Indigenous intervention y ¼ Indigenous control)</td><td colspan="12">½ de Firstborns (¼ Mestizos intervención y ¼ Mestizos control)
½ de Lastborns (¼Mestizos intervención y ¼ Mestizos control)</td></tr>
</table>

Final Sample: The Real Life One

STATUS OPPORTUNITIES	ETHNICITY	CHIAPAS	CHIHUAHUA	OAXACA	SONORA	TOTAL
Beneficiaries	Indigenous	24	12	11	13	60
Beneficiaries	Mestizo	8	12	10	14	44
Not beneficiaries	Indigenous	7	12	14	11	44
Not beneficiaries	Mestizo	6	12	7	10	35
TOTAL		45	48	42	48	183

Handout 2A. Opportunidades Sample Example (Additional)

STATUS OPPORTUNITIES	ETHNICITY	CHIAPAS	CHIHUAHUA	OAXACA	SONORA	TOTAL
Beneficiaries	Indigenous	12	12	12	12	48
Beneficiaries	Mestizo	12	12	12	12	48
Not beneficiaries	Indigenous	12	12	12	12	48
Not beneficiaries	Mestizo	12	12	12	12	48
TOTAL		48	48	48	48	192

STATUS OPPORTUNITIES	ETHNICITY	CHIAPAS	CHIHUAHUA	OAXACA	SONORA	TOTAL
Beneficiaries	Indigenous	24	12	11	13	60
Beneficiaries	Mestizo	8	12	10	14	44
Not beneficiaries	Indigenous	7	12	14	11	44
Not beneficiaries	Mestizo	6	12	7	10	35
TOTAL		45	48	42	48	183

SESSION 8. QUALITY RESEARCH STANDARDS FOR QUALITATIVE INQUIRY: TRUSTWORTHINESS

Group Activity Handout

Please refer to the background section of the case study for information about VAW in Tanzania and the CU program. Below you will find additional details about the culture and context in Tanzania.

Tanzania lies on the east coast of Africa, just south of the equator. It shares borders with Kenya, Uganda, the Democratic Republic of the Congo, Rwanda, Burundi, Zambia, Malawi, Mozambique, and the Indian Ocean. Within the borders of Tanzania coexist approximately 120 ethnic groups, speaking languages representing all four major African language groups. While each ethnic group speaks its own local language, almost all Tanzanians are also fluent in the national language, Swahili (Kiswahili in Swahili), a coastal Bantu language strongly influenced by Arabic. The second official language is English, a vestige of the British colonial period. In general, traditional marriage customs vary by ethnic group.

Similarly, where conditions of extreme poverty obligate male heads of households to migrate in search of work, women in these communities have taken over some of the hard, physical labor. In many modern households in Tanzania, wives and husbands are challenging and questioning one another's changing roles. The disruptive effects of alcohol abuse, HIV/AIDS, and poverty have also placed great strains on relationships within and among families. Violence, especially within a marriage, is commonly accepted at a cultural level and many Tanzanians state a belief that violence against women is an acceptable practice. According to Tanzania's 2015–2016 DHS Survey, 39.5% of all women aged 15–49 had experienced violence after the age of 15, while 41.7% of ever married women had experienced violence committed by a husband or partner.

Organizations such as the World Health Organization, World Bank, Global Fund for Women, and UNICEF have multiple projects in the country to address violence against women (VAW). The Communities United (CU) Program acknowledges that VAW is a complex in nature, and thus has designed a community-based intervention to target knowledge, attitudes, and perceptions related to VAW and available resources.

Activity 1. Putting Quality First (30 minutes)

Your team is conducting a qualitative evaluation of a VAW intervention in Tanzania. Put together a rough plan for how you would establish trustworthiness in your evaluation.

1. In the first column of the trustworthiness table (located in a separate handout), note the approach(es) you would take/aspects you would address under that quality standard.
    a. For example, carry out member checks under credibility.
2. In the second column of the table, note the practical aspects of carrying that out.
    a. For example, to carry out member checks you need to determine who those members of the community will be, get their approval, make sure your report is in a format and language they can review, and build time into your fieldwork schedule for review, etc.
3. You have 40 minutes to draft and then will have five minutes to share your plan with the larger group.

Trustworthiness Table

Component of trustworthiness	Aspects addressed	Application (real world operationalization)
Dependability and confirmability		
Credibility		
Transferability		

SESSION 9. DEVELOPING A FIELDWORK PLAN FOR QUALITATIVE EVALUATION

Group Activity Handout: The Fieldwork Road

Instructions:

The objective of this exercise is to generate discussion among the participants about the steps that must be taken during field work. The fieldwork must follow a logical order to make efficient use of time and resources and to obtain the best result in the evaluation.

The exercise should follow these steps:

1. Divide into teams of up to five people.
2. As a team, discuss the order of steps listed on the cards which were handed out to teams.
3. Decide on the best order and tape steps together in that order, on the wall or a flipchart.
4. Once the teams have ordered the cards, they will present their thinking in determining the ordering of the steps.
5. The ideal order from the perspective of the teams will be discussed in plenary.

SESSION 10. DATA PRESENTATION AND DISSEMINATION

Consolidated Criteria for Reporting Qualitative Studies (COREQ): 32-Item Checklist

Developed from:

Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349–357.

No. item	Guide questions/description	Reported on page #
Domain 1: Research team and reflexivity		
Personal characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	
2. Credentials	What were the researcher's credentials? (e.g., PhD, MD)	
3. Occupation	What was their occupation at the time of the study?	
4. Gender	Was the researcher male or female?	
5. Experience and training	What experience or training did the researcher have?	
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	
7. Participant knowledge of the interviewer	What did the participants know about the researcher? (e.g., personal goals, reasons for doing the research)	
8. Interviewer characteristics	What characteristics were reported about the interviewer/ facilitator? (e.g., bias, assumptions, reasons and interests in the research topic)	
Domain 2: Study design		
Theoretical framework		
9. Methodological orientation and theory	What methodological orientation was stated to underpin the study? (e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis)	
Participant selection		
10. Sampling	How were participants selected? (e.g., purposive, convenience, consecutive, snowball)	
11. Method of approach	How were participants approached? (e.g., face-to-face, telephone, mail, email)	
12. Sample size	How many participants were in the study?	

No. item	Guide questions/description	Reported on page #
13. Non-participation	How many people refused to participate or dropped out? Reasons?	
Setting		
14. Setting of data collection	Where was the data collected? (e.g., home, clinic, workplace)	
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	
16. Description of sample	What are the important characteristics of the sample? (e.g., demographic data, date)	
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	
20. Field notes	Were field notes made during and/or after the interview or focus group?	
21. Duration	What was the duration of the interviews or focus group?	
22. Data saturation	Was data saturation discussed?	
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	
25. Description of the coding tree	Did authors provide a description of the coding tree?	
26. Derivation of themes	Were themes identified in advance or derived from the data?	
27. Software	What software, if applicable, was used to manage the data?	
28. Participant checking	Did participants provide feedback on the findings?	
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? (e.g., participant number)	
30. Data and findings consistent	Was there consistency between the data presented and the findings?	
31. Clarity of major themes	Were major themes clearly presented in the findings?	
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	

Group Activity: Learning the Lingo

Instructions: With your team, craft an introductory paragraph for presenting the results to your assigned audience.

Audience	Sample paragraph
For the community	
Cambridge University	
World Health Organization	

SESSION 11. KEY ETHICAL PRINCIPLES IN QUALITATIVE EVALUATION

Sample Informed Consent Forms

Example 1. Oral Consent Script: In-Depth Interview

In-Depth Interviews with Female Participants

Purpose

The Communities United (CU) Program is working to understand the effects of violence against women (VAW) in your community. Your community has been a part of this research project since its beginning, and we greatly appreciate your participation. Now, you are invited to take part in a smaller, in-depth study. The purpose of this research project is to talk with men and women like you about how the CU Program is functioning in your community. We are asking you to help us by talking with us about your thoughts and perceptions.

