Trainer’s Guide

KPC Training Module 3: Training the Post-Survey Analysis Team

Key Contributors

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

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

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Abstract

The CORE Group's *Knowledge, Practice, Coverage (KPC) Survey Training Curriculum* provides trainer guidelines and participant handouts and resources to train field workers to carry out a KPC survey. The **KPC Trainer's Guide** includes three modules: *KPC Training Module 1: Training the Core Team*; *KPC Training Module 2: Training Supervisors and Interviewers;* and *KPC Training Module 3: Training the Post-Survey Analysis Team*. KPC Training Module 1 provides a set of learning sessions used to train the Core Team in the field to provide overall administration of the survey, including choosing the sample, preparing the survey instrument, and planning how to use results to inform program planning. KPC Training Module 2 provides a set of learning sessions used to train Supervisors and Interviewers in the field to choose respondents, administer the survey, and assure quality control. KPC Training Module 3 provides a set of learning sessions to train the Post-Survey Team to carry out data analysis, decision making based on results, and report writing.

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

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

2. KPC Survey Training: Trainer's Guides

   Module 1: Training the Core Team
   Module 2: Training Supervisors and Interviewers
   Module 3: Training the Post-Survey Analysis Team

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

   Module 1: Training the Core Team
   Module 2: Training Supervisors and Interviewers
   Module 3: Training the Post-Survey Analysis Team

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

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

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

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

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KPC SURVEY TRAINING
FOR THE POST-SURVEY ANALYSIS TEAM

The **Post-Survey Analysis Team Training** is designed for individuals who will provide leadership in the process of analyzing the data from the KPC survey and who will make management decisions based on that data. The Post-Survey Analysis Team normally consists of the Core Team (4 to 6 people) and other key staff from the PVO, partners and other stakeholders. The Post-Survey Analysis Team will be directly responsible for analyzing and using data from the KPC survey. In addition, the team will be trained in involving other stakeholders in the analysis process. Ideally, the individuals identified for the Post-Survey Analysis Team will have had previous experience in:

- conducting a survey
- data management and analysis
- training
- also desirable: technical knowledge of maternal-child or community health

The KPC Survey Trainer is responsible for using this module to train the Core Team and other participants to begin the analysis process and to outline how to involve other stakeholders in the process. Ideally, the KPC Survey Trainer will have received the TOST KPC Survey Training and, in addition, will have:

- field experience in conducting all steps of the KPC Surveys
- experience as a trainer
- good knowledge of adult education principles

The KPC survey is a population-based survey that is statistically valid and focuses on critical health indicators. To assure that the KPC survey is of maximum value, it is essential that the Core Team be trained in how to use the results in project management and how to share the results for further analysis.

Participants in this training will:

- Acquire an understanding of what to look for when tabulating/analyzing KPC survey data
- Complete a preliminary exploration of frequencies and differentials in a KPC survey data set
- Compare KPC survey findings with results from other data sources
- Set reasonable intermediate and final targets based on KPC survey baseline data <u>OR</u> use KPC survey data to assess achievement of targets and determine if differences are statistically significant
- Use KPC survey data to identify health problems and possible intervention activities/strategies and the level of effort needed for each intervention
- Decide on follow-up studies/activities that will be conducted after the KPC survey is completed
- Identify other levels (e.g., health-facility level) where change must occur in order to effect changes at the beneficiary level, and decide if studies should be undertaken at these levels as well
- Prepare a draft a KPC Survey Report
- Develop a plan for presenting KPC survey data to project communities and other stakeholders

This training should be presented immediately after the KPC survey has been completed and data has been tabulated either manually or with computer software. This training workshop takes two (2) days. Ideally, the training workshop would be conducted at a training center near the project site with adequate space for the Post-Survey Analysis Team to work.

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HOW TO USE THIS TRAINING CURRICULUM

How the Curriculum is Organized

This training curriculum for the Post-Survey Analysis Team uses standard symbols and fonts throughout the text that act as visual signals to help the Trainer identify 1) key questions to ask, 2) information to transmit verbally or visually, and 3) information that is instructional only. An information box at the beginning of each learning session is designed to help the Trainer prepare to present the session. An explanation of the features of the learning sessions follows:

Learning Session Format

Each learning session begins with a:

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

1. **Purpose**—the overall purpose of the learning session.
2. **Objective**s—list of actions (what participants will do) that the steps in the learning session are constructed to accomplish.
3. **Preparation/Materials**—list of actions or materials that you—the Trainer—must ensure are ready before the learning session can be presented. (For example, extra reading in the Field Guide will be listed that you, the Trainer, should complete before teaching the learning session.) These materials include Training Resources (TR), flip charts, and other materials. The materials needed for each learning session are listed with the step in which they occur. For example:

   Step X:
   - TR X: Title
   - TR XX: Title
   - Flip chart with title: XXX

   Note: "TR 3-X" indicates that the content is included in the Participant's Manual and **Workbook and** you are encouraged to show the same content on a slide or overhead. The content of the Training Resources is not included in the Trainer's Guide. Rather, an icon like the one at the right indicates which TR to use. You will be given an electronic version of all of the Training Resources so you can create your own slide show or overheads.

   3-1
4. **Time**—an estimated amount of time needed to implement all of the steps in the learning session.
5. **Steps**—a list of the steps needed to complete the learning session—the titles capture the process to be used and the content to be covered.

After the **Facilitator's Information Box** you will find:

- **Steps**—detailed instructions about how to proceed through each step. You are encouraged to adapt the suggested text to your style while assuring that all of the content is included and that the steps remain participatory and engaging. Special features for the Trainer to note include:
  - ***Italics font*** = instructions for the Trainer (not to be read to the trainees)
  - **Regular font** = specific information, instructions or questions for the Trainer to read or closely paraphrase to the trainees
  - **Arrow (➢)** = symbol that highlights specific questions to ask
  - **Box (☐)** = special technical or summary information to share with the trainees
  - [**Square brackets]** = the "correct" answer to expect from a technical question
  - **(Parenthesis)** = additional instructions or information

Learner Needs Assessment (LNA)
At least one to two weeks prior to the training workshop, the Trainer should prepare and have participants complete a Learner Needs Assessment (LNA) because the LNA is used by the Trainer to finalize the workshop design. Many trainers just assume they know what is needed in a learning event. Thus, they do not focus on the learner's needs, but on their own assumptions. The completed LNA should be used by the Trainer to fine-tune the training workshop by identifying skills and common themes that need to be addressed. Based on the LNA results, decisions previously made by the Core Team, and the type of survey (baseline, mid-term or final), the Trainer can opt to omit or modify some of the learning sessions.

The LNA can be carried out through written questionnaires, interviews, focus groups, e-mail, telephone conversations, etc. When conducting an LNA, tell the individuals why you are asking the questions, so that they understand that their ideas and opinions are valued. Some sample questions include:

LEARNER NEEDS ASSESSMENT
FOR THE POST-SURVEY ANALYSIS TEAM

Name _____ E-mail: _____

Organization: _____ Telephone #: _____

1. In the past 2 years have you:
   a. Designed Knowledge, Practice & Coverage (KPC) Surveys? ☐ Yes ☐ No
   b. Implemented KPC surveys? ☐ Yes ☐ No
   c. Entered survey data for analysis ☐ Yes ☐ No
   d. Analyzed KPC surveys? ☐ Yes ☐ No

   If yes, please list surveys by project type (Child Survival, Food Aid, other?), date, and what role you played in each: _____

2. Do you have experience in preparing graphics for displaying survey results? ☐ Yes ☐ No
   If yes, please explain: _____

   _____

3. What experience do you have in providing feedback to communities about survey results?

   _____

   _____

4. Can you commit your time to work as a part of the Post-Survey Analysis Team for this training workshop (approximately two [2] days)? ☐ Yes ☐ No

5. Do you have time following the workshop to help with further work on the analysis and use of results? ☐ Yes ☐ No

6. What is the most important thing you would like to learn in this training workshop?

   _____

   _____

   _____

Materials

All training materials are included in the Module 3 Participant's Manual and Workbook. Materials that must be prepared for each learning session are listed in the information box displayed at the beginning of each learning session. The Trainer decides whether to use overheads, PowerPoint slides and/or handouts for each of the Training Resource (TR). A PowerPoint presentation is included that can be converted to Overheads. For all learning sessions, the Trainer should have available flip chart paper, markers, tape, and an overhead or PowerPoint projector and screen.

