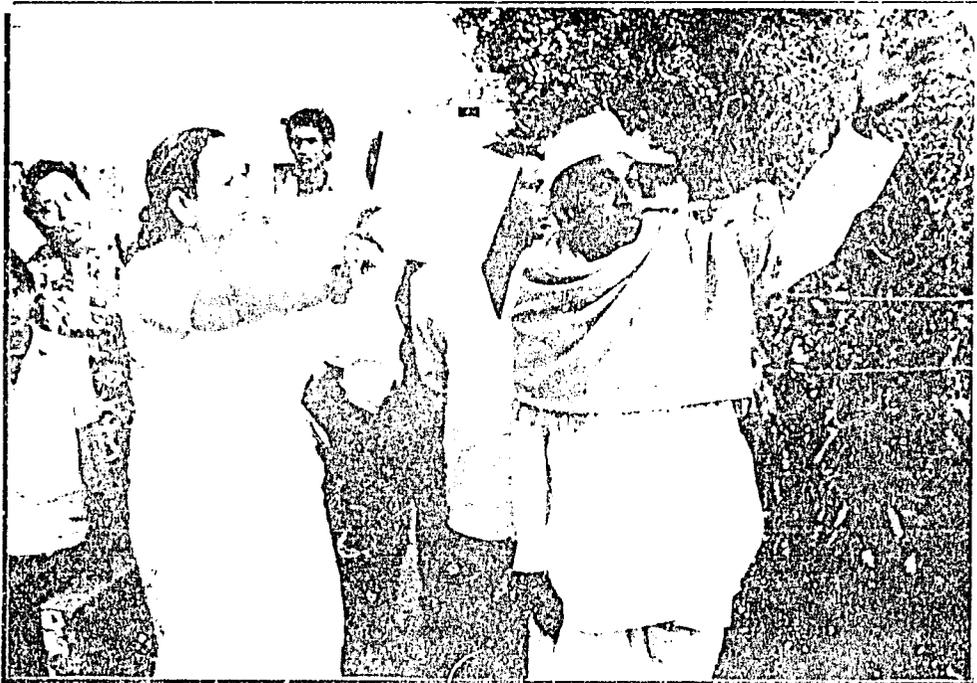


PN-ABC-147



1992 ASIA REGION PVO  
CHILD SURVIVAL WORKSHOP

March 2-9, 1992  
Ahmedabad, India



**RAPID KNOWLEDGE &  
PRACTICE SURVEYS FOR  
COMMUNITY ASSESSMENT  
AND ACTION**

The Johns Hopkins University/  
United States Agency for International Development

Report on:

THE 1992 ASIA REGION PVO  
CHILD SURVIVAL WORKSHOP:

RAPID KNOWLEDGE & PRACTICE SURVEYS  
FOR COMMUNITY ASSESSMENT AND ACTION

*Sponsored by:*

*Child Survival and Health Division  
Office of Private Voluntary Cooperation  
Bureau for Food and Humanitarian Assistance  
USAID/Washington, D.C.*

*Hosted by:*

**CARE**

# TABLE OF CONTENTS

## I. INTRODUCTION

ACKNOWLEDGEMENTS .....	1
ACRONYMS .....	2
EXECUTIVE SUMMARY .....	3
BACKGROUND .....	5
WORKSHOP DESIGN .....	6
PARTICIPANTS .....	7
ORGANIZING TEAM .....	7
WORKSHOP OBJECTIVES .....	8

## II. WORKSHOP CONTENT

### PLANNING AND PREPARATION OF THE SURVEY

STEP 1: GATHER POPULATION & BASIC INFORMATION DATA ..	10
STEP 2: DRAWING A 30 CLUSTER SAMPLE .....	11
STEP 3: IDENTIFY COLLABORATIVE PARTNERS .....	11
STEP 4: DEVELOP QUESTIONNAIRE .....	12
STEP 5: TRANSLATE AND BACK-TRANSLATE QUESTIONNAIRE ..	13
STEP 6: PREPARATION OF ANALYSIS TABLES .....	14
STEP 7: DEVELOP TRAINING PLAN .....	15
STEP 8: DEFINING SUPERVISION .....	16

### IMPLEMENTATION

STEP 9: TRAINING/FIELD WORK .....	17
STEP 10: HAND TABULATION OF DATA .....	18

### ANALYSIS AND DISSEMINATION

STEP 11: ANALYSIS OF RESULTS/REPORT WRITING .....	19
STEP 12: FEEDBACK .....	20
STEP 13: IDENTIFICATION OF LESSONS LEARNED .....	20
STEP 14: CLOSE FILES .....	21

SURVEY MANAGEMENT .....	22
NETWORKING PLAN .....	23
RECOMMENDATIONS TO USAID .....	24

## III. APPENDICES

WORKSHOP SCHEDULE .....	I
RAPID KNOWLEDGE & PRACTICE SURVEY .....	II
BUDGET .....	III
EVALUATION .....	IV
PARTICIPANT LIST .....	V

# I. INTRODUCTION

## **ACKNOWLEDGEMENTS**

The workshop organizers wish to acknowledge the support and assistance of Pat Carey, Country Director, and the CARE India staff, particularly Dr. Steve Atwood, Director of Primary Health Care, and Mr. Ashok Arawat, State Administrator, CARE Gujarat.

Photos courtesy of Dory Storm

## ACRONYMS

ADRA	Adventist Development & Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infection
CDC	Centers for Disease Control
CDD	Control of Diarrheal Disease
JHU/CSSP	Johns Hopkins University/Child Survival Support Program
K&P Survey	Rapid Knowledge & Practice Survey
MOH	Ministry Of Health
ORT	Oral Rehydration Therapy
PVC/FHA	Office of Private Voluntary Cooperation/Bureau for Food and Humanitarian Assistance
PVO	Private Voluntary Organization
UNICEF	United Nations Infant and Children's Education Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## EXECUTIVE SUMMARY

CARE hosted the 1992 Asia Region PVO Child Survival Workshop: "Rapid Knowledge & Practice Surveys for Community Assessment and Action." The workshop was held in Ahmedabad, in Gujarat state, India, on March 2-9, 1992. Workshop participants were country national project administrators from Bangladesh, India, Indonesia and Nepal. The 17 participants represented seven PVOs who had received United States Agency for International Development Child Survival Grants -- ADRA, CARE, HOPE, PATH, Rotary International, Save the Children, and World Vision. The major part of workshop costs were covered by The Bureau for Food and Humanitarian Assistance, Office of Private Voluntary Cooperation, Agency for International Development (FHA/PVC/AID).