Procedures

You were selected for participation in this study based on your age, marital status, and your tribal ethnicity. If you decide to join this study, we will ask you some questions. We will ask you about issues concerning violence against women in the community. We will ask you about VAW in your community and how the community reacts to such instances. You can refuse to answer any questions that you do not wish to answer. The interview will take about an hour and a half. The interview will be audio taped, but your name will not be linked to the recorded comments. In total, we will be talking to approximately 40 people during this study.

Risks/Discomforts

There is some risk in this study. It is possible that you may feel sad or uncomfortable when talking to us about this topic. If you do feel sad or uncomfortable, you will be able to talk to our interviewer or to our project staff. You can also end your participation in the interview at any time. There is also the risk that if your family or your husband find out about the study that they may not agree with your participation in the study.

Confidentiality

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods (such as conference proceedings).

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet in ___(location)___ for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further research ethics review and approval, if applicable. After (number) years, hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software program.

Benefits

There may be no direct benefit to you from being in this study. However, your responses will be used in planning future activities and interventions to end violence against women, which may benefit you and your community by reducing the prevalence of violence against women and improving support for survivors of violence.

Voluntary Participation

You do not have to agree to be in this study, and you may change your mind at any time.

- Call the local study coordinator, Dr. A. Subira, at (xx-xx) xxx-xxxx, if you have questions or complaints about being in this study.
- If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may call the Institutional Review Board (IRB) at (xx-xx) xxx-xxxx.

If you would like to be informed of the final research findings, please contact (researcher's name) at (xx-xx) xxx-xxxx.

Permission to Proceed

Is it okay to proceed with the questionnaire?

Example 2. Oral Consent Script: Focus Group Discussions

Focus Group Discussions (FGD)

Purpose

The Communities United (CU) Program is working to better understand the thoughts in this community around intimate partner violence, and the resources available to victims. We would like to conduct a small, in-depth discussion to learn more about how married couples interact.

The purpose of this research project is to explore relationship dynamics between men and women and your thoughts about intimate partner violence in your community. We would like to know how married couples relate to each other, make household and family planning decisions, and manage household finances. We would also like to learn about the causes of physical violence between husbands and wives. We are asking you to help us by talking with us about these issues. We hope that with your help in this study, we will able to understand more about the lives of men and women like you.

Procedures

You were selected for participation in this study based on your residence, age, and marital status. Using these criteria, your name was selected from study applicants. If you decide to join this study, we will ask you some questions in a group with 6–9 other people. We will ask the group about issues of power for men versus women and in marriage. We will ask about how couples make household decisions and manage household finances. We will also ask about differences between husbands and wives and how these may affect relationships. We will then ask about physical violence in marriage and what may cause such violence. Finally, we will ask about violence against women in your community and reactions to threats and actual violence within the community. We will not ask you to disclose personal information, but it is possible that someone in the group may disclose personal information. We ask that you respect the anonymity and confidentiality of the other participants; please do not share what you hear today with anyone else outside the group. The group discussion will take about an hour and a half. The interview will be audio taped, but your name will not be linked to the recorded comments. In total, we will be talking to approximately 70 people during this study.

Risks/Discomforts

There is some risk in this study. It is possible that you may feel sad or uncomfortable when talking to us about this topic. If you do feel sad or uncomfortable, you will be able to talk to our interviewer or to our project staff. You can also end your participation in the interview at any time. There is also the risk that if your family or your partner find out about the study that they may not agree with your participation in the study. Also, although we ask participants to not disclose anything they hear during the focus group discussions, we cannot control their behavior. It is possible that they may share what they hear with others.

Confidentiality

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods (such as conference proceedings).

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report. While every effort will be made by the researcher to ensure that you will not be connected to the information that you share during the focus group, I cannot guarantee that other participants in the focus group will treat information confidentially. I shall, however, encourage all participants to do so. For this reason, I advise you not to disclose personally sensitive information in the focus group.

Hard copies of your answers will be stored by the researcher for a period of (number) years in a locked cupboard/filing cabinet in ___(location)___ for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further research ethics review and approval, if applicable. After five years, hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software program.

Benefits

There is no direct benefit to you from being in this study. You may, however, feel better when talking with the interviewers about your feelings and experiences regarding this issue. Also, there is a potential benefit to society in the future as a result of the information gathered in this study; this information may be helpful in addressing the health and social needs of couples.

Voluntary Participation

You do not have to agree to be in this study, and you may change your mind at any time.

- Call the local study coordinator, Dr. A. Subira, at (xx-xx) xxx-xxxx, if you have questions or complaints about being in this study.
- If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may call the University Institutional Review Board (IRB) in the United States at xxx-xxx-xxxx, or 1-xxx-xxx-xxxx.
- If you would like to be informed of the final research findings, please contact (researcher's name) at (xx-xx) xxx-xxxx.

Permission to Proceed

Is it okay to proceed with the focus group discussion?

Mock IRB Activity

Instructions:

1. In this exercise, groups will participate in a mock IRB review. Split into groups of three.
2. Review the case study in your guide individually for 7–10 minutes.
3. In your groups, answer these questions (10 minutes):
    - What are the vulnerable populations involved in the CU program? What are the specific ethical problems that could arise when these vulnerable communities are involved in the program activities?
    - One of the program activities is related to improving access to legal recourses (police) for victims of VAW. What, if any, are possible negative unintended consequences of this action? And, how could these be prevented or minimized if needed?
    - What could be key indicators for gender gaps to be included in the qualitative evaluation? How could these be conceptualized qualitatively?
    - Under which conditions could voluntary participation in the evaluation be threatened?
    - What risks, if any, are there to participation in focus groups for the target groups involved in the UC program?
    - What kind of protocol could be implemented to ensure that the evaluation will be beneficial for the population?
4. Return to plenary for discussion to share your findings.

APPENDIX A. ADDITIONAL INTERVIEW GUIDE EXAMPLES*

Example 1. Understanding Marital Power and Intimate Partner Violence: In-Depth Interview Guide Female program participants (Research)

Marital Power

I would like to start by hearing your thoughts on your overall relationship with your husband

1. How long have you been married?
2. How many times have you been married/in a cohabitating relationship?
3. How would you describe your marriage?
4. Whose will usually prevails in your marriage?
   a. Why do you think this is so?
5. Please describe any ways your husband tries to control your behavior. (If she does not understand, you can give examples like: telling you what to wear, limiting your contact with friends, etc.)

Household Decision-Making

Now, I have some questions about how you and your partner make decisions about your family and house.

1. What things do you and your husband usually decide on in the household? (If she is not giving examples, probe on things like: where the children go to school, whether the wife can work outside the house, what to make for dinner, whether to buy a large appliance, etc.)
   a. Which of these are primarily made by your husband alone?
   b. Which are primarily made by you alone?
   c. Which are usually made by you and your husband together?

Work and Money Management

I would like to learn a little about the work of you and your partner, about how money is managed in your family, and about your views on work and money.

1. Does your partner work? (If he works)
   a. Please describe your husband's job.
   b. How do you feel about your husband working?
   c. How do you feel about his work?
   d. Is your husband's job for an income or is it in-kind? (If the husband works for an income)
      i. Who manages what is done with your husband's income?
         – How do you feel about this arrangement? (be sure to probe about whether they discussed who would manage money)
      ii. Please describe how your husband's income is used.
         – How do you feel about how your husband's income is used?

* Note: These are examples only and should be adapted to suit the evaluation context and participants.

2. Do you work? (If she works)
    a. Please describe your job.
    b. How does your partner feel about your working?
    c. How does he feel about your work?
    d. Is this job for an income or in-kind?
    e. (If she is paid)
        i. Who manages what is done with your own income?
            1. How do you feel about this?
        ii. Please describe how your income is used?
            1. How do you feel about this
        iii. Is your income more than, less than, or the same as your husband's income?
            1. How do you feel about this?
            2. How does your husband feel about this?
            3. How does it affect the marriage?
3. How important is it for you to have money of your own to spend as you choose?
    a. Please explain why you think this is.
4. How important is it for your husband to have money of his own to spend as he chooses?
    a. Please explain why you think this is.