All participants should receive:

- Module 3 Participant's Manual and Workbook in a (yellow) binder that contains all of the Training Resources (TR)
- KPC 2000+ Field Guide in a (black) binder (if they have not already received it)

The colors listed above can be changed, but having different colors for each binder helps participants to quickly identify the location of materials.

Preparation

Before beginning this training workshop, the Core Team needs to have completed collecting and tabulating the KPC survey field data. Tabulation should follow the Data Analysis Plan developed during the Core Team training. Frequencies—with percentages and confidence intervals—and two-by-two tables (optional) need to be completed before embarking upon the analysis stage. A summary chart with calculations of all project indicators should have been prepared.

The methodology used in collecting and analyzing the KPC survey information will affect the details of "how" this curriculum is presented. The major differences will occur in sampling choice (cluster or LQAS) and tabulation choice (manual or computer). These choices need to be kept in mind in the preparation and presentation of the KPC survey data, especially in Learning Session 2.

Learning Session 4 has two possible contents: if the KPC survey is a baseline, use Learning Session 4a; if the KPC survey is a mid-term or final, use Learning Session 4b.

Ask participants who attended the Core Team training to bring their copies of the KPC 2000+ Modules and the KPC 2000+ Field Guide to the Post-Survey Analysis Team training workshop. Also ask them to bring a calculator.

Module 3 Learning Sessions
Table of Preparations

Learning Session	Handouts/Overheads/Slides	Other Preparation
1. Introduction to the Post-Survey Analysis Team Training	▪ TR 3-1: Workshop Objectives ▪ TR 3-2: Workshop Agenda TR 3-3: Resource List ▪ TR 3-4: Action Plan	♦ Prepare a brief summary about how the results of the Learner Needs Assessment (LNA) were used to tailor the training workshop to participants' needs ♦ Prepare TR 3-1: Workshop Objectives and TR 3-2: Workshop Agenda based on the results of the LNA completed by participants prior to the workshop ♦ Review and confirm the workshop logistics ♦ Prepare a resource table with documents listed in Step 3 ♦ Prepare and post a welcome sign (not provided) ♦ Module 3 Participant's Manual and Workbook—1 copy for each participant ♦ Make copies of the KPC 2000+ Field Guide for those who have not already received it
2. Making Decisions Using KPC Survey Data	▪ TR 3-5: Review of Confidence Intervals ▪ TR 3-6: Review of 2x2 Tables and Odds Ratios (Optional) ▪ TR 3-7: Review of Anthropometric Concepts ▪ TR 3-8: Questions for Analyzing Frequency Tables ▪ TR 3-9: Questions for Analyzing 2x2 Tables (Optional)	♦ Prepare copies for all participants of data sets from the KPC survey in frequency tables and 2x2 tables according to the Data Analysis Plan or use a case study if data is not available ♦ Flip charts with titles: • *Priority Health Problems* • *Analyzing Frequency Tables: Issues Requiring Further Investigation* • *Analyzing 2x2 Tables: Issues Requiring Further Investigation* ♦ Extra Reading: KPC 2000+ Field Guide, pp. 95–100, 108–112
3. Comparing Findings with Other Surveys and Data Sources		♦ KPC survey data for each indicator ♦ Prepare a flip chart of project indicators based on the model in Step 2. ♦ Assemble copies of local survey materials (e.g., most recent DHS, other organizations' KPC surveys, MICS, MOH statistics and policies)
4a. (Baseline Surveys) Using KPC Survey Baseline Results to Establish Levels of Effort and Targets	▪ TR 3-10: Use of Target Setting Performance Index ▪ TR 3-11: Setting Targets ▪ TR 3-12: Target Worksheet	♦ Prepare a flip chart based on the project proposal of Level of Effort (the first two columns can be filled out in advance)

Learning Session	Handouts/Overheads/Slides	Other Preparation
4b. (Mid-term and/or Final Surveys) Assessing the Achievement of Targets	▪ TR 3-13: Comparison of Achievements to Targets	♦ Flip charts with numbers written out (see samples in Step 1) ♦ Project indicators with results from current and baseline KPC surveys ♦ Several yellow underlining pens ♦ Assign homework: KPC 2000+ Field Guide, pp. 101–107 and 115–117
5. Identifying Follow-up Activities	▪ TR 3-14: Levels of Action to Manage Diarrhea ▪ TR 3-15: Case Study on Effecting Change ▪ TR 3-16: Responses for Case Study on Effecting Change	♦ Make sure the flip charts from Learning Session 2, Steps 2 & 3 are available: • *Analyzing Frequency Tables: Issues Requiring Further Investigation* • *Analyzing 2x2 Tables: Issues Requiring Further Investigation* ♦ Prepare examples from the actual KPC survey results for possible qualitative questions using the type of situations described in the text, or use the fictitious examples given ♦ Flip chart based on model in Step 4 (modify the sample, using pertinent points under each level according to project activities)
6. Writing the KPC Survey Report	▪ TR 3-17: Checklist for Preparing a KPC Survey Report ▪ TR 3-18: KPC Survey Report Template (provided electronically, if possible)	♦ Flip chart with title: *What Should Be in a KPC Survey Report?* ♦ Draft KPC Survey Report (if available) ♦ Project proposal ♦ Data from the KPC Survey (actual or a case study) ♦ Writing the KPC Survey Report, available at: http://www.childsurvival.com/kpc2000/survey_report.doc ♦ Extra Reading: KPC 2000+ Field Guide, pp. 101–107 and 115–117
7. Presenting KPC Survey Data to Community Members/Other Stakeholders	▪ TR 3-19: Presenting KPC Survey Data to Stakeholders	♦ Flip chart with title: *How and When to Conduct Feedback*

Sample Agenda for the Post-Survey Analysis Team Training

Day 1	Learning Session	Time
1	Introduction to the Post-Survey Analysis Team Training	45 minutes
2	Making Decisions Using KPC Survey Data	180 minutes
3	Comparing Findings with Other Surveys and Data Sources	60 minutes
4a	(For Baseline Surveys) Using KPC Survey Baseline Results to Establish Levels of Effort and Targets	120 minutes
	OR	
4b	(For Mid-term or Final Surveys) Assessing Achievement of Targets	90 minutes
	Daily Evaluation	15 minutes
	Total:	**420 minutes (or 390 minutes)** or 7 hours or 6 ½ hours
Homework: Read the Field Guide, pp. 101–107 and 115–117		
Day 2		
	Q&A: Day 1 and Homework	15 minutes
5	Identifying Follow-up Activities	70 minutes
6	Writing the KPC Survey Report	120 minutes
7	Presenting KPC Survey Data to Community Members and Other Stakeholders	120 minutes
	Closing	15 minutes
	Total:	**340 minutes** or 5 hours + 40 minutes)

ACRONYMNS

BCC	Behavior Change Communication
CHW	Community Health Worker
CI	Confidence Interval
CS	Child Survival
DOB	Date of Birth
DIP	Detailed Implementation Plan
FG	KPC 2000+ Field Guide
HA	Height-for-Age
HAZ	Height-for-Age Z-score
IMCI	Integrated Management of Childhood Illness
KPC	Knowledge, Practice and Coverage
LNA	Learner Needs Assessment
LQAS	Lot Quality Assurance Sampling
MCH	Maternal-Child Health
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
PI	Performance Index
PVO	Private Voluntary Organization
Q&A	Question and Answer
QC	Quality Control
SA	Supervision Area
SQRT	Square Root
SRS	Simple Random Sampling
TCC	Target Coverage Charts
TR	Training Resource
USAID	United States Agency for International Development
WA	Weight-for-Age
WAZ	Weight-for-Age Z-score
WH	Weight-for-Height
WHZ	Weight-for-Height Z-score

1. Introduction to the Post-Survey Analysis Team Training

Purpose:
To orient participants to the objectives and logistical aspects of the Post-Survey Analysis Team training workshop.