The organizing team for the workshop included: Dr. Dory Storms, Ms. Cynthia Carter and Dr. Marcello Castrillo of The Johns Hopkins University PVO Child Survival Support Program, Zoe Kopp from CARE USA headquarters, Dr. Karunesh Tuli and Darshana Viyas from CARE India, and Dr. Richard Arnold, Technical Consultant. The organizing team also included Resource Persons who were PVO Child Survival staff familiar with Rapid Knowledge & Practice Surveys: Mr. Lok Raj Bhatta, Save the Children-Nepal, Mr. Abdul Hye, World Vision-Bangladesh, Dr. Deshpah Mohil, Rotary International-India, Yufrizal Putra, Project Concern International, and Dr. Paul Robinson, CARE-Bangladesh.

The desired outcome of the workshop was that project representatives be thoroughly oriented to the standardized survey required by AID for PVO Child Survival baseline surveys and final evaluations and within the next year, to carry out a baseline or final evaluation with technical assistance. In 1991, USAID and the JHU's PVO/CSSP based on six years of CS project experience determined that a standardized instrument and technical assistance was needed for PVO CS projects in conducting baseline surveys. Requirements for a survey instrument were: that it be flexible to respond to needs of projects with different interventions that worked in a wide variety of cultural settings; and that it was able to be rapidly implemented and analyzed so that results could be available in a timely manner for project decision making. Therefore, the instrument was designed primarily as a management tool.

The objectives of the workshop were:

- \* To review the purpose and rationale for rapid surveys -- their advantages and limitations.
- \* To share information among PVO field staff in Asia regarding PVO use of rapid surveys for Child Survival project planning, management and evaluation.
- \* To strengthen specific technical skills in rapid survey implementation, including questionnaire development, sampling, supervisor and interviewer training, and quality control of data collection.
- \* To review ethical issues regarding confidentiality and consent of the individual.

- \* To share PVO lessons learned regarding survey management and logistics -- including budget, human resources, transport equipment, schedule, collaboration with other agencies, questionnaire translation and report writing.
- \* To improve the PVO staff capabilities to analyze, interpret, and draw conclusions from frequency distributions and tabulations.
- \* To discuss PVO strategies for feedback of survey findings to staff, counterparts, and the community and increase community participation in decision making.

The workshop covered all phases of survey implementation from planning to disseminating results back to the community and counterparts. This material was covered using lectures, small group discussions, interviews with resource persons and role plays. A field trip was also a key part of this experiential workshop. Participants conducted interviews in three villages using the Rapid Knowledge & Practice questionnaire with the assistance of translators.

As all the participants would soon have to undertake a rapid survey, the workshop and its activities were designed so that each project would have discrete parts of its survey planning accomplished by workshop end. Each project calculated its sample size using the 30 cluster method, selected and added to the standardized questionnaire questions appropriate to its interventions, wrote a training plan for survey supervisors and interviewers and determined what analysis tables they would use.

At workshop end each project presented their follow-up plans for survey implementation and each country presented a networking plan. This regional workshop was an effective way to refine survey skills and introduce the new Rapid Knowledge & Practice Survey to the in-country nationals who will be conducting surveys.

## BACKGROUND

The Child Survival projects implemented by U.S. PVOs funded by the Child Survival and Health Division of the Office of Private and Voluntary Cooperation of USAID have made great strides in providing services needed by children in developing countries. It has remained challenging for these groups to document their success. In July 1991, USAID made it a requirement for Child Survival Projects funded by them to use a standardized Rapid Knowledge & Practice Survey for baseline and final evaluation. The standardized survey was developed by The Johns Hopkins University PVO Child Survival Support Program (JHU/PVO/CSSP) at USAID's request. The goal of this effort was to assist Private Voluntary Organizations (PVOs) in gathering Child Survival indicator data in order to help better make project management decisions.

*"With the Standardized Survey we were able to conduct our baseline quickly and efficiently."*

The process of developing the standardized survey instrument took over a year. During the development phase questionnaires utilized by USAID, UNICEF, WHO, CDC and various universities were reviewed. Initial pre-testing of the survey was conducted by eight PVO projects. Results of the pre-tests were reviewed by experts in survey techniques as well as by specialists in each of the interventions implemented by child survival projects.

The goal was to develop a survey which is easy to implement, quick, required minimal human and financial resources and provided practical information for project management. The survey is not meant as a research tool, but, as a management tool and therefore does not preclude the use of other surveys nor the use of qualitative methods.

Following are some examples of how the survey can be used in project management:

1. Estimate the extent of knowledge of mothers concerning each of the child survival interventions (Nutrition, Oral Rehydration Therapy (ORT), Immunization, and Family Planning).
2. Describe the usual health behaviors that mothers practice (e.g. Child Protective, Safe Motherhood, etc.).
3. Compare the knowledge and practice of mothers for better strategy selection.
4. Estimate levels of coverage and use in order to prioritize action and follow trends in coverage and use over time (e.g. Immunization, Vitamin A, ORT, exclusive Breastfeeding (Bf)).
5. Identify key caretakers of the well child, the sick child and the pregnant mother, so the project can communicate to all key caretakers.
6. Estimate literacy of mothers so the project can better communicate to mothers.

## WORKSHOP DESIGN

Workshop planning began in November 1991 in a meeting held at CARE USA's headquarter's in New York. The CARE NY Primary Health Care Unit staff were joined by representatives from The Johns Hopkins University's PVO Child Survival Support Program and CARE India.

The following points were considered key for a successful workshop format that would enable participants to be able to plan and implement a Rapid Knowledge & Practice Survey.

- Selecting appropriate participants would be a critical determinant of success not only of the workshop, but, more importantly of the knowledge gained being transmitted to staff who would actually implement the survey and remain with the project and in-country for several years.
- To enhance learning and have in-country continuity for workshop follow-up, resource individuals were chosen from each country represented at the workshop who had already participated in a Rapid Knowledge & Practice Survey.
- To communicate a lot of new information the workshop would be a combination of lecture, group discussion, homework, participatory and field activities.
- As the goal of the workshop was to prepare participants for the upcoming implementation of a Rapid Knowledge & Practice Survey emphasis would be placed on attaining concrete outputs, i.e., designing the questionnaire, training plan and analysis tables, determining sample size, outlining a project action plan and drafting a country networking plan.