<u>Relative Status of Partners</u>

Now, I would like to learn about some possible differences between you and your partner.

1. Are you older than, the same age as, or younger than your partner? (If older or younger)
    a. Please tell me how this age difference affects your marriage.
2. Do you have more education than, the same education as, or less education than your partner? (If more or less education)
    a. Please tell me how this education difference affects your marriage.
3. Before marriage, were your parents more educated, at the same education as, or less educated than your husband's parents? (If more or less educated)
    a. Please tell me how this education difference affects your marriage.
4. Before marriage, did your parents have a higher economic status, about the same economic status as, or a lower economic status than your husband's parents? (If higher or lower economic status)
    a. Please tell me how this difference in economic status affects your marriage.

Intimate Partner Violence

All couples interact with each other differently. Some couples argue all the time and some never argue. Some couples frequently hit or throw objects at each other and others do this only occasionally or never. I would like to learn what you think about how couples interact and specifically about how you and your partner interact.

1. If previously married: Did you experience violence in your previous marriage/cohabitating relationship? If so, can you please tell me more about it?
2. What are the common ways you hurt your husband? (Be sure to probe here for physical forms if she does not mention)
3. What usually causes you to hurt your husband? (Be sure to probe here for physical forms if she does not mention)
4. Please describe the last situation in which you hurt your husband enough to require medical attention.
5. When do you think it is justified/acceptable for you to hurt your husband? (again, be sure to probe on physical violence if not mentioned)
    a. When is it not justified/acceptable?
6. What are the common ways your husband hurts you? (Be sure to probe here for physical forms if not mentioned.)
7. What usually causes your husband to hurt you? (Be sure to probe here for physical forms if she does not mention)
8. Please describe the last situation in which your husband hurt you enough to require medical attention.
9. When do you think it is justified/acceptable for your husband to hurt you? (Again, be sure to probe on physical violence if not mentioned)
    a. When is it not justified/acceptable?

Closing

I have finished the questions that I had for you. Is there anything else you would like to share with me?

Note: If the informant has disclosed that her husband uses violence against her, say the following:

> *It sounds like you have been dealing with some difficult times in your marriage. You should know that everyone has a right to live free of violence.*

Thank you for the time you spent with me today. If you have any questions or concerns following this, please feel free to call or write to the contact on your copy of the consent form.

Example 2. Semi-Structured Interview Guide: Intimate Partner Violence (IPV) (from WHO, 2004)

1. Can you please tell me a little about yourself?
    a. Did you go to school?
    b. Where do you live now?
    c. Do you have children?
    d. How do you normally spend your days?
    e. What things do you like to do?
2. Tell me about your husband.
    a. How did you first meet?
    b. When did you get married?
    c. What does he do?
3. When did your problems with your husband start?
    a. How long has this continued?
    b. Are there times when this has improved, or gotten worse?
4. Has it had any effect on your physical well-being? In what ways?
    a. Has it affected your feelings about yourself? If yes, in what ways?
    b. Do you think that it is having an effect on your children? In what ways?
    c. Has it affected your ability to provide for the family or go to work?
    d. Has it made it difficult for you to meet friends or relatives? How?
5. Have you ever discussed your problems with others? How did they respond?
    a. Was there more that you would have liked them to do?
    b. What sort of things would have helped?
6. Looking back at your situation, what advice would you give another woman who has just started to have these sorts of problems with her husband?

Example 3. Structured Interview: Guide for Service Providers in the Health Sector

(As the interviewer, introduce yourself, explain the objectives of the study, and request the respondent's consent to be interviewed. Note, the respondent's name, position, and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

1. What does your work as ________consist of?
2. What percentage of the patients you see are women? What are the most frequent reasons women give for coming to the office/emergency room?
3. Are cases of family violence seen? What are the most common cases?
4. Do you (or your colleagues) routinely ask questions to determine whether the patient might be a victim of family violence?
5. What tests or examinations do you routinely perform when a woman indicates that she has been the victim of violence?
6. How do you decide which tests to perform?
7. What is the procedure for obtaining an official report from the medical examiner?
8. How many people with this type of problem does your institution serve per month? Do you have a way of keeping records on cases? Is there a form and procedure for recording them? Can you explain it to me? (Request a copy of the record form, referral slips, and any other documents that may exist.)
9. Do you (or your colleagues) provide follow-up care to women who have been victims of family violence? Are there mechanisms for referring them to other institutions?
10. Do you think the record-keeping system is adequate to identify women affected by family violence, refer them to the appropriate services, and provide timely follow-up services?

<u>Experience with Women Affected by Violence</u>

1. Have you ever come into contact with cases of family violence among your clients?
2. Can you tell me how these experiences originated, what you did, and what the client did?
3. Do you know of other organizations or persons in this community that work on family violence issues? Who are they? What is your relationship with them? Is there coordination with other institutions to address the needs of abused women?
4. What changes in legislation, policy, or staffing would facilitate your work?
5. What changes in the behaviors or attitudes of the personnel with whom you work would facilitate your work?

<u>Closing</u>

I have finished the questions that I had for you. Is there anything else you would like to share with me?

Thank you for the time you spent with me today. If you have any questions or concerns following this, please feel free to call or write to the contact on your copy of the consent form.

Focus Group Discussion Guides

Example 1. Understanding Marital Power and Intimate Partner Violence

Focus Group Questionnaire

Marital Power (10 minutes)

I would like to start with some questions about marriages in general.

1. How would you describe most marriages in this community?
2. Whose will usually prevails in most marriages?
    a. Why do you think this is so?
    b. Please describe how husbands and wives may try to control each other.

Household Decision-Making (10 minutes)

Now, I have some questions about how married couples make decisions about their family and house.

1. What things do married couples usually decide on in the household? (If they are not giving examples, probe on things like where the children go to school, whether the wife can work outside the house, what to make for dinner, whether to buy a large appliance, etc.)
    a. Which of these are primarily made by husbands alone?
    b. Which are primarily made by wives alone?
    c. Which of these are primarily made jointly?

Work and Money Management (20 minutes)

I would like to learn a little about how money is usually managed by married couples, and about your views on work and money.

1. If the husband is working, who manages what is done with the husband's income?
2. Please describe how the husband's income is usually used.
3. Why does a husband work?
4. When a husband works, how does this affect the marriage?
5. When a husband does not work, how does this affect the marriage?
6. If the wife is working, who usually manages what is done with the wife's income?
7. Please describe how a wife's income is usually used.
8. Why does a wife work?
9. When a wife works, how does this affect the marriage?
10. When a wife does not work, how does this affect the marriage?
11. How important is it for a married woman to have money of her own to spend as she chooses?
    a. Please explain why you think this is.

12. How important is it for a married man to have money of his own to spend as he chooses?
    a. Please explain why you think this is.
13. When a husband earns more income than his wife, how does this affect the marriage?
14. When a wife earns more income than her husband, how does this affect the marriage?

Relative Status of Partners (10 minutes)

Now I would like to learn what you think about some possible differences between partners.

1. When one partner is much older than the other, how does this affect the marriage? (Be sure to probe on female older vs. male older)
2. When one partner is much more educated than the other, how does this affect the marriage?
3. When one partner's parents have a lot more money than the other's parents, how does this affect the marriage?
4. When one partner's parents are a lot more educated than the other's parents, how does this affect the marriage?

Example 2. Developing and Validating Measures of Reproductive Empowerment

Focus Group Guide: Women Ages 25–49

Introductions (After Consent Process) (~2 minutes)

Welcome. Thank you for being here. My name is ________________ and I work with ________________. As we explained during the informed consent process, we are trying to understand the women's attitudes, perceptions, and experiences when trying to make various types of decisions. We are especially interested in women's choices and decision-making around things like the number of children to have and avoiding pregnancy. The information you provide will be used to eventually improve health programs for women. We will not use your names or otherwise identify you personally in the analysis and reporting of the results of our discussion today.