Objectives:
By the end of this learning session, participants will have:
1. Engaged in a welcome activity for the training workshop.
2. Clarified the objectives of the workshop and discussed logistical concerns.
3. Familiarized themselves with basic materials that are used during the workshop.

Preparation/Materials:
- Prepare a brief summary about how the results of the Learner Needs Assessment (LNA) were used to tailor the training workshop to participants' needs
- Prepare **TR 3-1: Workshop Objectives** and **TR 3-2: Workshop Agenda** based on the results of the LNA completed by participants prior to the workshop (see the Sample Agenda for the Post-Survey Analysis Team Training)
- Review and confirm the workshop logistics
- Prepare a resource table with documents listed in Step 3, below

Step 1:
- Prepare and post a welcome sign (not provided)
- **TR 3-1: Workshop Objectives**

Step 2:
- **TR 3-2: Workshop Agenda**

Step 3:
- Make on copy of Module 3 Participant's Manual and Workbook—for each participant
- Make copies of the KPC 2000+ Field Guide for those who have not already received it
- **TR 3-3: Resource List**
- **TR 3-4: Action Plan**

Time:
45 minutes

Steps:
1. Welcome the participants and review the workshop objectives – 5 minutes
2. Review the workshop agenda and logistics – 10 minutes
3. Introduce the workshop materials – 30 minutes

Steps

1. **Welcome the participants and review the workshop objectives** – 5 minutes

   *Provide a brief welcome to the participants and review **TR 3-1: Workshop Objectives.***

   3-1

   Distribute the LNA summary you prepared. Emphasize that the objectives for the training are based on the results of the LNA completed by the participants prior to the workshop.

2. **Review the workshop agenda and logistics** – 10 minutes

3-2

*Review **TR 3-2: Workshop Agenda,** including lunch and breaks. All plans related to logistics should be clarified at this point: lodging, meals, per diem, transportation, etc. Ask participants what questions they have and respond to them.*

3. **Introduce the workshop materials** – 30 minutes

Distribute the Module 3 Participant's Manual and Workbook (and KPC 2000+ Field Guide, if necessary) to each participant and tell them that all of the handouts and worksheets used in this training workshop are found in this manual.

3-3

*Direct participants to the resources table and **TR 3-3: Resource List.** Review the documents that are listed. Explain:*

These resource materials provide additional information for a variety of topics that are covered throughout the training workshop. The following materials are on the resource table:

- Technical Reference Materials (TRM)
- CSTS Crucial Child Survival Interventions Checklist
- CSTS Capacity Tool Bank
- Demographic and Health Surveys (DHS)
- Multiple Indicator Cluster Survey (MICS)
- CSTS Writing the KPC Survey Report

You are encouraged to review the resource materials during the workshop. **TR 3-3** provides information about how you can obtain copies.

The main objective of this training workshop is to teach you to both analyze the data from the KPC survey and to effectively share this data with others so that they can also participate in the analysis process.

During the next two days, we will be working on various types of analysis. It is important to keep in mind that we do not need to finalize the analysis during this workshop, but rather to learn the techniques and then work with other stakeholders to complete the analysis. Learning Session 7 of this workshop will focus on finalizing plans for involving others in the analysis process.

3-4

*Refer to **TR 3-4: Action Plan.** Explain:*

The purpose of this training workshop is to make decisions that will guide future actions. Therefore, we are incorporating a continuous **Action Plan** exercise. Throughout the two days of the workshop, we will be noting actions that need to be completed. These actions will be recorded on ***TR 3-4: Action Plan.***

Ask:

- **What questions do you have about how we are going to work together during the next two days?**

2. Making Decisions Using KPC Survey Data

Purpose:
To use data from the KPC survey to identify health problems, and help in planning intervention activities and strategies.

Objectives:
By the end of this learning session, participants will have:
1. Practiced using KPC survey results to make decisions.
2. Discussed how to use KPC survey data to identify health problems, interventions, activities, and strategies.

Preparation/Materials:
Step 1:
- **TR 3-5: Review of Confidence Intervals**

Step 2 (Optional):
- **TR 3-6: Review of 2x2 Tables and Odds Ratios**

Step 3:
- **TR 3-7: Review of Anthropometric Concepts**

Step 4:
- Prepare copies for all participants of data sets from the KPC survey in frequency tables and 2x2 tables according to the Data Analysis Plan (see the Core Team Training) or use a case study if data is not available
- **TR 3-8: Questions for Analyzing Frequency Tables**
- Flip chart with title: Priority Health Problems
- Flip chart with title: Analyzing Frequency Tables: Issues Requiring Further Investigation
- Flip chart with title: Analyzing 2x2 Tables: Issues Requiring Further Investigation

Step 5 (Optional):
- **TR 3-9: Questions for Analyzing 2x2 Tables**

- Extra Reading: KPC 2000+ Field Guide, pp. 95–100, 108–112

Time:
180 minutes (3 hours)—if optional steps 2 & 5 are not used, decrease time by 60 minutes

Steps:
1. Review basic concepts: Confidence Intervals – 10 minutes
2. (Optional) Review basic concepts: Cross-Tabulations – 10 minutes
3. Review basic concepts: Anthropometric Data—20 minutes
4. Use data in frequency tables to draw conclusions – 60 minutes
5. (Optional) Use data in two-by-two tables to draw conclusions – 50 minutes
6. Discuss what actions should be taken – 30 minutes

Steps

1. Review basic concepts: Confidence Intervals – 10 minutes

Tell the participants:

We are going to look at the KPC survey results using two different methods: frequencies and two-by-two tables.

First let us review the concept of Confidence Intervals. Read ***TR 3-5: Review of Confidence Intervals*** and complete as many of the blanks as you can. This is NOT a test, merely a review to help us remember some key concepts. After a few minutes, we will review the responses together and discuss any questions you have.

3-5

*After about 5 minutes, review **TR 3-5,** using the responses in the following box to assure that everyone understands the issues. Say:*

We can calculate CI manually or we can use computer software such as Epi-Info to calculate the CI. Read more about Confidence Intervals—and see some examples—in the KPC 2000+ Field Guide, pp. 108–112.

TR 3-5: Review of Confidence Intervals (Answers)

1. Even when sampling and survey protocol are used properly, the results you get are still just an *estimate* of the true value. In other words, the result you get is probably pretty close to the real value, but probably not exactly the same as the real value. The results of a survey using *sampling* should never be considered absolute values.
2. Random error is unavoidable when *sampling* is used because you are not getting data from all possible values in the population. There is almost sure to be some difference in the results of a sample from what you would have gotten if you had interviewed every *person* in the population. Each estimate from a sample, therefore, always has a margin of error around it, which we also call a *confidence interval (CI)*.
3. The formula for calculating a CI is:

$$P = p +/- \ Z \ * \ SQRT((p*q)/(n/d.e.))$$

where P = the actual rate/proportion in the general population
p = *the survey estimate or proportion you get from sampling*
q = *1 – p*
z = the confidence level (with a 95% confidence level, z = 1.96)
n = *sample size*
d.e. = *design effect*

4. The design effect for a survey is usually estimated as *2.0* for cluster sampling and *1.0* for LQAS and Simple Random Sampling (SRS).
5. The confidence level is usually a constant value (from a table) for the level of power that you choose. Often in research and in KPC studies the level *95%* is chosen. This means that you wish to be *95%* sure that your confidence interval will capture the true value, based on your sample estimate. With a *95%* confidence level, z = *1.96*.