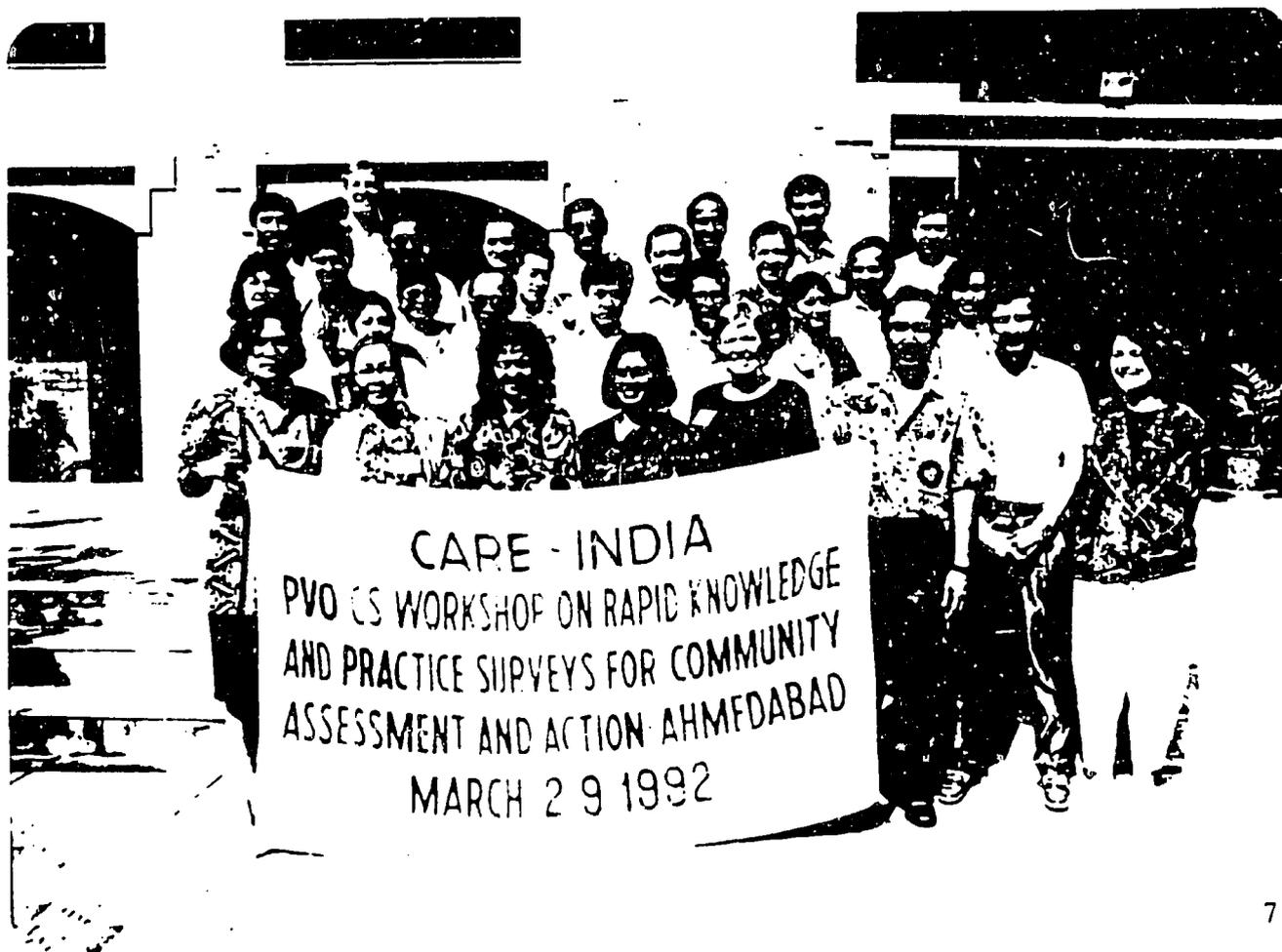


## PARTICIPANTS

Participants represented eight PVOs who had received USAID Child Survival Grants: ADRA-Nepal, CARE-India, Indonesia and Bangladesh, HOPE-Indonesia, PATH-Indonesia, Project Concern International-Indonesia, Rotary International-India, Save the Children-Nepal & Bangladesh and World Vision-India & Bangladesh.

## ORGANIZING TEAM

The organizing team for the workshop included: Dr. Dory Storms, Ms. Cynthia Carter and Dr. Marcelo Castrillo of The Johns Hopkins University PVO Child Survival Support Program, Ms. Zoe Kopp from CARE USA headquarters, Dr. Karunesh Tuli and Ms. Darshana Vyas from CARE India and Dr. Richard Arnold, Technical Consultant. The organizing team also included Resource Persons who were PVO Child Survival Field staff from each country who had experience with Rapid Knowledge & Practice Surveys: Mr. Lok Raj Bhatta, Save the Children-Nepal; Mr. Abdul Hye, World Vision-Bangladesh, Dr. Deshpal Mohil-Rotary International; Mr. Yufrizal Putra, Project Concern International-Indonesia and Dr. Paul Robinson, CARE-Bangladesh.



## W O R K S H O P O B J E C T I V E S

The goal of the 1992 Asia Region PVO Child Survival Workshop was to introduce Project staff to the Rapid Knowledge & Practice Surveys required by USAID for baseline and final surveys. Workshop objectives met were:

1. To review the purpose and rationale for rapid surveys -- their advantages and limitations.
2. To share information among PVO field staff in Asia regarding PVO use of rapid surveys for Child Survival project planning, management and evaluation.
3. To strengthen specific technical skills in rapid survey implementation, including questionnaire development, sampling, supervisor and interviewer training, and quality control of data collection.
4. To review ethical issues regarding confidentiality and consent of the individual.
5. To share PVO lessons learned regarding survey management and logistics--including budget, human resources, transport, equipment, schedule, collaboration with other agencies, questionnaire translation and report writing.
6. To improve PVO staff capabilities to analyze, interpret, and draw conclusions from frequency distributions and cross-tabulations.
7. To discuss PVO strategies for feedback of survey findings to staff, counterparts, and the community, and increase community participation in decision-making.

## II. WORKSHOP CONTENT

**T**he workshop began with a traditional lamp lighting ceremony performed by the Gujarat State Secretary of Health and Family Welfare. Initial activities included introductions, sharing of participant expectations and a briefing on the workshop agenda. The workshop schedule replicated the 14 steps involved in planning and implementing a survey. (See appendix I for the complete workshop schedule.) As workshop participants had a wealth of survey experience many valuable lessons learned were shared. Highlights of the 14-step process are shared in the following sections.

## PLANNING AND PREPARATION OF THE SURVEY

### **STEP 1 . . . . . GATHER POPULATION & BASIC INFORMATION DATA**

Preparation for the Rapid K&P Survey begins six to eight weeks prior to the training of field workers. Workshop participants learned that it is important to gather the following information during the planning stage:

- project's goals, objectives and interventions
- total population of project area by the smallest administrative unit possible
- map of the area, including household location
- identify available training facilities, office space, and equipment needed for carrying out survey
- identify potential interviewers, and supervisors and staff who will assist in the survey.

Workshop participants brought with them to Ahmedabad basic project information to begin planning their project's survey.