Ground Rules (~3 minutes)

We encourage everyone to participate, knowing there are no right or wrong answers. Speak up if you agree or disagree with someone, as we want to understand everyone's experiences and opinions. We will record this discussion to help us capture everything we need for the analysis and summary, but we will not identify you personally. Does everyone agree to record this discussion? This discussion will probably take about an hour. Do you have any questions before we get started?

Icebreaker (10 minutes)

If you could visit any place in Zambia, or in the world, where would you go and why?

Focus Group Questions

INTRO: In our discussion today, I'd like you to think about relationships of other women your age have with their husbands and boyfriends; their family members; health service providers; and other people in their community.

I. Communication with Spouse about Contraceptive Use (~15 minutes)

1. First, I'd like to get your opinions about this fictional story: Amara is 30 years old from [say the name city of FG]. She and her husband of 10 years have four children together. The eldest is 9 years old and the youngest is two months. She does not want any more children, but she thinks her husband wants more. She has learned from one of her sisters that the town clinic offers different types of contraception. She wants to find out more information from the clinic, but it is only open on Wednesdays and Fridays, both days that her husband stays home. What do you think about these issues and problems that Amara is facing? (Domains: communication; decision-making; autonomy. Levels: individual; relational)

Probes

1.1 What can Amara do to convince her husband to not have any more children? How probable is it that Amara and her husband can come to an agreement about whether or not to have more children, and whether or not to use contraception? What might that agreement look like?

1.2 What choices are available to Amara so that she does not have to have more children? Is she able to act on these choices? If so, how? If not, why not?

1.3 Are there other people in the family or community that would be part of helping to make that decision? What would they say or do? Who would make the final decision about whether or not to have more children? Who would make the final decision about whether or not to use contraception?

1.4 In your opinion, who should make the final decision about whether or not to have more children? Whether or not to use contraception? Is this usually how it happens? If not, why not?

1.5 What do you think might happen if Amara and her husband do not come to an agreement, and Amara decides to use contraception without her husband knowing? If they say she wouldn't use contraception—are there any women who would go ahead and use contraception in this situation? How do you think they are different from Amara? If they say she would just use it: are there women who would not use it? How are they different from Amara? (Probe: open communication, shared decision making, works and contributes to family incomes, greater education, etc.).

II. Sexual negotiating (~15 minutes)

2. Now I'd like to talk about another issue Amara faces from time to time. Amara works many hours every day farming and selling things in the market. When she is not busy with these things, she also tailors clothing for people in her area. Between this work and cooking meals and taking care of the children, Amara is usually very tired at night. Frequently when they go to bed her husband wants to have sex but she is so tired that she would rather not. What is likely to happen at these times? Think of how women you know in your community. How would they handle this situation? (Domains: communication; relationship control/sexual power dynamics. Level: individual; relational)

Probes

2.1 Would Amara have sex with her husband, or refuse to have sex?

2.2. If Amara did not want to have sex, how would she tell her husband that? If she refused to have sex with him, what would happen?

2.3 What if she decided to just have sex, why might she have done that? Are there some women who usually just give in? How might they be different from women who usually or sometimes refuse sex when they are just too tired?

2.4 What about if Amara was not tired, but she just didn't want to have sex because she did not feel like it. How might that situation look different from if she did not want to have sex because she was tired?

2.5 If it was frequently the case that Amara did not want to have sex when her husband did, is there anything she could do about this?

III. Obtaining Contraception Against Husband's Will (10 minutes)

3. Now, I'd like to talk about another scenario. Amara decided to go to the clinic and get contraception, even though her husband does not agree. Her husband finds out somehow. He is angry that Amara got contraception without his approval and beats her. This is not the first time he has beat her. What do you think about this? (Domains: self-efficacy; autonomy; relationship control; coercion. Levels: individual; relational; enabling environment)

Probes

3.1 Who do you think of in this situation—Amara or her husband or both of them? Is one more wrong than the other?

3.2 What else could Amara have done, rather than going to the clinic secretly? What else could Amara's husband have done, rather than beating her? How many people do you think do this differently (not as Amara and her husband did)? Other than doing things differently, what makes them different from Amara and her husband?

3.3 Is there anyone who could help Amara? Is there anyone who should help Amara? [If they don't offer any of these response, ask] Anyone in Amara's family? Her friends? Religious leaders? In a nearby health clinic? How can they help her?

3.4 Is there anyone who could help Amara's husband? Is there anyone who should help Amara's husband? Family? Friends? Religious leaders? Health service providers? How can they help him? Are there people who don't have this kind of help? Why not, what makes them different?

4. Say Amara and her husband live in this community. They have decided they do not want any more children and they want to use contraception to avoid pregnancy. Amara goes to the local health clinic—the same one you and your friends might use—to find out more information about contraception. She meets with a nurse there to talk about family planning. What do you think would be Amara's experience during this visit? (Domains: decision-making power; autonomy. Levels: individual; enabling environment)

IV. Family Planning by Couple (~10 minutes)

Probes

4.1 What kind of family planning services does this clinic offer? What types of contraception does the nurse suggest? (If not mentioned, would the nurse mention tubal ligation or vasectomy?)

4.2 How does the nurse interact with Amara? How much time would the nurse spend with her? What type of information would the nurse give Amara about contraception and family planning? Would Amara get enough information from the nurse so she would feel that she could make a decision about family planning herself? If not, what other type(s) information might help Amara make a decision about family planning?

4.3 How would the nurse treat Amara? Would the nurse treat Amara differently if Amara came alone, compared to if Amara came with her husband? How? Or, if Amara had fewer children?

4.4 If at the end of her visit Amara received birth control pills, is it likely because Amara herself chose to use pills, or because the nurse decided that pills were the best of form of contraception? Or, would it be a joint decision?

V. Availability and Quality of Family Planning Services (5 minutes)

5. Now, I'd like to learn more about what you hear about family planning in your town/community, but outside of the clinic setting. Now, tell me about the information and messages you hear in your town/community?

Probes

5.1 Where do you get most of your information about family planning and contraceptives? From family? Friends? Television ads? Billboards? Radio? Internet?

5.2 What types of messages and information do you get from these various people and places?

5.3 Do these messages make sense to you? Is there any information you hear that you find confusing? Any information you get that leave you with more questions?

5.4 Do you hear conflicting information and messages about family planning and contraceptives? From where do you hear these conflicting information, and what are they?

5.5 Is this information and these messages helpful for you in your own life? How? Are they helpful for you in making decisions, or learning new things you did not know before?

We've come to the end of my questions. Do any of you have anything more you'd like to discuss?

Closing (~5 minutes)

Thank you very much for your time and sharing your knowledge and opinions. The information you have provided will help people throughout Zambia and other countries to improve family planning programs. As a reminder, we will not share the discussion recordings with anyone outside the study team and you will not be identified in any results we share with others. We appreciate your participating in the discussion today.

Example 3. FOCUS GROUP INTERVIEW GUIDE: REFUGEE CAMP, KENYA[8]

Name of group interviewed: ________________ Date: ________________ Camp: ________________

Time discussion started: __________ Time ended: __________ Team no.: __________

Participant summary: __________ Women __________ Men __________Children __________

Introduction

- Introduce facilitators.
- Introduce community members.
- Explain why we are here: "We want help in understanding the health and security problems of women and girls. We will be doing similar interviews with a number of groups in all the camps."
- Explain how all answers will be treated confidentially. "We are all from organizations working in the camps and will treat answers with respect and will not share them except as general answers combined from all people who talk to us. We will not give names of individuals, to make you feel comfortable in talking freely with us. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer."
- Ask community members whether they are willing to participate in the group interviews.

[8] From Igras, et al., 1998.