Ask what questions participants have before moving on to 2x2 tables and odds ratios.

2. **Review basic concepts: Cross-Tabulations** – 10 minutes
(Use of cross-tabs is optional; based on the Data Analysis Plan, you may decide to omit this step.)

Tell the participants:

Now let us quickly review concepts related to two-by-two tables and odds ratios. Look at ***TR 3-6: Review of 2x2 Tables and Odds Ratios***. ***TR 3-6*** uses a similar approach to help you review the concepts. Again, take a few minutes to fill in the blanks and then we will review and discuss the answers.

3-6

After about 5 minutes, use the following table to review the correct answers and clarify any outstanding questions.

TR 3-6: Review of 2x2 Tables and Odds Ratios (Answers)

1. Two-by-two tables are frequently used in epidemiology to explore associations between ***exposure*** to risk factors and ***disease*** or other outcomes. They help us to see if a relationship exists between two ***categorical*** variables (e.g., whether being male means you are more likely to be malnourished, or whether exclusive breastfeeding means you are less likely to have diarrhea).
2. Set up the following situation in a 2x2 table:
There are 105 women in the community; 67 use a family planning method. Among younger women (<25 yrs), 51 use a family planning method. Older women (>25 yrs) use a family planning method in 16 cases out of a total of 34 older women.

Women	**Use a Family Planning Method**	**Do Not Use a Family Planning Method**	
Young	51	20	71
Older	16	18	34
	67	38	105

3. The odds of an event are calculated as the number of events ***divided*** by the number of non-events. For example, on average, 51 boys are born in every 100 births, so the odds of any randomly chosen delivery being that of a boy is:

x / y = z
x = ***number of boys: 51***
y = ***number of girls: 49***
z = ***1.04***

- If the odds ratio is ***less*** than one → exposure is associated with a lack of disease (i.e., exposure may be *protective*).
- If the odds ratio is ***greater*** than one → exposure is associated with the disease (i.e., exposure may be *damaging*).
- If the 95% confidence interval ***includes 1,*** then the relationship is ***not*** statistically significant.

3. Review basic concepts: Anthropometric Data – 20 minutes

3-7

*Ask participants to look at **TR 3-7: Review of Anthropometric Concepts** and say:*

To quickly review key concepts related to anthropometry—especially how to present results—look at these questions and fill in as many blanks as you can. This is NOT a test, only a review.

After a couple of minutes, review the answers together and clarify any misconceptions or misunderstandings.

TR 3-7: Review of Anthropometric Concepts (Answers)

1. In order to conclude that a population has significant malnutrition, there must be some ***reference*** population to which one can compare it. WHO has provided such a population of healthy children that acts as this ***reference*** and to which we can compare our population.
2. A ***Z-score*** is a way of describing the anthropometric indices of a population in order to enable comparison with the reference population.
3. Though it may lack strict biological significance, convention says a weight-for-age Z-score of < –1 is a sign of ***mild*** malnutrition. A Z-score of < –2 is a sign ***moderate*** malnutrition and a Z-score of < –3 is a sign of ***severe*** malnutrition.
4. In the reference population, about ***2.5%*** of children have weight-for-age Z-scores below < –2. Therefore, if our population has a much larger percent with weight-for-age Z-scores below < –2, we might conclude there is a malnutrition problem in our population.

4. Use data in frequency tables to draw conclusions – 60 minutes

3-8

*Distribute to all participants the results from the KPC survey in frequency and 2x2 tables. Ask the participants to look at the data set frequencies in pairs or small groups. Give them sufficient time to look at and understand the data (30 minutes). Suggest they use **TR 3-8: Questions for Analyzing Frequency Tables** to assist them in the analysis. Review **TR 3-8.** (Depending on the project interventions, an alternative would be to focus on one intervention at a time.)*

Be sure to capture the answers to the following questions on flip charts:

- **What are the priority health problems shown?**

Priority Health Problems

- **What questions that require further investigation are raised by these results?** (*Note: this flip chart will be used in Learning Session 5.)*

Analyzing Frequency Tables:
Issues Requiring Further Investigation

5. **Use data in two-by-two tables to draw conclusions** – 50 minutes
   (Use of cross-tabs is optional; based on the Data Analysis Plan, you may opt to omit this step.)

   Ask participants to look at cross-tabulations in pairs or small groups and explore whether differentials exist for certain indicators. The cross-tabulations should be based on the Data Analysis Plan. Give participants sufficient time to look at and understand the data (30 minutes). Suggest that they use the questions in ***TR 3-9: Questions for Analyzing 2x2 Tables.***

   3-9

   - **What questions that require further investigation are raised by these results?**
     (*Note these on a separate flip chart to be used in Learning Session 5.)*

Analyzing 2x2 Tables:
Issues Requiring Further Investigation

6. **Discuss what actions should be taken** – 30 minutes

   The analysis of data should be structured to assist in making key decisions. These decisions vary depending on the timing of the survey.

   Review the following information, helping participants think through the actions that correspond to the actual KPC survey (baseline, mid-term or final). ***Only*** *present the information for the type of KPC survey they are actually analyzing (baseline, mid-term or final). Record decisions on* ***TR 3-4: Action Plan.***

   3-4

Actions Following Baseline Surveys

1. Decide on the final set of objectives/indicators for the project: Compare the values of the survey variables: a) with each other; and b) with available comparable data (such as DHS for regional or national level). Based on this comparison (as well as other issues), decide on the final set of priority objectives/indicators for the project to go into the Detailed Implementation Plan (DIP). (This comparison will be made in Learning Session 3.)
2. Decide on target values and benchmarks for the project that should be measured during the final survey and perhaps during mid-term surveys. (This task will be addressed in Learning Session 4.)
3. Decide if interventions need to be targeted at specific populations. As time allows, cross-tab project indicators and use the results to help decide if it makes sense locally to give certain populations more attention. For example, compare findings among indicators for urban vs. rural; different age groups of mothers; different age groups of children; religions; ethnicity, etc. Significant differences can suggest which groups most need to be targeted. Differences which are not statistically significant can also be used for developing hypotheses that certain groups should receive more attention (this needs to be investigated further with quantitative or qualitative assessment).
4. Develop a monitoring plan for tracking both process and impact indicators throughout the life of the project. Be sure to include the monitoring of activities at various levels of intervention—such as health facilities—through the use of tools that complement the KPC survey.

Actions Following Mid-term Surveys

1. Decide whether or not to continue the current intervention strategies. If an indicator is not improving sufficiently (based on the manager's judgment when comparing the results to benchmarks), this could indicate two things:
   a. The intervention strategy is insufficient or inappropriate; and/or
   b. The intervention strategy is not being carried out as planned/designed.

   The first task following a mid-term survey—for indicators that are not improving—is to determine if the problem is the strategy itself or is how the strategy is being implemented.

   Conducting the KPC survey just prior to the mid-term evaluation can give the evaluators an opportunity to focus on what questions they want to address.
2. Decide whether or not to change HOW to carry out any of the intervention strategies that are retained. This decision usually requires process data and client satisfaction assessments (which may not come from the KPC survey).