## STEP 2 . . . . . DRAWING A 30 CLUSTER SAMPLE

*"Learning the 30 cluster method was the most valuable part of the workshop for me."*

The Rapid Child Survival Survey methodology utilizes the 30 cluster methodology which has been widely used by WHO and other agencies in developing countries to successfully assess immunization coverage.

The 30 cluster method simplifies the random sampling method and minimizes the number of interviews which need to be conducted while still providing a statistically sound sample.

Using their project population data each PVO determined their 30 cluster sample for their upcoming survey.

## STEP 3 . . . . . IDENTIFY COLLABORATIVE PARTNERS

Past experience with the rapid methodology and with other community surveys has shown that identifying and involving collaborating agencies and the community in the early stages of survey planning is key to successful implementation of the survey and utilization and acceptance of its results. Appropriate agencies (Ministry of Health, UNICEF and/or other NGOs) vary with each project depending on counterparts and who is active in each community. In the community local leaders, health workers and village health committee members have been valuable collaborators.

Important collaboration tips from the resource persons included:

- Bring governmental agencies into your confidence right from the beginning.
- Other organizations like WHO and UNICEF should be informed about the survey and their cooperation should be sought to conduct the survey.
- Informing local community leaders in the beginning is helpful as they can provide valuable information on local customs, times when the mothers are available for interviews and eliciting their needed cooperation during the survey.



## STEP 4 . . . . . DEVELOP QUESTIONNAIRE

The JHU/CSSP has developed a standardized modular questionnaire for the Rapid Knowledge & Practice Survey. The standardized questionnaire contains the following modules: Mother's Education/Occupation, BreastFeeding/Nutrition, Growth Monitoring/Vitamin A, Diarrheal Disease, Respiratory Illness, Immunizations, and Family Planning/Maternal Care.

The survey instrument consists of 55 questions which are of two types, knowledge or practice. (See appendix II.)



The generic questionnaire is not meant to be used in its entirety; rather, each project tailors it to its specific interventions. Modules and questions are selected which reflect the project's goals and interventions. Questions not on the generic questionnaire may be added. It is recommended that the final instrument contain no more than 40 questions, so as to avoid making the interview more than 10 to 15 minutes long.

Based on their list of project objectives and indicators which participants brought with them, each project was able to draft a questionnaire while at the workshop.

## STEP 5 . . . . . TRANSLATE AND BACK-TRANSLATE QUESTIONNAIRE

Once the questions are selected, the instrument is translated into the local language using a vocabulary which can be understood by mothers. After translation into the local language the questionnaire should be translated back into English, Spanish or French by another person to establish the accuracy of the translation.



The next step is field testing the questionnaire in the community to determine its understandability by the target group. After the field test final revisions are made in the instrument.



## STEP 7 . . . . . DEVELOP TRAINING PLAN

Adequately prepared interviewers, translators and supervisors are key to survey success. Prior to conducting training, a detailed agenda should be prepared to assure that training goals will be met. PVO/CSSP recommends a three day format with supervisors attending all three days while interviewers attend only two days. Participatory instruction and conducting practice interviews in the field is critical to training.

The first day of training is for supervisors alone and emphasizes the technical aspects of survey design. Focus is on team building and reaching consensus on supervision techniques and the different aspects of survey implementation.

The second day is for both supervisors and interviewers. The emphasis is on careful explanation of the questionnaire and interview technique, and considerable time is spent in role playing.

The third day is critical and focuses on participants' (supervisors and interviewers) conducting three practice interviews each. During the afternoon questionnaires are reviewed by the trainers and the discussions focus on correcting mistakes and on what lessons were learned. (Refer to figure below for a draft training plan.)

<u>DRAFT TRAINING PLAN</u>			
<u>TRAINING AGENDA</u>	<u>DAY 1</u>	<u>DAY 2</u>	<u>DAY 3</u>
Administrative issues	60*	30	-
Purpose of K&P survey	30	30	-
Sample size & why	60	30	-
Starting point method	30	20	-
Questionnaires (x two reviews)	90	90	-
Interviewing role playing	90	120	-
Supervision expectation	30	30	-
Tabulation method	50	20	-
Analysis tables	40	20	-
Expected date/venue of report	10	10	-
Site assignments	20	50	-
Field exercise	-	-	120
Group review and consensus	-	-	180

\*Time is given in minutes

## STEP 8 ..... DEFINING SUPERVISION

*"The quality of the survey results will be highly dependent upon the quality of supervision effort expended."*

Excellent supervisors with a clearly defined role are basic to survey success. Seldom will workers invest more effort in a project than their leaders do. Supervisors can do much to ensure a high quality survey. Supervisors are responsible for building and maintaining a team spirit, ensuring the quality of data collected and liaising with the community.

A supervisor's work requires diligence and a full-time commitment during survey training, field interviews and tabulation.

Supervisors have three main tasks in the field:

1. Observation of a complete interview by each interviewer each day.
2. Review of questionnaire for completeness each day.
3. Identifying the starting point for each cluster according to the established procedure.



## IMPLEMENTATION

### **STEP 9 . . . . . TRAINING/FIELD WORK**

Once survey supervisors and interviewers are identified, the three-day training plan can be implemented (refer to step 7). The third day of the training begins field activities with testing of the questionnaire and observation of trainees.



Through questionnaire review, role play and practice

sessions, workshop participants refine their interviewing skills. They learn to establish rapport, ask the question as stated and probe where necessary.

At the workshop, participants had an opportunity to implement survey and interview skills required in a field exercise conducted during the workshop.

Participants were able to test a Gujarati translation of the Rapid Knowledge & Practice Survey and their interviewing skills during the workshop. Following the field visit, participants' questionnaires were revised for accuracy and completion. One participant commented that she "appreciated the strict marking and discussion" as she learned to improve her own skills.

## STEP 10 . . . . . HAND TABULATION OF DATA

*" . . . hand tabulation enables non-professional project staff to participate in all phases of the project including analysis."*

Following the field exercise participants performed hand tabulation of the data collected. Hand tabulation versus computer tabulation of the data was done to illustrate its speed and simplicity. Hand versus computer tabulation allows interviewers and supervisors to perform this task which they are in the best position to perform. They know the questionnaires well and their interviews with

mothers may assist in analysis. It's also possible to analyze data on computer using the EPI INFO software program.

Scheduling tabulation on the days immediately following the field work avoids the common problem of delay in analysis. The survey leader should prepare the analysis tables ahead of time, as explained in step 6, to facilitate this process.



## ANALYSIS AND DISSEMINATION

### *STEP 11 . . . . . ANALYSIS OF RESULTS/REPORT WRITING*

Participants learned that having the data tables pre-prepared and doing data tabulation immediately after the household interview speeds the analysis and report writing process. One important lesson learned was the results should be written immediately after tabulation of each question on the same sheet of paper (refer to step 6).