Discussion Guide

1. What problems have women and girls experienced in health and security in your community? (Probe on violence, not on health.)
2. Can you give examples of sexual violence in the camps?
3. When and where does sexual violence occur?
4. Who are the perpetrators? (Probe: outside/inside of camp, people you know/don't know.) What happens to the perpetrators?
5. What are the problems that women face after an attack? (Probe: physical, psychological, social problems.)
6. How do survivors of sexual violence cope after the attack?
7. What are community responses when sexual violence occurs? What is done to prevent violence? What is done to help survivors?
8. How could these efforts be improved? Do women's support networks exist to help survivors?
9. What social and legal services exist to help address these problems? (Probe: health, police, legal counseling, social counseling.) Who provides these services? How could these efforts be improved?
10. Has the problem of sexual violence gotten worse, better, or stayed the same since you arrived in the camp?

EXTRA QUESTIONS TO ADD FOR SPECIAL GROUPS

RELIGIOUS LEADERS:

1. What does Islam teach on sexual violence, both for preventing violence and sanctioning those that are violent against women?
2. Is there anything that religious leaders can do to prevent sexual violence?

DISABLED INDIVIDUALS:

1. Do the existing services prevent or help those assaulted address you as well, as a special group with special needs?

WOMEN LEADERS:

1. Is there anything women leaders can do to prevent sexual violence?

Closing

1. Thank people for their time and ideas, and express how helpful it has been to facilitators.
2. Explain next steps: "We will look at all information and will make a presentation of findings to representatives of the community and agencies working in camps. Representatives can give you information after this meeting."

APPENDIX B. TIME AND BUDGET TEMPLATE (SAMPLE)

Budget: Design, Planning, and Fieldwork

Fieldwork to be done: six FGD (three with interventions communities, three with non-intervention communities), 10 in-depth interviews (five with women in community, five with men), 10 semi-structured interviews (two project managers, four community leaders, two VAW resource coordinators) Total = eight FGD, 20 IDI

Concept	Cost unit	Amount	Cost by item	Time needed	Timeline
Pre-Fieldwork					
Creating protocol, designing instruments and planning					**Fieldwork planning**
PI 30% each month	250/month	3 months, 30%	750	3 months	January, Feb., March
Full time evaluator/coordinator	250/month	3 months, 100%	750	3 months	January, Feb., March
15% Expert to review protocol, planning, and instruments	100	3 months, 15%	300	3 months	January, Feb., March
Fieldwork materials					
Recorders	15	5	75		
Rechargeable batteries	5	5	25		
Chargers	10	5	50		
Small gifts for participants	5	60	300		
Laptops	500	5	2,500		
Atlas-ti (1-year subscription)	2,000	1	2,000		
Fieldwork					
Per diem					**Fieldwork**
Car hire for fieldwork	50	60 days	3,000		**April – May – Fieldwork**
Gas/petrol	50	10 refills	500		
Flight for expert consult—two meetings	200	2 round trips	400		
Flight for PI supervising fieldwork	200	2 round trips	400		
Per diem—4 fieldworkers and 1 coordinator (food)	25	each day, by 4	8,000		
Hotel for fieldworkers	30	40 days, 4 field workers, and 1 coordinator	6,000		
Per diem—PI supervising	25	10 days	500		
Hotel—PI supervising	25	10 days	500		

Concept	Cost unit	Amount	Cost by item	Time needed	Timeline
Salaries during fieldwork					
Salaries fieldworkers	100	2 months, 4 people (full time)	800		**April, May**
Salary Coordinator	100	2 months, 1 person (full time)	800		
Driver salary	50	2 drivers, 2 months	200		
Cost by technique (applying)					
10 semi-structured interview	50	10	500	4 hr. total with snowball sampling: 2 hrs to contact people, 1 hr. interview, 1 hr. for fieldnotes	
10 in-depth interview	50	10	500	6 hrs total with snowball sampling: 3 hrs to contact, 1.5 hrs to interview, 1.5 hrs for fieldnotes.	
6 focus group discussion	50	6	300		
Preparing data					
Transcription of 1 in-depth or semi-structured interview	$1.05	90 mins	94.5	1 in-depth interview, 8 hrs for transcription	June
Transcription of 1 in focus group	USD $2, min.	by 90 mins (approx.)	180	1 focus group, 12 hrs for transcription	July
Cost—total					
Phase 2. Data analysis, writing report and creating recommendations					
Data management					
Coding					**Cleaning and coding data**
Coding 20 interviews	50	20	1,000	8 hrs	July and August
Coding 6 FGDs	60	6	360	2 days	
Analysis and report writing					**Analysis, conclusions, and report**
Salary for team members	100	2 team members, 2 months	400		Sept. and October
Salary for PI	150	2 months	300		**Final report delivery and final recommendations**
Salary for external expert	100	30%, by 2 months	100		
Total			**35,524.50**		

APPENDIX C. SELECTED ADDITIONAL METHODS FOR QUALITATIVE DATA COLLECTION

Selected Additional Qualitative Methods

Vignettes are a qualitative method in which participants are asked to respond to a particular situation or story by stating what they would do, or how they imagine a third subject might react to the occurrence. Vignettes are useful for clarifying thoughts or beliefs while providing a less personal and less threatening way of exploring sensitive topics.

Use of vignettes should provide sufficient context for the respondents to have an understanding of the situation, but should be vague enough that participants must provide additional factors to explain or describe the situation. Vignettes are more likely to be effective when they seem realistic and engage participant interest. Participant discussion using the vignette method may elucidate changes in knowledge or behavior over time, as related to particular health program.

Resources: Hughes, R., Huby, M. The construction and interpretation of vignettes in social research. *Social Work and Social Science Review* 11(1) 2004 pp.36–51 Retrieved from https://journals.whitingbirch.net/index.php/SWSSR/article/download/428/464

Lawton, R., Gardner, P., Planchinski, R. Using vignettes to explore judgements of patients about safety and quality of care: the role of outcome and relationship with the care provider. *Health Expect.* 2011 Sept.; 14(3):296-306. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5060577/

Moran, V.F., et al. Breastfeeding support for adolescent mothers: similarities and differences in the approach of midwives and qualified breastfeeding supporters. Int Breastfeed J. 2006; 1:23. Published online 2006 Nov 25. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1687180/

Pile sorting is a qualitative method used to understand people's perceptions and structure of a cultural domain through how they classify and group items listed on individual cards. How people group or assign the items provides insight into how the participants interpret the meanings in their own lives. Pile sorting is often combined with **free listing**, in which participants first make a list of things that fall under a given category. Those items are then transferred to individual cards and sorted by participants.

For example, participants may be asked to list all the ways people protect themselves from HIV infection. Those items are then transferred to individual cards and participants are asked to sort them according to common characteristics, making as many piles as they'd like. The groupings can tell researchers quite a bit about the meanings and associations participants ascribe to a particular method (for example, sorting them by methods used primarily by men or by women; methods commonly available versus not available; perceived effectiveness, etc.). The list participants themselves create can also provide an important linguistic tool providing insight into cultural expressions, labels, or topics.

Resources: Bourey, et al. Pile sorting innovations: Exploring gender norms, power and equity in sub-Saharan Africa. *Global Public Health;* 7(9):995–1008. August 2012. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22866910

Weeks, et al. Opportunities for Woman-Initiated HIV Prevention Methods among Female Sex Workers in Southern China. *J Sex Res.;* 2007 May; 44(2):190–201. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2890025/

Outcome harvesting is a qualitative method that enables evaluators to identify, verify, and make sense of outcomes. Outcome harvesting collects information from reports, interviews, and other sources to document how a given program has contributed to outcomes. This process starts by collecting evidence of what has been achieved and then working backward to determine if and how the intervention contributed to the change.

Outcome harvesting works well with complex programs where cause and effect is not easily discernible. The method usually consists of six steps:

- Designing questions to guide the harvest;
- Gathering data and draft outcome descriptions about changes that have occurred and what or who contributed to the change;
- Engaging with change agents to validate outcome descriptions;
- Substantiating the outcome through obtaining views of independent, knowledgeable individuals;
- Analyzing and interpreting to provide evidence-based answers to the harvesting questions; and
- Reporting on and disseminating findings.