   The above suggests a two-step process: 1) a household survey to flag problem indicators, and 2) a mid-term evaluation or similar type of focused investigation that looks at the process related to problem indicators. If the process seems to be acceptable, then a decision may be made to change the strategy. If the process has problems, then decide to first improve the process; one cannot really test the strategy and determine if it is right or wrong unless the process is first examined and found to be appropriate.

Actions Following Final Surveys

1. Determine to what extent the project has met its objectives and targets.
2. Decide whether or not a follow-on project should address objectives/indicators different from the current project. Compare the values of the survey variables a) with each other; b) with the project targets; and c) with the available comparable data (such as DHS for regional or national level). Based on this comparison (as well as other issues), suggest a set of priority objectives/indicators for a follow-on project.
3. For any objectives/indicators that one decides to retain from the previous project, decide whether or not to continue the current intervention strategies in follow-on activities to the project. If an indicator is not improving sufficiently (based on the manager's judgment when comparing the results to project targets and/or national or regional levels), this could indicate two things:
   a. The intervention strategy was insufficient or inappropriate; and/or
   b. The intervention strategy was not being carried out as planned/designed.
4. Determine whether, if certain indicators are not improving, the problem is the strategy itself or how the strategy is being implemented. Conducting the survey just before the final evaluation can give the evaluators an opportunity to focus on what questions they want to address.
5. Decide whether or not to change HOW to carry out any of the intervention strategies that are retained. This decision usually requires process data and client satisfaction assessments (which may not come from the KPC survey).
6. If the project will not be continued, ask:
   - What are the principal lessons learned from this project? What worked? What did not work?
   - How can these lessons learned be shared to effectively utilize both positive and negative experiences?

3. Comparing Findings with Other Surveys and Data Sources

Purpose:
To compare results from the KPC survey with other sources of data (DHS, MOH) and national and international "standards" (e.g., from MOH, UNICEF, WHO).

Objectives:
By the end of this learning session, participants will have:
1. Reviewed the different types of data sources available.
2. Compared the levels found for their indicators to levels found for similar indicators in other data sources.
3. Developed a table showing the similarities and differences between their data and data from other sources.

Preparation/Materials:
Step 2:
- Assemble KPC survey data for each indicator
- Prepare a flip chart of project indicators based on the model in Step 2.
- Assemble copies of local survey materials (e.g., most recent DHS, other organizations' KPC surveys, MICS, MOH statistics and policies)

Time:
60 minutes

Steps:
1. Identify alternative sources of data – 5 minutes
2. Chart the differences between the KPC survey results and results from other sources – 35 minutes
3. Determine what can be learned from the differences – 20 minutes

Steps

1. **Identify alternative sources of data** – 5 minutes

Tell the participants:

In this learning session, we will compare key results from the KPC Survey with various "standards." Standards can come from project objectives, national objectives or targets, national or international health messages, or they can be based on the results from other studies (national or local). We want to determine the following:

- **Does the KPC survey data portray the same picture as data from other sources?**
- **If not, what are some possible explanations for the differences?**
- **Based on the KPC survey, how do the achievements in the program area compare with those in neighboring areas or in the country as a whole?**

Ask the participants to list some of the alternate sources of data that can be used for comparison. Sources might include:

- *Demographic and Health Surveys (DHS)*
- *Multiple Indicator Cluster Surveys (MICS)*
- *MOH Service Statistics and policies*
- *KPC Surveys conducted by other programs or projects in your country*
- *Qualitative studies for your area*
- *Other quantitative studies for your area*
- *Studies from other sectors (e.g., agriculture)*

2. **Chart the differences between the KPC survey results and results from other sources** – 35 minutes

Post the flip chart of the following table. The chart can be modified depending on whether the KPC survey is baseline or final. The table should look something like this:

Project Indicator	KPC Survey Baseline	Alternate Data Source Baseline	Above or below?	KPC Survey Final	Alternate Data Source Final	Above or below?
Indicator 1	23%	88%	Significantly Below			
Indicator 2	10%	24%	Below			

Distribute copies of local survey materials. Divide the participants into two groups. Ask each group to choose at least four project indicators measured by the KPC survey that are also measured in a similar way in another study. On the chart, include the levels found in the KPC survey and in the other study and indicate whether the KPC survey results are above or below the other study results.

3. **Determine what can be learned from the differences** – 20 minutes

Discuss with the group why these differences might exist (different collection methods, different times of year, different population groups, population-based vs. facility-based studies). Ask:

- **How might these differences influence how data is presented?** *[presentation must use exact definitions, point out differences in facility-based vs. population-based results, compare methodologies.]*

- **How might these differences influence decisions concerning future project activities or strategies?** *[prioritization of activities, modification of indicators, change in levels of effort.]*

4a. (For Baseline Surveys) Using KPC Survey Baseline Results to Establish Levels of Effort and Targets

Purpose:
To use KPC survey results to determine what levels of intervention effort to select and to use an existing study on indicator performance of PVOs to act as a guide in establishing project targets.

Objectives:
By the end of this learning session, participants will have:
1. Reflected on how to use KPC survey data to determine the level of effort for each intervention.
2. Developed mid-term and final targets for selected indicators.

Preparation/Materials:
Step 1:
- Prepare a flip chart based on a Case Study of Level of Effort (the first two columns can be filled out in advance)

Step 2:
- **TR 3-10: Use of Target Setting Performance Index**

Step 3:
- **TR 3-11: Setting Targets**

Step 5:
- **TR 3-12: Target Worksheet**

Time:
120 minutes

Steps:
1. Determine the levels of effort – 30 minutes
2. Present the Target Setting Performance Index – 5 minutes
3. Demonstrate the use of the Target Setting Performance Index – 15 minutes
4. Use an example from the Target Setting Table – 25 minutes
5. Use the Target Setting Table to set KPC survey targets – 45 minutes

Steps

1. Determine the levels of effort – 30 minutes

Tell participants that you will now look at the amount of effort that should be assigned to different interventions based on the KPC survey results and you will compare it with the levels of effort outlined in the project proposal. Before asking the participants what they think, present the following information to provide a basis for making decisions:

- Once you decide which interventions, activities, and strategies you will use, you need to determine the (approximate) amount of time and funding that will be used to carry out each intervention. These decisions should be used to assign each intervention a level of effort. You may have already assigned a level of effort during the preparation of the proposal; however, now is a good time to make any necessary adjustments to those previous assumptions.

- Generally, avoid assigning less than 10% of your overall effort to any intervention. Given what is required to make interventions successful, assigning a very low level of effort for a given intervention is unwise.

- By assigning a level of effort, you let your donor and other interested stakeholders know how you plan to divide your time and effort during the project, and what your priorities are, given a limited amount of time and money. It also should help *your organization* to keep in mind what interventions should be receiving the most time and funding.

Post the following flip chart (the first 2 columns can be filled out in advance) and ask participants:

- **What level of effort should be assigned to each of your interventions based on the results from the KPC survey?**

Intervention	% of Effort in Proposal	% of Effort Based on KPC Survey Results	Justification for Changes

It is not necessary to reach conclusions if additional stakeholders need to be consulted. Add any future actions to ***TR 3-4: Action Plan.***

3-4

2. **Present the Target Setting Performance Index** – 5 minutes

Tell participants that the next step is to decide what targets to set for each indicator now that we know the baseline levels. Refer participants to ***TR 3-10: Use of Target Setting Performance Index.*** *Ask them to silently read the information and underline the most important points. When they finish, ask 1 or 2 volunteers to share what they thought was most important.*

3-10

Before continuing with the demonstration, ask what comments or questions participants have.

3. **Demonstrate the use of the Target Setting Performance Index** – 15 minutes

Explain that this study developed a series of formulas to help in setting potential targets. It is not the intention of this learning session to explain how the formulas were developed, only to present the formulas and give participants an opportunity to use the formula for determining final targets.