Interpretation and use of results was also discussed. Results should be interpreted and conclusions should be made in the context of previous surveys, research and intervention programs in the target area. Results can be used in the project to: determine and prioritize interventions, develop health education messages, establish appropriate target audience to design the project information system and to determine project progress when repeat surveys are performed. The following model report outline was provided for participants:

	Front page with title, author, date and institutions
	ACKNOWLEDGEMENTS
	TABLE OF CONTENTS
	EXECUTIVE SUMMARY
I	INTRODUCTION
	a. Background
	b. Objectives of the Baseline Survey
	c. Schedule of Activities
II	METHODOLOGY
	a. The Questionnaire
	b. Determination of Sample Size
	c. Selection of the Sample
	d. Training of supervisors and interviewers
	e. Conduct of the interviews
	f. Method for Data Analysis
III	RESULTS
	a. Age Distribution
	b. Mothers Education and Income Generating Work
	c. Breastfeeding and Nutrition
	d. Growth Monitoring/Vitamin A Distribution
	e. Diarrheal Diseases
	f. Respiratory Illness
	g. Immunizations
	h. Maternal Care/Family Planning
IV	DISCUSSION
	a. Age Distribution
	b. Mother's Education and Occupation
	c. Breastfeeding and Nutrition
	d. Growth Monitoring/Vitamin A Distribution
	e. Diarrheal Diseases
	f. Respiratory Illness
	g. Immunizations
	h. Maternal Care/Family Planning
	i. Possible problems and biases
V	FEEDBACK
VI	SURVEY COSTS
VII	BIBLIOGRAPHY

## STEP 12 . . . . . FEEDBACK

The survey process is not completed until feedback has been given. Timeliness of feedback is important to promote a collaborative spirit. Participants who had completed K&P Surveys recommended that the following groups receive feedback:

- Senior Project Staff, NGOs staff and Field/Head office staff.
- High Officials of Government Health Department such as Expanded Program on Immunization (EPI), Ministry of Health and Family Planning (MOHEP), City Corporation, etc...
- Local leaders, neighborhood health committee members, community volunteers, and other people who are actively involved with the survey.

*"Feedback from the survey should be given as soon as possible to the community, project staff, governmental and non-governmental collaborators."*

As the interest of each of these groups is different, the need to tailor the feedback to each was discussed. Feedback should be an interesting process, and using figures and graphs to bring numbers to life can have more impact on audiences. Methods of feedback were also discussed; knowing when to use formal workshops or one-on-one meetings is important in communicating results.

As a workshop output, participants developed draft plans for information dissemination of their planned K&P Surveys.

## STEP 13 . . . . . IDENTIFICATION OF LESSONS LEARNED

The survey process does not end with report writing and dissemination of results. Workshop participants discussed the importance of identifying lessons learned. How will the information learned from the survey impact ongoing and future projects? The survey is a management tool for the project; steps should be taken to determine how the information gained from it will be incorporated into project objectives, interventions, training, and activities.

If the survey is being used as a baseline and will be repeated, lessons learned about carrying out the survey should be identified. Did you need more preparation time? Who were key people/organizations to incorporate in planning and dissemination? Recording these lessons learned in preparation for future surveys can save time.

**STEP 14 . . . . . CLOSE FILES**

The information gained from the Rapid K&P Survey will be useful for the life of the child survival project. It could also be useful to other agencies active in child survival activities. Therefore, keeping the information on diskette and on hard copies available for easy access is important.



## SURVEY MANAGEMENT

In addition to technical information related to the Rapid Knowledge & Practice Survey the workshop emphasized the importance of survey planning, management and supervision.

*"Eighty percent of a survey is planning."*

Participants learned from the resource team that planning for the survey should begin six to eight weeks in advance. During the planning period an increasing percentage of a Survey Coordinator's time will be spent in survey related activities. During the planning period there are many activities: population data and maps need to be obtained; discussions with counterparts and the community are held; interviewers and supervisors are identified, interviewed and hired; translation of questionnaire; vehicles, transportation and lodging are arranged, etc. The important lessons emphasized in management were:

1. Planning in advance is essential.
2. Logistics form a very significant part of survey management.
3. No assumptions should be made.

Supervisors and interviewers and the quality of their work are a critical determinant of survey outcome. The following criteria for staff selection were recommended: language skills, common sense, team work skills, culturally acceptable to target population (female workers have usually been preferable for this survey), full time availability for eight days, literate (university students and health workers have worked well). Additionally, survey coordinator(s) should work closely with staff during the survey supportively supervising and teaching. A sample work plan for the final two weeks of the survey is below.

### SURVEY FINAL PLANS AND IMPLEMENTATION (2 WEEKS)

DAY	Activity
1	Determine 30 cluster selection
2	Finalize translation
3	Deal with administrative issues—staffing, transport, etc...
4	3-Day Training: Supervisors only
5	3-Day Training: Supervisors and Interviewers
6	3-Day Training: Field test and consensus group
7	Field interviewing
8	Field interviewing
9	Field interviewing
10	Data tabulation
11	Results discussion and begin report writing
12	Finish report writing
13	Provide local feedback
14	Provide feedback to in-country headquarters

## NETWORKING PLAN

The workshop helped to form professional and personal friendships among participants from different PVOs representing each country. In a networking meeting scheduled during the workshop, participants discussed how to follow up on collaborative relationships which would help strengthen child survival projects and support them in their work. The following plans for in-country networking were made:

- \* assisting each other in organizing and implementing Rapid K&P Surveys
- \* schedule quarterly information sharing meetings
- \* during evaluations a representative from another PVO will be requested to participate
- \* develop an in-country child survival newsletter.



## RECOMMENDATIONS TO USAID/FHA/PVC

One of the final sessions was an open forum for participants to offer suggestions to USAID/FHA/PVC related to child survival projects. Although a representative of the USAID PVC office was not able to be present, Dr. Dory Storms of JHU/CSSP facilitated the session.

Following are the main suggestions made by participants:

- \* Workshops to share new information, lessons learned and to increase national and international networking are valuable and should be regularly offered. Representatives from USAID and from the PVO headquarters should attend these.
- \* USAID reporting requirements are difficult for field staff to understand and often the rationale for the requirements is not provided. Explanation, clarification and potential reduction of reporting requirements would be appreciated.
- \* The K&P Survey is a good method to plan and evaluate programs. However, as it is new it has met with some resistance. To resolve misunderstanding it would help if USAID would promote the K&P Survey technique by:
  - o sending complete information on it to the field (PVOs, government counterparts, USAID mission)
  - o establishing the validity of Rapid K&P Survey findings by concurrently conducting a survey using a conventional methodology to validate the method
  - o USAID should be more flexible both in the questions used in the survey and in the number of questions permitted, as valuable information for management purposes may be missed.
- \* Participants also expressed their thanks to USAID for making the Asia Regional Workshop possible!