Resources: Wilson-Grau, R., Britt, H. Outcome Harvesting. Ford Foundation, 2010. Retrieved from https://usaidlearninglab.org/sites/default/files/resource/files/Outome%20Harvesting%20Brief%20FINAL%202012-05-2-1.pdf

Rassman, et al. Retrospective Outcome Harvesting: Generating robust insights about a global voluntary environmental network.. *Better Evaluation;* April 2013.

Projective technique is a qualitative research method that uses a visual aid to ask participants to discuss the meaning from their perspective. The visual could be a drawing, cartoon, or photograph depicting a particular setting or a type of interaction; for example a picture of a clinic setting with staff and client actors. The interviewer then asks participants to describe the image, or if it reminds them of a personal experience or story. Visual prompts can allow the participant to talk more freely about personal experience by projecting onto the subject in the photograph. Material generated through this method can facilitate a more holistic understanding than would be possible from verbal cues alone.

Resources: Olumide, A.O., Adebayo, E.S., Ojengbede, O.A. Using photovoice in adolescent health research: a case-study of the Well-being of Adolescents in Vulnerable Environments (WAVE) Study in Ibadan, Nigeria. *Int J Adolesc Med Health;* 2016 Oct 14. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27740918

Musoke, D., et al. Using photovoice to examine community level barriers affecting maternal health in rural Wakiso district, Uganda. *Reprod Health Matters;* 2015 May; 23(45):136–47. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26278841

Participatory photography provides cameras to participants or community members, instructing them to take photographs of what they see at different stages of the intervention or to document what they believe has changed as a result of an intervention. Participatory photography can also be used to document or explore change over time. Participants using photography are able to capture scenes that reflect their own lives and to communicate their perceptions and experiences with more than words. Photographic records, paired with discussion, can foster a dialogue on important issues and everyday concerns.

Resources: Singhal, A., & Rattine-Flaherty, E. (2006). Pencils and photos as tools of communicative research and praxis: Analyzing Minga Peru's quest for social justice in the amazon. *International Communication Gazette*, *68*(4), 313–330. DOI: 10.1177/1748048506065764. Retrieved from http://gaz.sagepub.com/content/68/4/313.full.pdf+html

NGO Programme Karnataka-Tamil Nadu. (2005). Participatory Monitoring and Evaluation: Field Experiences NGO Programme Karnataka-Tamil Nadu Series 1 Intercooperation Delegation, Hyderabad, India. 46pp. Retrieved from http://www.intercooperation.ch/offers/download/ic-india/pme-1.pdf

Wei Li, F. (1985, October). *Use of photography as a qualitative evaluation*. Paper presented at the Annual Meeting of the Evaluation Network and the Evaluation Research Society Annual Meeting of the Evaluation Network and the Evaluation Research Society, Toronto, Canada. Retrieved from http://www.eric.ed.gov/PDFS/ED276775.pdf

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Most significant change is a participatory method in which multiple stakeholders tell and document stories of significant change from the field or their community. From the collection of stories and recollections, the most significant stories are used to understand the program or intervention impact. Sometimes, the participants and stakeholders are asked to identify the issues that are important for them, and then at subsequent discussions they will be asked to tell stories or articulate the most significant change relating to the identified issues; then there will have to be consensus on the most impactful significant change discussed. At times, the issues to be discussed are based upon a specific intervention and participants are asked to discuss significant change in this domain. The stakeholders will engage in discussions about the stories and recollections of significant change in order to articulate program impact. The most significant change method is particularly useful when program outcomes are difficult to quantify and may vary across stakeholders and participants.

Resources: Davies, R. and Dart , J., Care International. (2005). *The 'most significant change' (msc) technique: A guide to its use*. Retrieved from Care International website: http://www.ruaf.org/sites/default/files/Most Significant Changes Guide.pdf

Davies, R.. (n.d.). *Most significant change*. Retrieved from http://mande.co.uk/special-issues/most-significant-change-msc/

IFAD. (n.d.). *A guide for project m&e annex d*. Retrieved from http://www.ifad.org/evaluation/guide/annexd/d.htm

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Matrix ranking is a method used to quantify the preference and opinions of various items, or to evaluate the impact of a skill development training. Since preference and needs can be relative, there are often issues with quantifying and measuring these indicators. Matrix ranking can help us to understand different people's or communities' priorities and limitations. The indicators or issues of interest are ranked based upon the criteria that have been chosen; these rankings are usually ordinal rankings of utility. These rankings can be conducted either individually or in a group setting when participants feel comfortable discussing their own opinions and preferences. Participants sometimes feel more comfortable ranking preferences rather than providing numerical scores. **Pair-wise ranking** can also be used in this method, in which two attributes are compared.

In the matrix ranking method the participants will create a matrix, which outlines the choices that need to be made along the horizontal axis (columns) and the criteria for evaluating them along the vertical axis (rows). Using a scale such as 1–10 or 1–5; each individual provides his or her rating for each choice. Each rating is added up to give each option an overall score; pen and paper can be used for this, as can any object such as rocks or sticks. An example from a group evaluation of a community health worker training is provided on the following page.

Table 1. Criteria and ranking of major skills learned in community health worker training

Score of 0 to 4	Major skills learned		
No.	Criteria	Total Score	Ranking
1	Outreach methods and strategies	57	3
2	Client and community assessment	63	1
3	Effective communication	60	2
4	Health education for behavior change	42	4

Resources

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How to do pair-wise ranking. (2206) In: *How to conduct a food security assessment: A step-by-step guide for National Societies in Africa* (2nd ed., pp. 58–60). Geneva: International Federation of Red Cross and Red Crescent Socities. Retrieved from http://www.ifrc.org/Global/Publications/disasters/food_security/fs-assessment.pdf (Annex 6).

Wealth ranking is a useful tool for understanding the socioeconomic stratification within a community and local people's definitions and indicators of wealth and poverty. There are a number of ways to carry out a wealth ranking exercise.

A typical wealth ranking process would use the following basic steps:

- Begin by carrying on discussions amongst separate groups of women and men, eliciting their perceptions of the causes of poverty and vulnerability, and what types of households are the most vulnerable. Consider carefully the best terms to describe wealth and poverty in the local context.
- Find out why and how the crisis has affected different wealth groups.
- Carry out discussions with different wealth groups to find the most valid indicators of vulnerability and difficulty coping with shocks.
- Conduct focus groups with community participants to define the wealth groups and identify 7–8 core indicators to distinguish wealth groups (Iredale and Caldwell, n.d.).

The figure below lists the kinds of indicators that are useful in determining stratification criteria. Indicators differentiating household wealth categories differ by context, but may include:

Figure 1. Sample indicators for determining stratification criteria

Physical indicators	Non-physical indicators
• Quality and quantity of diet • Livestock • Access to crucial productive assets • Type or construction of house • Size of landholdings • Crops grown • Income and remittances • Clothing	• Education levels • Ethnicity • Caste • Employment type • Membership in local institutions

The figure below presents samples of community derived indicators, such as proxies for food security, health, and financial status, used to define the characteristics associated with each wealth category.

Figure 2. Sample indicators for wealth ranking exercise

Indicator	Very poor	Poor	Better off	Rich
Housing	Shelter made of cardboard boxes, or lives outside	Walls made of dried mud or unbaked bricks; roofs of dried reeds	Small house with 2–3 rooms; outside shower and latrine; No electricity	Larger house with two or more floors; water and electricity
Food security	Only eats when food available and has cash to purchase it; sometimes does not eat all day	Two meals a day, one with rice and one with manioc or rice soup	Three meals a day; two with rice and breakfast with bread and tea	Eats all types of food; indefinite number of meals
Health	Consistently poor health; no access to health care	Uses public health centers or religious dispensary	Uses affordable private health centers or work-sponsored health centers	Usually fetches a doctor to the home; able to buy medicines
Financial status	Begs or steals for money	Daily earnings spent same day	Earns a salary at end of month, but insufficient to meet monthly expenses; often in debt; no savings	No financial problems; has bank account

Source: CARE Madagascar 1997.