Write the formula on a flip chart.

(final level – baseline level) / (100 – baseline level)

Present the example and say:

If the baseline level of measles immunization coverage was 20% and the final level was 40%, the (PI) Performance Index value is calculated as: (40 – 20) / (100 – 20) = (20 / 80) = 25%. In this case, the project achieved 25% of what was possible to achieve, given a starting level of 20%.

Ask two participants to figure out the Performance Index for two more examples: an increase from 20% to 60% and an increase from 55% to 95%, using the formula written on the flip chart. Ask the participants to show their work on a flip chart.

Answers:

(60 – 20) / (100 – 20) = 50%
(95 – 55) / (100 – 55) = 89%

Point out that—for the two examples—there was an increase of 40 percentage points in both; however, the Performance Index is higher in the second example.

- **Which do you think is harder to achieve: an increase from 20% to 60%, or an increase from 55 to 95%?**

Give them time to reflect and respond, then explain:

The increase to 95% would probably be more difficult, since getting those last few beneficiaries (e.g., with full immunization) is usually hardest—one has to maintain a 90% coverage (for example) while getting the last few beneficiaries covered. As coverage goes up, it often costs more per beneficiary to increase coverage. The Performance Index reflects this fact: the Performance Index for the first example is 50%, while for the second example it is 89%.

*Refer participants to **TR 3-11: Setting Targets** and explain the following:*

3-11

- Not all of the KPC 2000+ and Rapid CATCH indicators are listed in this table. Only the indicators used by a significant number of organizations in the previously mentioned study are given.

- For other indicators, you can choose a similar indicator in the table, one that follows a comparable process of implementation and has a similar outcome in terms of knowledge, behavior or coverage. Be sure to take into consideration what steps in the process are directly under your control—e.g. education sessions—and what steps are dependent on actions out side of your control e.g. availability of antigens. Use your best judgment, looking at what your organization has achieved in the past in this country or other countries, or what other PVOs have accomplished in similar settings.

- In general, we can see from the table that it is easier to increase services over which the organization has the most control (e.g., immunizations). Change is more difficult to effect in mother's practices, compared with just changing knowledge. Promoting a positive

change in practice is especially difficult if there is an opposing trend locally or nationally without the intervention, as in the trend in many areas against prolonged breastfeeding.

- THIS TABLE IS NOT A SUBSTITUTE FOR REFLECTION ON AN ORGANIZATION'S HISTORY AND ABILITY TO PROMOTE CHANGE WITHIN A GIVEN CONTEXT. This table gives an organization a starting place for setting some indicator levels, but discussion within the organization and with partners should take place as well to set these levels.

4. Use an example from the Target Setting Table – 25 minutes

Ask all participants to work through the following as an example of how to use the table:

> For "Access to immunizations for children 12–23 months by card (DPT 1)," the Performance Index is 36%. That means that:
>
> F = 0.36 + (1 – 0.36) * B), where F = Final level and B = Baseline level
>
> Let us assume the baseline level was 20%; therefore, we would expect the final level to be
>
> Final = 0.36 + (0.64 x .20) = 48.8%, which we would round up to 49%

*Refer to the last page of **TR 3-11** where it starts: "If you want to be on the conservative side…." Ask participants to take turns reading sections of this page aloud.*

- **How would being more conservative affect the example we just completed?**
- **What factors need to be taken into consideration for your project?** *[Time in the area, strength of partnerships, political stability, level of effort planned, how difficult it is to make change in the local situation, current trends related to the indicator, etc.]*

Ask a participant to go through the calculations for the second indicator on the chart. This helps you—the Trainer—to evaluate participants' understanding.

5. Use the Target Setting Table to set the KPC survey targets – 45 minutes

3-12

*Ask the participants to calculate the final levels for each of their indicators by completing **TR 3-12: Target Worksheet.***

3-4

*After about 30 minutes, ask the participants to present their conclusions and explain their rationale for the levels they choose. Check their work, correct any errors, and provide feedback. Encourage participants to determine how best to use this information as they set targets to be included in the DIP. It is not necessary to reach final conclusions if additional stakeholders need to be consulted. Add any future actions to **TR 3-4: Action Plan.***

4b. (Mid-term or Final Surveys) Assessing the Achievement of Targets

Purpose:
To assess the achievement of targets (either mid-term or at the end of the project) by looking at current and previous KPC survey indicator levels to determine if changes are statistically significant.

Objectives:
By the end of this learning session, participants will have:
1. Reviewed information about confidence intervals.
2. Discussed indicators with their confidence intervals and stated whether a change is statistically significant.
3. Discussed what it means if a change in an indicator is not statistically significant.
4. Determined if indicators from current and previous surveys show statistically significant changes.

Preparation/Materials:
Step 1:
- Prepare flip charts with numbers written out (see samples in Step 1)

Step 2:
- Assemble project indicators with results from current and baseline KPC surveys
- **TR 3-13: Comparison of Achievements to Targets**
- Assemble several yellow underlining pens
- Prepare to assign homework: KPC 2000+ Field Guide, pp. 101–107 and 115–117

Time:
90 minutes

Steps:
1. Review some examples of confidence intervals – 10 minutes
2. Compare the results from the current KPC survey with previous KPC surveys – 80 minutes

Steps

1. **Review some examples of confidence intervals** – 10 minutes

Post the first flip chart with the numbers written out:

- 30/150, or 20%, with a confidence interval of 10.9% – 29.1% at baseline
- 83/152, or 54.6%, with a confidence interval of 43.4% – 65.8% at mid-term

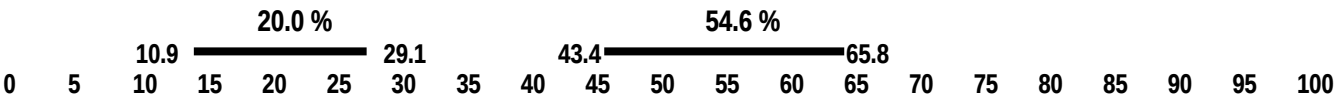
Tell the participants:

Let us say that you conduct a KPC survey using cluster sampling and for a particular indicator—full immunization coverage before the first birthday—you get:

- 30/150, or 20%, with a confidence interval of 10.9% – 29.1% at baseline; and
- 83/152, or 54.6%, with a confidence interval of 43.4% – 65.8% at mid-term.

- **Was the change statistically significant?** *[Yes. There is no overlap in the confidence intervals, so the change **is** statistically significant.]*

Draw the two-point estimates on a line representing their confidence intervals, one on top of the other, and show how the two intervals do not overlap.



Post the other flip chart with the numbers written out:

- 30/90, or 33%, with a confidence interval of 19.3% – 46.7% at baseline
- 54/90, or 60%, with a confidence interval of 45.7% – 74.3% at final

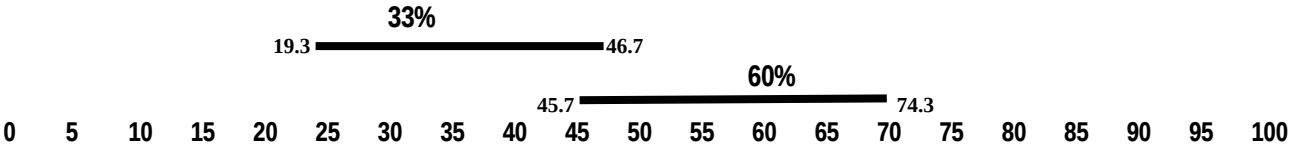
Say:

Let us say that you conduct a KPC survey using cluster sampling and for a particular indicator—giving more liquids to a child with diarrhea—you get:

- 30/90, or 33%, with a confidence interval of 19.3% – 46.7% at baseline; and
- 54/90, or 60%, with a confidence interval of 45.7% – 74.3% at final.