### III. APPENDICES

25

42

Rapid Knowledge & Practice Surveys for Community Assessment and Action  
 Training of Trainers in Rapid Surveys  
 March 2-9, 1992 / Host: CARE-India

APPENDIX I

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8
AM						7:30-8, Travel To Field		
8:00		Breakfast	Breakfast	Breakfast	Breakfast	8-10, Field Exercise	Breakfast	Breakfast
9:00		9-10, Opening Ceremony	8:30-10:30, Survey Modules	8:30-10:30, Survey Modules	8:30-10:30, Survey Management		8:30-9:30: Ethics and Confidentiality	8:30-9:30, Lessons Learned
10:00		10-10:30, Tea Break 10:30-11:30, Review Workshop Objectives and Purpose	10:30, Tea Break 10:45-1, Survey Modules (cont.)	10:30, Tea Break 10:45-1, Survey Modules (cont.)	10:30, Tea Break 10:45-11:45, Quality Control/Supervision	Breakfast 10:30-1, Group Process of Field Exercise	9:30-10:30: Results: Interpretation & Use	9:30-10:30, Next Steps
11:00		11:30-1, Need for Surveys/Purpose and Rationale						- Country Networking - Recomm's to A.I.D
12:00					12-1, Interviewer/ Supervisor Training		10:30, Tea Break 10:45-12, Results (cont.)	10:30, Tea Break 10:45-1:
PM								- Project Presentations - Closing Speeches - Certificates Evaluation
1:00	Arrive Ahmedabad/ Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	12:00-1, Guidelines for the PVO Child Survival Survey Report	Lunch
2:00	Registration	2-3:30, EXERCISE: Selecting a Sample	2-3:30, EXERCISE: Drafting Questionnaires	2-3:30, EXERCISE: Drafting Questionnaires	2-3:30, Interviewer/ Supervisor Training ROLE PLAY	2-3:30, EXERCISE: Analysis Tables & Hand Tabulation	1-2:30, COUNTRY NETWORKING LUNCHEON	
3:00	introductions	3:30-3:45, Tea Break 3:45-5, Collaboration Efforts: Lessons Learned	3:30-3:45, Tea Break 3:45-5, Questionnaire Design (inc. translation)	3:30-3:45, Tea Break 3:45-5, Sampling Design	3:30-3:45, Tea Break 3:45-4:30, Preparation for Field Exercise	3:30-3:45, Tea Break 3:45-5, EXERCISE: Hand Tabulation & Written Results	3:30-5, Designing the Feedback Process	
4:00	Brief Overview of the Week				4:30-5, Analysis Tables			
5:00				Visit Market			WAWA Break Down RR Dinner	
7:30	Dinner Set Up Resource Room (RR)	Dinner RR Open Assign: draw sample w/own popul. data WAWA	Dinner RR Open Assign: refine questionnaire WAWA	Dinner Out	Dinner RR Open Assign: finish questionnaire WAWA	Dinner RR Open Assign: finalize modifying anal. tables WAWA	Cultural Evening	

PVO Child Survival Knowledge & Practice Questionnaire  
 GENERIC 9/09/91

All questions are to be addressed to the mother (women 15-49 years old) with a child under two (less than 24 months old)

---

Interview date \_\_\_/\_\_\_/92 Reschedule interview \_\_\_/\_\_\_/92  
 (dd/mm) (dd/mm)

Interviewer name \_\_\_\_\_

Supervisor \_\_\_\_\_

---

1. Name and age of the mother

Name \_\_\_\_\_ Age (years) \_\_\_\_\_

2. Name and age of the child under two years old

Name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) Age in months \_\_\_\_\_

Community \_\_\_\_\_

Mother's Education/Occupation

3. What was the highest educational level you attained?

1. none [ ]  
 2. primary does not read [ ]  
 3. primary reads [ ]  
 4. secondary & higher [ ]

4. Do you work away from home?

1. yes [ ]  
 2. no [ ]

5. Do you do any "income generating work"?

(multiple answers possible; record all answers)

- a. nothing [ ]  
 b. handicraft, weaving, rugs, etc [ ]  
 c. harvesting, fruit pickers [ ]  
 d. selling agricultural products [ ]  
 e. selling foods, dairy products [ ]  
 f. servant/services [ ]  
 g. shop keeper, street vendor [ ]  
 h. salaried worker [ ]  
 i. other (specify) \_\_\_\_\_ [ ]

6. Who takes care of (name of child) while you are away from home?

(multiple answers possible; record each one)

- a. mother takes child with her [ ]
- b. husband/partner [ ]
- c. older children [ ]
- d. relatives [ ]
- e. neighbors/friends [ ]
- f. maid [ ]
- g. nursery school [ ]

Breastfeeding/Nutrition

7. Are you breastfeeding (name of child)?

- 1. yes [ ] ---> go to 9
- 2. no [ ]

8. Have you ever breast-fed (name of child)?

- 1. yes [ ]
- 2. no [ ] ---> go to 10

9. After the delivery, when did you breast-feed (name of child) for the first time?

- 1. during the first hour after delivery [ ]
- 2. from 1 to 8 hours after delivery [ ]
- 3. more than 8 hours after delivery [ ]
- 4. do not remember [ ]

10. a. Are you giving (name of child) water (or herbal teas)?

- 1. yes [ ]
- 2. no [ ]
- 3. doesn't know [ ]

b. Are you giving (name of child) cow milk, goat milk or formula?

- 1. yes [ ]
- 2. no [ ]
- 3. doesn't know [ ]

c. Are you giving (name of child) semisolid foods such as gruels, porridge or semolina?

- 1. yes [ ]
- 2. no [ ]
- 3. doesn't know [ ]

d. Are you giving (name of child) fruits or juices?