Resources: CGAP Microfinance Gateway. (n.d.). *Participatory wealth ranking (pwr)*. Retrieved from http://www.microfinancegateway.org/p/site/m/template.rc/1.11.48260/1.26.9234/p/site/m/template.rc/1.11.48260/1.26.10538/

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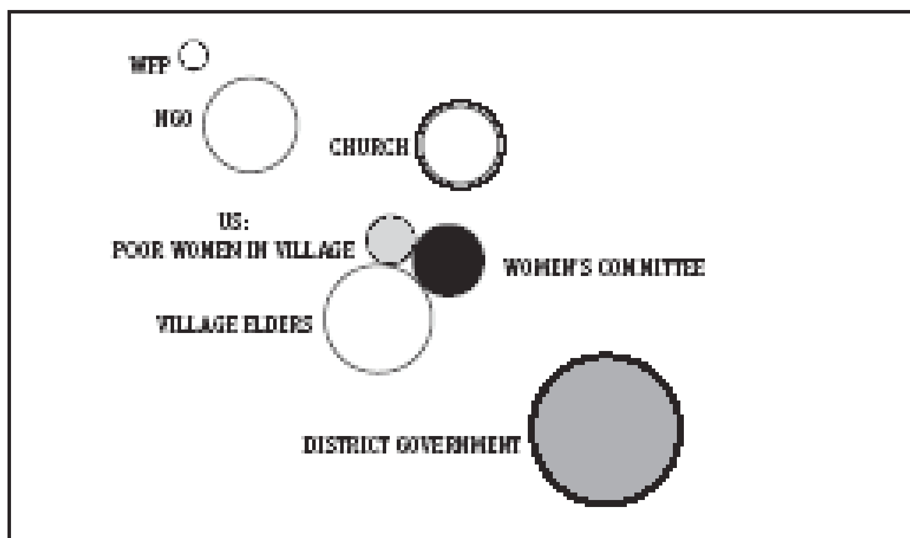
The **Venn diagram** is a popular and effective tool for encouraging participation. A set of circles, each representing a group or institution, is selected or drawn and then arranged to show the relationships between these institutions and groups. Venn diagrams can be used to identify relationships of organizations within the community; as well as to indicate their role within the community or the organizations, or to identify possible or existing conflicts:

- Ask participants to list all the institutions known to affect the community relative to the topic that has been chosen.
- Participants then select a circle to represent each institution. If the focus is on power and trust, the size of the circle shows the relative power of the institution. A powerful institution will be assigned a large circle, and a less powerful institution a smaller circle.

- Participants then draw or choose a circle representing their community and place this in the center. This can be done on a sheet of large paper or on any flat surface where everyone can see it.
- Participants then place the cut-out circles (which have names of institutions/groups or individuals on them) on the paper (or flat surface) in relation to the circle that represents their community.
- If participants are looking at power and trust, explain that the closer they place the cut-out circles to the central one, the greater the trust the community has in the organization.
- The group should move the circles around until agreement is reached.
- Once the Venn diagram is complete, participants can discuss and analyze the relationship of their community to the various institutions identified. Reference can be made to the effect each institution has upon their community.
- Venn diagrams, with the same focus, can be produced separately with a group of men and a group of women, and the results discussed.
- The findings can be further discussed with all members of the community.

Figure 3. Venn Diagram Made by a Group of Women in the Community



Resources: World Bank Resources: Venn Diagram Video. Retrieved from

http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTISPMA/0,,contentMDK:20190393~menuPK:415131~pagePK:148956~piPK:216618~theSitePK:384329~isCURL:Y,00.html

Hoekstra, F. (2006, June 15). *Impact monitoring: Venn Diagrams*. Retrieved from http://www.ruaf.org/node/958

An **access and control profile** is a research technique that helps to understand who has the opportunity to use resources versus who has the authority to decide about the use and the output of resources. The analysis of access to and control over resources helps to identify: deficits which might be alleviated or counter balanced through a project; potential which might be used and enhanced through project activities; imbalances between men and women to be considered for the design of a project; and, genuine need. An example of access is a man or woman who cultivates the land temporally given to him/her by the traditional leader. An example of control is a landlord or factory owner who can decide to do what they like with their property.

The resources to be included in an access and control profile can be grouped under:

- Natural resources, such as land, water, forest, etc.
- Physical (man-made) resources, such as production tools and inputs, credit building, etc.
- Sociocultural resources, such as the media, education (schools), markets, health centers, etc.
- Human resources (labor force, skills, etc.)

See the example profile below. Indication of access and/or control is by putting +++ to indicate full access and control, ++ to indicate some access/control, + to indicate little access/control, and 0 to indicate no access and/control.

Table 1. Access and control profile of community X

Resources	Access		Control	
	Men	Women	Men	Women
Natural resources:				
– Farmland	+++	+++	++	+
– Water	+++	+++	0	+++
– Quarry	++	+	+++	0
Physical resources (man-made tools):				
– Cutlasses	0	0	0	0
– Wheelbarrow	+++	+	+++	+
Capital:				
– Credit Union	++	+	++	0
– Commercial banks	++	+	+	0

International Labour Organization: ILO/SEAPAT 's OnLine Gender Learning & Information Module. Adapted from *Gender Issues in the World of Work: Gender Training Package*, ILO, Geneva, 1995 and Vicki L. Wilde and Arja Vainio-Mattila, *International training Package: Gender Analysis and Forestry*, FAO, Rome, 1995. Retrieved from http://www.ilo.org/public/english/region/asro/mdtmanila/training/unit1/rsrcprof.htm

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A **24-hour daily activity profile** is a research tool to appraise the daily schedule of participants within a day running 24 hours. It is useful for knowing the activities, schedule, and rest periods of community or program participants. The activity profile is developed by drawing a matrix on the ground or on paper together with participants. The interviewer plots time (in hour intervals) and asks participants to fill in daily activities. The activity calendar gives you information on responsibilities of participants. This tool can be especially helpful to assess gender divisions. This information can help to identify problems, constraints, or possibilities for interventions as well as to provide data on changes and trends over time. For example, this method could be used to assess project impact on gender mainstreaming.

Resources: FAO. (1999). PRA toolbox. In *Conducting a PRA training and modifying PRA Tools to your needs*. Ethiopia: Economic and Social Development Department FAO. Retrieved from http://www.fao.org/docrep/003/x5996e/x5996e06.htm

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de Zeeuw, H. and J. Wilbers. 2004. PRA Tools for Studying Urban Agriculture and Gender. Resource Centre on Urban Agriculture and Forestry (RUAF). Retrieved from http://www.ruaf.org/sites/default/files/RUAF PRA gender_tools.pdf

International Federation of Red Cross and Red Crescent Socities. (2006). How to compile an activity profile. In: *How to conduct a food security assessment: A step-by-step guide for National Societies in Africa* (2nd ed., pp. 58–60). Geneva: International Federation of Red Cross and Red Crescent Socities. Retrieved from http://www.ifrc.org/Global/Publications/disasters/food_security/fs-assessment.pdf (Annex 8).

APPENDIX D. EXAMPLES OF EFFECTIVE PROBES

(From Qualitative Research Methods: A Data Collector's Field Guide, FHI.)

Direct questions

- What do you mean when you say…?
- How did this happen?
- How do you feel about…?
- What happened then?
- Can you tell me more?
- Can you please elaborate?
- I'm not sure I understand X…Would you explain that to me?
- How did you handle X?
- How did X affect you?
- Can you give me an example of X?

Indirect probes

- Neutral verbal expressions such as "uh huh," "interesting," and "I see."
- Verbal expressions of empathy, such as "I can see why you say that was difficult for you."
- Mirroring techniques, or repeating what the participant said, such as, "So you were 19 when you had your first child…"
- Culturally appropriate body language or gestures, such as nodding in acknowledgment.