- **Was the change statistically significant?** *[No. There is an overlap in the confidence intervals: the points between 45.7 and 46.7 overlap, so the change is **not** statistically significant.]*

Draw the two-point estimates on a line representing their confidence intervals, one on top of the other, and show how the two intervals overlap.]



- **What do you notice about the confidence interval for this estimate as compared to the first?** *[It is wider, because the sample size for that particular question is smaller—only 90 children were discussed (as compared to 150 children in the previous indicator), since this question was only for mothers of children who had diarrhea. On questions like this where the sample size is considerably smaller, it is difficult to see a statistically significant change unless the change is really large.]*

Ask:

- **What can we say about this second situation?**

Be sure that the following point is raised, adding it only if participants do not mention it:

> There *appears* to have been a change but that the change was not statistically significant. For management purposes, we would act as if there were a change but look at it with some doubt, realizing that there may not have been a change. The larger the overlap, the more doubt we have that the change was real. The smaller the overlap, the less doubt we have that the change was real.

2. Compare the results from the current KPC survey with previous KPC surveys – 80 minutes

3-13

Distribute the data on project indicators from the current and baseline KPC surveys. Ask the participants to look at their project indicators and calculate confidence intervals from their latest KPC survey if they have not already done so. Remind participants that the formula for CI can be found on ***TR 3-5.*** *Review their indicators from the baseline KPC survey and ask them to complete* ***TR 3-13: Comparison of Achievements to Targets.*** *When the participants finish, ask them to mark with a yellow underlining pen those indicators that show a statistically significant change. Ask volunteers to take turns explaining which indicators show a significant change. Ask:*

- **What actions need to be taken, based on the results of this comparison?**

3-4

Ask the participants to record future actions on ***TR 3-4: Action Plan.***

Mention that it may be necessary to discuss the results and possible actions with other stakeholders before finalizing the plan.

Assign homework in preparation for the following day's work: KPC 2000+ Field Guide, pp. 101–107 and 115–117.

5. Identifying Follow-up Activities

Purpose:
To identify follow-up activities needed to better understand the results of the KPC survey and to promote change at multiple levels that affect household behaviors.

Objectives:
By the end of this learning session, participants will have:
1. Discussed examples of gaps in understanding when looking at KPC survey data.
2. Reviewed the KPC 2000+ Modules to identify a list of follow-up qualitative research questions that can be asked to fill in some of those gaps.
3. Determined where change would need to occur in order to for families to alter their behavior and how to measure them.

Preparation/Materials:
Step 1:
- Make sure the flip charts from Learning Session 2, Steps 2 & 3 are available: *Analyzing Frequency Tables: Issues Requiring Further Investigation* and *Analyzing 2x2 Tables: Issues Requiring Further Investigation*
- Prepare examples from the actual KPC survey results for possible qualitative questions using the type of situations described in the text, or use the fictitious examples given

Step 4:
- Prepare a flip chart based on the model provided (modify the sample, putting pertinent points under each level according to project activities)

Step 5:
- **TR 3-14: Levels of Action to Manage Diarrhea**
- **TR 3-15: Case Study on Effecting Change**
- **TR 3-16: Responses for Case Study on Effecting Change**

Time:
70 minutes

Steps:
1. Introduce the use of qualitative questions for follow-up – 10 minutes
2. Review the KPC 2000+ Modules to identify possible qualitative questions – 10 minutes
3. Identify the need for qualitative research in one area – 30 minutes
4. Identify other levels where change needs to occur – 5 minutes
5. Determine appropriate actions at various levels for the intervention – 15 minutes

Steps

1. **Introduce the use of qualitative questions for follow-up** – 10 minutes

Ask the participants:

- **If you were a newspaper reporter, what are the things you need to include in a news article?** *[who, what when, where, how, how much, why]*

Write the responses on a flip chart. Ask:

- **Which of these questions are answered by the KPC survey?** *[who, what, when, where, how much]*

On the flip chart, place a "" next to the five (5) correct responses. Tell the participants:*

As we saw in the previous learning session, the KPC survey can answer many types of questions, but it should also stimulate new questions. We often have "why" and "how" type questions after a KPC survey is conducted that we cannot answer with just KPC survey data. Qualitative methods are best used to answer why and how type questions.

Refer to the flip charts prepared during Learning Session 2, Steps 2 and 3: Analyzing Frequency Tables: Issues Requiring Further Investigation and Analyzing 2x2 Tables: Issues Requiring Further Investigation. Give examples from the actual KPC survey results or use the following theoretical examples:

A particular situation is occurring that is unexpected:

- 75% of mothers can correctly explain how to make ORS, but only 15% of mothers say that they used ORS the last time their child had diarrhea. Question raised:

  - **Why do most of the mothers not use ORS, even though they have been educated about it?**

- 83% of mothers say that a TBA attended their last birth, despite the fact that access to health centers with birthing facilities is very good. Question raised:

  - **Why do most of the mothers use the TBAs rather than the health centers for deliveries?**

A particular way of doing something is not well understood:

- 62% of mothers say that both they and their children slept under a bednet last night. Questions raised:

  - **How often do the mothers use the bednets?**
  - **Are the mothers sharing a bednet, or does each person have one?**

- Breastfeeding ceases for most children at about 13 months of age. Ninety percent (90%) of mothers are breastfeeding children at 12 months of age, and only 20% are doing so when the children are 14 months of age. Questions raised:

  - **How do mothers wean children?**
  - **Why do they all seem to stop breastfeeding at about the same age?**

The mode of transmission of particular messages and information is not well understood:

- Ninety-four percent (94%) of women of reproductive age mentioned "Avoid Kissing" as a way to prevent HIV/AIDS. Questions raised:

- **How did they develop this opinion?**
- **Did they come up with this themselves, or is someone telling them this?**
- **The proportion is so high … did they hear it by word of mouth or through some official source?**

2. **Review the KPC 2000+ Modules to identify possible qualitative questions** – 10 minutes

Ask participants to look at their copies of the KPC 2000+ Modules. Point out that each module contains questions that can be used for follow-up. (If not everyone has a copy of the modules, ask participants to work in pairs.) Ask:

- **How can these questions be used to answer some of the uncertainties that emerge during the analysis of KPC survey data?** *[During Focus Groups, Key Informant Interviews, and while using other qualitative methods can be used to conduct this follow-up formative (before) or operations (during-the-project) research.]*

3. **Identify the need for qualitative research in one area** – 30 minutes

Divide the participants into two groups. Ask the members of each group to look through their data for one intervention and come up with a list of follow-up questions that they need answered. Ask them to use some of the samples in the KPC 2000+ Modules as a guide. When they finish, ask the members of each group to present their follow-up questions to the other group and receive feedback on the suggested questions.

4. **Identify other levels where change needs to occur** – 5 minutes

Say:

For those of you who were in the Core Team training, we previously looked at the various levels of action that are included within a project: PVO, Local Partners and Community/ Individuals.

We will now look at where and what must be done at different levels in order to promote change at the household level.