- 1. yes [ ]
- 2. no [ ]
- 3. doesn't know [ ]

28

- e. Are you giving (name of child) carrot, squash, mango or papaya?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- f. Are you giving (name of child) leafy green vegetables, such as spinach?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- g. Are you giving (name of child) meat or fish?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- h. Are you giving (name of child) lentils, peanuts, or beans?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- i. Are you giving (name of child) eggs or yogurt?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- j. Are you adding leafy green vegetables, such as spinach, to (name of child)'s food?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- k. Are you adding honey or sugar to (name of child)'s meals?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- l. Are you adding fat (lard) or oil to (name of child)'s meals?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- m. Are you adding iodized salt (local name) to (name of child)'s meals?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- 

11. Health workers believe that it is very important to breastfeed during the first years of life. What can a mother do in the baby's first three or four days of life to keep on breastfeeding?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. breastfeed as soon as possible after delivery (don't discard colostrum) [ ]
  - c. avoid bottle feeding of baby [ ]
  - d. frequent sucking to stimulate production [ ]
  - e. care of breasts, nipples [ ]
  - f. other (specify) \_\_\_\_\_ [ ]
12. What can a mother do in the first four months in a baby's life to keep on breastfeeding?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. exclusive breastfeeding during the first four months [ ]
  - c. avoid bottle feeding of baby [ ]
  - d. frequent sucking to stimulate production [ ]
  - e. relactation (mother can exclusive breastfeed again) [ ]
  - f. other (specify) \_\_\_\_\_ [ ]
13. When should a mother start adding foods to breastfeeding?
- 1. start adding between 4 and 6 months [ ]
  - 2. start adding earlier than 4 months [ ]
  - 3. start adding 6 months or later [ ]
  - 4. doesn't know [ ]
14. What should those additional foods to breastfeeding be?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. add oil to food [ ]
  - c. give food rich in Vitamin A [ ]
  - d. give food rich in iron [ ]
  - e. other (specify) \_\_\_\_\_ [ ]
15. Which vitamin helps you prevent "night blindness"?
- 1. vitamin A [ ]
  - 2. doesn't know or other [ ]
16. Which foods contain vitamin A to prevent "night blindness"?  
(multiple answers possible; record all answers)
- a. doesn't know or other [ ]
  - b. green leafy vegetables [ ]
  - c. yellow type fruits [ ]
  - d. meat/fish [ ]
  - e. breast milk [ ]
  - f. egg yolks [ ]

Growth Monitoring

17. Does (name of child) have a growth monitoring/promotion card?
- 1. yes  (must see card)
  - 2. lost card  ----> go to 21
  - 3. no  ----> go to 21

18. 

---

Look at the growth monitoring card of the child, and record the following information: has the child been weighted in the last four months?
- 1. yes
  - 2. no
- 

19. 

---

Look also at the growth monitoring card, and indicate if there is a space to record vitamin A capsules
- 1. yes
  - 2. no  ----> go to 21
- 

20. 

---

If yes, record the dates of all vitamin A capsules given to this child in the space below
- (dd/mm/yy)
- 1st
  - 2nd
  - 3rd
  - 4th
- 

Diarrheal Diseases

21. Has (name of child) had diarrhea during the last two weeks?
- 1. yes
  - 2. no  ----> go to 29
  - 3. doesn't know  ----> go to 29

31

22. During (name of child)'s diarrhea did you breast-feed  
(read the choices to the mother) .....
1. more than usual? [ ]
  2. same as usual? [ ]
  3. less than usual? [ ]
  4. stopped completely? [ ]
  5. child not breastfed [ ]
23. During (name of child)'s diarrhea, did you provide (name of child) with fluids other than breast-milk .....
- (read the choices to the mother)
1. more than usual? [ ]
  2. same as usual? [ ]
  3. less than usual? [ ]
  4. stopped completely? [ ]
  5. exclusively breastfeeding [ ]
24. During (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods .....
- (read the choices to the mother)
1. more than usual? [ ]
  2. same as usual? [ ]
  3. less than usual? [ ]
  4. stopped completely? [ ]
  5. exclusively breastfeeding [ ]
25. When (name of child) had diarrhea, what treatments, if any, did you use?  
(multiple answers possible; record all answers)
- a. nothing [ ]
  - b. ORS sachet [ ]
  - c. sugar-salt solution [ ]
  - d. cereal based ORT [ ]
  - e. infusions or other fluids [ ]
  - f. anti-diarrhea medicine or antibiotics [ ]
  - g. other specify \_\_\_\_\_ [ ]
26. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
1. yes [ ]
  2. no [ ] ---> go to 29

27

27. From whom did you seek advice or treatment for the diarrhea of (name of child)?

(multiple answers possible; record each answer)

- a. general hospital [ ]
- b. health center/clinic/post [ ]
- c. private clinic/doctor [ ]
- d. pharmacy [ ]
- e. village health worker [ ]
- f. traditional healer [ ]
- g. traditional birth attendant [ ]
- h. relatives & friends [ ]
- i. other (specify) [ ] \_\_\_\_\_

28. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea?

(multiple answers possible; record all answers)

- a. doesn't know [ ]
- b. vomiting [ ]
- c. fever [ ]
- d. dry mouth, sunken eyes, decreased urine output (dehydration) [ ]
- e. diarrhea of prolonged duration (at least 14 days) [ ]
- f. blood in stool [ ]
- g. loss of appetite [ ]
- h. weakness or tiredness [ ]
- i. other (specify) \_\_\_\_\_ [ ]

29. What are important actions you should take if (name of child) has diarrhea?

(multiple answers possible; record all answers)

- a. doesn't know [ ]
- b. take the child to the general hospital/health center [ ]
- c. give the child more to drink than usual [ ]
- d. give the child smaller more frequent feeds [ ]
- e. withhold fluids [ ]
- f. withhold foods [ ]
- g. other (specify) \_\_\_\_\_ [ ]

30. What are important actions a mother should take when a child is recovering from diarrhea?

(multiple answers possible; record all answers)

- a. doesn't know [ ]
- b. give the child smaller more frequent feeds [ ]
- c. more foods than usual [ ]
- d. give foods with high caloric content [ ]
- e. other (specify) \_\_\_\_\_ [ ]

Respiratory Illness

31. Has (name of child) been ill with cough or difficult breathing in the last two weeks?  
1. yes [ ]  
2. no [ ]
32. Did (name of child) experience rapid and difficult breathing (dyspnea) when ill?  
1. yes [ ]  
2. no [ ] ---> go to 35  
3. doesn't know [ ] ---> go to 35
33. Did you seek advice or treatment for (name of child)'s when ill with these respiratory problems?  
1. yes [ ]  
2. no [ ] ---> go to 35
34. From whom did you seek advice or treatment for (name of child)'s when ill with difficult breathing and/or cough? (multiple answers possible; record all answers)  
a. general hospital [ ]  
b. health center/clinic/post [ ]  
c. private clinic/doctor [ ]  
d. pharmacy [ ]  
e. village health worker [ ]  
f. traditional healer [ ]  
g. traditional birth attendant [ ]  
h. relatives & friends [ ]  
i. other [ ]
35. What are the signs/symptoms of respiratory infection that would cause you to take (name of child) to a health facility? (Multiple answers possible; record all answers)  
a. doesn't know [ ]  
b. fast or difficult breathing [ ]  
c. chest indrawing [ ]  
d. loss of appetite [ ]  
e. fever [ ]  
f. cough [ ]  
g. other (specify) \_\_\_\_\_ [ ]

Immunizations

36. Has (name of child) ever received any immunizations?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]

37. At what age should (name of child) receive measles vaccine?  
 1. specify in months [ \_\_\_/\_\_\_ ]  
 2. doesn't know [ ] (99)
38. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?  
 1. to protect both mother/newborn against tetanus [ ]  
 2. to protect only the woman against tetanus [ ]  
 3. to protect only the newborn against tetanus [ ]  
 4. doesn't know or other [ ]
39. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?  
 1. one [ ]  
 2. two [ ]  
 3. more than two [ ]  
 4. none [ ]  
 5. doesn't know [ ]
40. Do you have an immunization card for (name of child)?  
 1. yes [ ] (must see card)  
 2. lost it [ ] ---> go to 42  
 3. never had one [ ] ---> go to 42

41.