APPENDIX E. CONSENT FORM EXAMPLE

The Rwandan School of Public Health

The National Institute of Public Health of Mexico

Qualitative Evaluation of Performance-Based Contracting (PBC) in Rwanda

CONSENT FORM SEMI-STRUCTURED INTERVIEWS WITH HEALTH STAFF AND ADMINISTRATORS

A. WHAT IS THIS STUDY ABOUT?

The Rwandan School of Public Health in cooperation with the National Institute of Public Health of Mexico, the University of California Berkeley and the World Bank is conducting an evaluation of the national PBC scheme in Rwanda. They invite you to participate in their study in order to explore how the PBC program was implemented at the facility level, how the PBC program was perceived among health professionals and managers, and what unintended effects it brought along. Information from this study will help improving and adapting the national PBC program to ensure effectiveness and fairness.

B. WHAT WILL HAPPEN IF YOU AGREE TO PARTICIPATE IN THIS RESEARCH STUDY?

1. A researcher will ask you questions regarding your knowledge and opinions about the PBC program such as the impact of the program on your work, your relations with colleagues, and any economic incentive in relation to PBC, etc.
2. The interview will be confidential: The interviewer will know your name but will not tape record your name. You will not be asked to mention the names of people you might talk about during the interview. Your name will only be seen/shared by members of the research team and will never be mentioned on any kind of document that leaves the team. There is a possibility that the interviewer will have more questions after the interview.
3. The interview should take about an hour to complete. If you agree, the interview will be tape-recorded. You can choose not to have the conversation recorded. The interviewer will take notes during and after the interview.
4. The interview will take place in private place where nobody can hear what you will say.
5. The information that you share in the interview will not be shared with any of your colleagues, bosses or anybody involved in the delivery of medical services. You can express your opinions freely and there will be no negative consequences because of sharing information with us.

C. WILL THIS STUDY HAVE ANY RISKS?

1. You will be asked to answer questions about themes that may make you feel uncomfortable talking about, including your relations with colleagues, your economic incentives, etc. You are allowed to refuse answering questions regarding topics you do not want to talk about.
2. Confidentiality:
    - Participation in the study includes a certain loss of privacy; however, your information will be handled as confidentially as possible. We anticipate that there will be no legal consequences due to topics we will cover. Nobody else can ask you about the content of this interview and if anybody does you are free to deny any information. Your name will not be recorded and the tape and typed copy of the interview will be kept in a locked file cabinet. Only the research team of the study will be able to listen to the tape or read notes from the interview. The tapes will be destroyed after writing down the interview.

- We might cite sentences from you in papers we will write about this study. Your name will not be used and we will make sure you cannot be identified from the quote.

D. WILL THIS STUDY HAVE ANY BENEFITS?

There will be no direct benefit for you through participating in this study. However, the information that you provide may help us to better understand the national PBC program, and more in particular its perceived effectives and fairness among health staff and administrators.

E. WHAT ARE YOUR CHOICES?

You do not have to participate in the study, you are free to choose. During the interview you can always ask to stop and to not include you in the study. Please let us know as soon as possible that you want to leave the study in case you feel so. You can ask to skip any question you do not want to answer and continue with the rest of the interview.

F. WHAT WILL IT COST?

There will be no costs to you as a result of taking part in this study.

G. WHAT IF YOU HAVE QUESTIONS?

You can ask your questions now or later, any time you like. If you have more questions, you may call <name> at <phone> or email her at <email address>. You may also use this phone number to ask for advice and help in case somebody would persist asking you about the interviews content.

H. ASSENT

You have read this assent form and understand what will happen if you participate in the study. You will be given a copy of this information form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. If you do not want to be in the study, even if your boss or any colleague told you so, do not sign this form. If you want to be in the study, please sign this form. By signing below, you are saying yes, you agree to participate in this study.

______________________________	______________________________
Signature of participant	Date
______________________________	______________________________
Signature of person conducting assent discussion	Date

APPENDIX F. CHOOSING QUALITATIVE DATA ANALYSIS SOFTWARE

Qualitative data analysis software (QDAS) provides a great resource for storage, organization, and analysis of qualitative data. Using DQAS to support research can save time, allow more efficient work, collaboration, and uncover connections that may have been missed when coding manually. The storage and organization features enable users to rigorously back-up findings with evidence. The table below provides an overview of features, consideration, and cost details for the most widely used QDAS to help in choosing the best option for your needs. Most QDAS also offer a free trial of 14–30 days before purchase.

Software	Features	Considerations	Cost[1]
Atlas.ti www.atlas.com	• Sophisticated QDAS with capability to code directly to text, PDF, survey, audio, visual, and video files • A number of built-in functions for coding, retrieving, analyzing, visualizing, and exporting • Can open multiple documents side-by-side to link across documents • Various visualization features including code networks and clouds • Co-occurrence explorer shows relationships between multiple codes or characteristics • Mobile apps for iPad and Android with direct upload • Collaboration possible through merging of files • Popular software used in many countries • Newest version embeds Google Earth for geo-coding • Can auto-code based on words and features	• Teams cannot work on same document simultaneously (but version can be tracked and merged) • Updates not included in purchase price • Program interface only available in English language • Mac version is very different than Windows version (some features are easier to use than Windows) • Coding system is flat (not hierarchical) • No code weighting feature available	Licenses can be purchase or leased for one year Education license for one user: USD $670
NVivo www.qsr.com.au	• Sophisticated QDAS with capability to code directly to text, PDF, survey, audio, visual, and video files • A number of built-in functions for coding, retrieving, analyzing, visualizing, and exporting • Utilizes hierarchical coding system • Co-occurrence matrix shows relationships between multiple codes or characteristics • Generates intercoder reliability report with agreement percentages and K coefficient • Most popular QDAS (for large community of users) • NVivo for Teams allows for collaboration with central storage, audits trails and track change functions • User interface available in English, French, German, Spanish, Brazilian Portuguese, Japanese, and Chinese • Can auto-code based on words and features	• Some functions are not intuitive and take time to learn by reading the manual or viewing tutorials • Mac version is more limited in functions than Windows version • Importing large datasets can be challenging (especially in the field) • Simultaneous access and collaboration in real time only available with purchase of NVivo server • No code weighting feature available	Education license for one user: USD $700

[1] Cost information from October 2017

Software	Features	Considerations	Cost[1]
MAXQDA www.maxqda.com	• Sophisticated QDAS with capability to code directly to text, PDF, survey, audio, visual, and video files • A number of built-in functions for coding, retrieving, analyzing, visualizing, and exporting • Very easy to learn and intuitive program • Offers code weighting feature • Can auto-code based on words and features • Online automated training tutorials are available • Both Windows and Mac version have the same functions • On-board transcription tools with adjustable playback speed of audio files for easy transcription in MAXQDA • MAXApp for Android and iOS allows easy import of files to MAXQDA • Drag and drop windows allow for easy coding • Generates intercoder reliability report with agreement percentages per code	• Not as widely used as Atlas.ti and NVivo (lack of community of users) • Offered in four different versions, features vary depending on version (Base, Standard, Pro, Analytics Plus)	Educational license for one user: USD $495
Dedoose www.dedoose.com	• Web-based application • Easy and intuitive to use features • Easy cloud storage • Multiple team members can work, code, and memo in the same document; very popular for teamwork • Built-in support for interrater reliability • Encrypted data transmission, file storage, and backups • Can create code hierarchies and code weights • Co-occurrence table shows relationships between multiple codes or tags • Generates intercoder reliability report with agreement K coefficient and Pearson's correlation	• Not as widely used as Atlas.ti and NVivo (lack of community of users) • Doesn't offer as many tools/features as other QDAS • Requires internet connection • Cannot view codes and data in the same window • No auto-coding feature • Large-size projects may slow down speed of website	Payment done through monthly plans: USD $12.95 for individual users USD $8.95 pp in groups of 6+

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