Show flip chart (modify as needed with pertinent points under each level according to project activities):

PVO Level:

- PVO (Headquarters in the United States)
- Health unit of the PVO (HQ health office)
- Local country project staff (in the field office)

Local Partners Level:

- Local NGOs
- Private sector partners (pharmacies, mobile drug sellers, traditional health providers)
- MOH (central, departmental, local health centers and posts)
- District/municipal government

Community/Individual Level:

- Communities
- Community-based organizations
- Community Health Workers
- Private Providers
- Household/Individuals

- **What kinds of activities might be implemented at these other levels to promote change at the family level?** *[e.g., train MOH staff, improve the supply of vaccines, visit supervision areas where performance is good to hear about lessons learned, etc.]*

- **How can we determine whether what we are doing at these other levels is effective?** *[by measuring impact, e.g., conducting health facility assessments to identify supply-side factors, using a Quality Improvement Checklist with Community Health Workers, etc.]*

5. **Determine appropriate actions at various levels for the intervention** – 15 minutes

Use the example of children with diarrhea to focus on what other activities are necessary at levels other than the mother/household to make changes in the KPC survey indicators. Refer participants to ***TR 3-14: Levels of Action to Manage Diarrhea.*** *Say:*

3-14

Let us look further in this one example at actions that are necessary to influence changes in indicators, but at other levels beyond the household level.

Refer participants to ***TR 3-15: Case Study on Effecting Change*** *and* ***TR 3-16: Responses for Case Study on Effecting Change.*** *Help participants observe the levels at which actions could be taken, what activities could be included at each level to facilitate change and what tools could be used to measure those changes.*

3-15 **3-16**

Ask the group:

- **What other types of tools have you used to measure change at various levels?** *[institutional assessment, health facility assessments, supervision checklist, quality improvement checklist, etc.]*

Encourage participants to remember that the KPC survey only measures change at the individual level and other tools are needed to complement information from the KPC survey.

6. Writing the KPC Survey Report

Purpose:
To organize the results of the KPC survey into a KPC Survey Report that summarizes the findings and action plan for project staff and stakeholders.

Objectives:
By the end of this learning session, participants will have:
1. Discussed why a KPC Survey Report is necessary and when the report should be completed.
2. Determined future actions to complete the KPC Survey Report.
3. Prepared a draft outline for the KPC Survey Report, completed writing some sections and prepared for finishing it.

Preparation/Materials:
Step 1:
- Prepare a flip chart with title: What Should Be in a KPC Survey Report?

Step 2:
- Obtain a copy of the draft KPC Survey Report (if available)
- **TR 17: Checklist for Preparing a KPC Survey Report**
- Have a copy of the project proposal available
- Assemble data from the KPC Survey (actual or a case study)

Step 3:
- **TR 18: KPC Survey Report Template** (provided electronically, if possible)
- Writing the KPC Survey Report, available at: **http://www.childsurvival.com/kpc2000/survey_report.doc**

- Extra Reading: KPC 2000+ Field Guide, pp. 101–107 and 115–117

Time:
120 minutes (2 hours)

Steps:
1. Define why a KPC Survey Report should be written and what it should cover – 15 minutes
2. Clarify what has been accomplished and what still needs to be accomplished – 30 minutes
3. Begin outlining and drafting the KPC Survey Report – 75 minutes

Steps

1. Define why a KPC Survey Report should be written and what it should cover – 15 minutes

Ask the participants:

- **Why is it important to write a KPC Survey Report?** *[To provide a history of the process and results so that all of the information about how the survey was completed and its findings is easily accessible in one place, to share information with all stakeholders, to clarify analysis and interpretation, to use when planning future project strategies and activities and to use as a tool to advocate for funding.]*

- **What should be included in a KPC Survey Report?**

Write the responses on the flip chart:

What Should Be in a KPC Survey Report?

2. **Clarify what has been accomplished and what still needs to be accomplished** – 30 minutes

If a member of the Core Team has begun preliminary work on the KPC Survey Report, ask that individual to present the draft KPC Survey Report.

3-17

*Show **TR 3-17: Checklist for Preparing a KPC Survey Report.** Review each point, determining if the Post-Survey Team members already have the information (place a check mark in: Have, Do Not Have) and defining where the information will come from (Who Has It? Where Is It?). Much of the information will come from the project proposal, logistics plan, data analysis, etc. For example, the team may already have most of the results. In the last column, determine who is responsible for organizing the information to include in the report. Try to divide the "Responsible Person" duties among the participants in the workshop.*

*If in Step 1 the group mentioned items that should be included but are not on the checklist, be sure to add the items to **TR 3-17.***

3. **Begin outlining and drafting the KPC Survey Report** – 75 minutes

3-18

*Refer participants to **TR 3-18: KPC Survey Report Template.** If possible, provide **TR 3-18** electronically. Explain:*

> This is a blank report with headers, sample tables, etc. This, along with your homework reading in the KPC 2000+ Field Guide (pp. 101–107 and 115–117), will be useful when you write the KPC Survey Report. First, let us divide the sections of the KPC Survey Report and assign the various sections to individuals or to pairs of individuals. You will be responsible for:
>
> 1. Finding any information that already exists in another document
> 2. Outlining the main points that should be included in your section, and
> 3. Writing the draft of the actual content for short sections, if time allows

3-4

*Ask the participants to re-read the part of the KPC 2000+ Field Guide that corresponds to their section and to review **TR 3-17.** If laptop or PC computers are not available for each person or pair, ask participants to write their ideas on flip charts to be typed later. After one hour, ask the participants to present their drafts to the rest of the group for feedback. Ask the group to make definite plans for finalizing the report. Record future actions on **TR 3-4: Action Plan.***

7. Presenting KPC Survey Data to Community Members and Other Stakeholders

Purpose:
To make plans for conducting feedback and analysis sessions of the results of the KPC survey to community members and other stakeholders.

Objectives:
By the end of this learning session, participants will have:
1. Reviewed a handout concerning different ways in which survey results can be reported to stakeholders.
2. Developed an outline of what information should be presented to each group of stakeholders.
3. Developed a draft plan for dissemination for two groups: communities and partners.

Preparation/Materials:
Step 1:
- **TR 3-19: Presenting KPC Survey Data to Stakeholders**

Step 2:
- Flip chart with title: How and When to Conduct Feedback

Time:
120 minutes

Steps:
1. Present the KPC survey data presentation ideas – 10 minutes
2. Define "who" should receive feedback and "when" they should receive it – 10 minutes
3. Prepare draft presentations for two stakeholders – 90 minutes
4. Review the Action Plan to summarize the workshop – 10 minutes

Steps

1. **Present the KPC survey data presentation ideas** – 10 minutes

   *Refer the participants to **TR 3-19: Presenting KPC Survey Data to Stakeholders** to explain how to share information with community members and other stakeholders.*

   3-19

   Ask what questions or comments they have and respond with clarifying information.

2. **Define "who" should receive feedback and "when" they should receive it** – 10 minutes

   Ask the participants:

   - **Who should receive feedback?** *[community, partners/MOH, donor, decision-makers]*

   For each group that should receive feedback, ask participants to define how and when the feedback sessions should take place [community meetings, Analysis Workshop, donor meetings]

   Note their ideas on the flip chart:

How and When to Conduct Feedback

3. Prepare draft presentations for two stakeholders – 90 minutes

Ask participants to form two groups. Say:

> We are going to choose two groups of stakeholders and concentrate on them: communities and partners.
>
> One group will work on methodologies for presenting and analyzing KPC survey results with communities. The other group will work on developing an agenda and methodologies for an Analysis Workshop for partners and MOH.
>
> The goal of both of these tasks is to involve the stakeholders in the analysis process, not just to give them data. Please include examples of indicators that would be most important to include in the feedback session with your particular group of stakeholders.

Give each group 60 minutes to develop their presentation. Then ask the groups to present their methodologies to the plenary.

*After the presentations, ask the groups to reflect on pending activities and record future actions on **TR 3-4: Action Plan**.*

3-4

4. Review the Action Plan to summarize the workshop – 10 minutes

*Review **TR 3-4: Action Plan** in its entirety with the group. Make certain to note dates that were agreed upon. Ask if any other activities are pending and need to be added to the plan. Thank the participants for their contribution to the analysis process. Close the workshop.*