---

Look at the vaccination card and record the dates of all the immunizations in the space below (dd/mm/yy)

BCG		- / - - / - -
OPV	1st	- / - - / - -
	2nd	- / - - / - -
	3rd	- / - - / - -
DPT	1st	- / - - / - -
	2nd	- / - - / - -
	3rd	- / - - / - -
Measles		- / - - / - -

---

Look at the immunization card, and indicate if there is a space to record vitamin A capsules. If yes, ---> go to 20 and record the dates of all vitamin A capsules given to this child in boxes 19 and 20

---

MATERNAL CARE

42. Do you have a maternal health card?
- 1. yes (must see card) [ ]
  - 2. lost it ----> go to 46 [ ]
  - 3. no ----> go to 46 [ ]
- 

- 43.
- Look at the maternal health card and record the number of TT vaccinations in the space below:
- 1. one [ ]
  - 2. two or more [ ]
  - 3. none [ ]
- 

- 44.
- Does the card have space to record ante-natal care visits?
- 1. yes [ ]
  - 2. no [ ]
- 

- 45.
- If, yes, record whether the mother ever made any ante-natal visit?
- 1. one or [ ]
  - 2. two or more [ ]
  - 3. none [ ]
- 

46. Are you pregnant now?
- 1. yes [ ] ----> go to 50
  - 2. no [ ]

47. Do you want to have another child in the next two years?
- 1. yes [ ] ----> go to 50
  - 2. no [ ]
  - 3. doesn't know [ ]

48. Are you currently using any method to avoid/postpone getting pregnant?
- 1. yes [ ]
  - 2. no [ ] ----> go to 50

26

49. What is the main method you or your husband are using now to avoid/postpone getting pregnant?
1. tubal ligation/vasectomy [ ]
  2. Norplant [ ]
  3. injections [ ]
  4. pill [ ]
  5. IUD [ ]
  6. barrier method/diaphragm [ ]
  7. condom [ ]
  8. foam/gel [ ]
  9. exclusive breast-feeding [ ]
  10. rhythm [ ]
  11. abstinence [ ]
  12. coitus interruptus [ ]
  13. other [ ]
50. How soon after a women knows she is pregnant should she see a health professional (physician, nurse, midwife)? (probe for months)
1. first trimester, 1-3 months [ ]
  2. middle of pregnancy, 4-6 months [ ]
  3. last trimester, 7-9 months [ ]
  4. no need to see health worker [ ]
  5. doesn't know [ ]
51. What foods are good for a pregnant woman to eat to prevent pregnancy anemia?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. proteins rich in iron (eggs, fish, meat) [ ]
  - c. leafy green vegetables, rich in iron [ ]
  - d. other (specify) \_\_\_\_\_ [ ]
52. How much weight should a woman gain during pregnancy?
1. 10-12 kilos [ ]
  2. gain weight of baby [ ]
  3. doesn't know [ ]
  4. other (specify) \_\_\_\_\_ [ ]
53. When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?
1. yes [ ]
  2. no [ ]
54. During (name of child)'s pregnancy, was the amount of food you ate .....
- (read the choices to the mother)
1. more than usual? [ ]
  2. same as usual? [ ]
  3. less than usual? [ ]
  4. doesn't know [ ]

55. At the delivery of (name of child), who tied and cut the cord?

- 1. yourself [ ]
- 2. family member [ ]
- 3. traditional birth attendant [ ]
- 4. health professional (physician, nurse or midwife) [ ]
- 5. other (specify) \_\_\_\_\_ [ ]
- 6. doesn't know [ ]

APPENDIX III

INDIA WORKSHOP BUDGET SUMMARY

	<u>Budget</u>	<u>Expenses</u>
<i>Consultant</i>	\$10,000	\$10,580
<i>Training</i>	-	15,111
<i>Supplies</i>	2,000	154
<i>Travel</i>	22,770	14,001
<i>Other Direct</i>	11,230	255
<i>Indirect</i>	4,000	3,047
	<u>          </u>	<u>          </u>
<b>TOTAL</b>	<b>\$50,000</b>	<b>\$43,148</b>



APPENDIX V

"RAPID KNOWLEDGE & PRACTICE SURVEY WORKSHOP"

March 2-9, 1992

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4/2

## APPENDIX IV

### EVALUATION RESULTS

#### PVO/CS WORKSHOP RAPID KNOWLEDGE AND PRACTICE SURVEY FOR COMMUNITY ASSESSMENT AND ACTION

Ahmedabad, INDIA

MARCH 2 - 9, 1992

Please rate each aspect of the workshop according to the following scale:

1-2: Very Poor; 3-4: Poor; 5-6: Fair; 7-8: Good; 9-10: Very Good

1. Was the workshop well organized?  
9
2. Was the training content relevant to the stated goals of the workshop?  
8
3. Was the training content relevant to your particular needs?  
8
4. Was the material presented clearly explained?  
8
5. Was the project background material given useful? (Project profiles)?  
8
6. Were the methods used to present the material helpful?  
8
7. Were the participants involved enough in the training?  
7
8. Were the trainers receptive to suggestions from participants?  
7
9. Did the trainers provide adequate direction & control of the session?  
8
10. Was the pre-workshop information adequate?  
7
11. Was the training site appropriate?  
9

## EVALUATION RESULTS (cont'd)

THE FOLLOWING ARE REPRESENTATIVE RESPONSES FROM WORKSHOP PARTICIPANTS.

12. What did you find most useful in the workshop?

- *The content of the workshop.*
- *Survey Implementation. 30 cluster sampling. Preplanned tabulation.*
- *Sampling method.*
- *Field testing.*
- *Group discussion of the participants.*
- *Materials related to the workshop.*
- *Sharing the experiences of the project's who conducted the baseline survey.*
- *Analysis of findings and report writing.*
- *Survey planning.*
- *Training techniques to make participants relax and enjoy the session.*
- *How to write the report.*
- *Survey Implementation.*
- *Sharing information among participants.*
- *The "Manual" Analysis session.*
- *Discussion on "Lessons Learned" from the workshop.*
- *The whole workshop/cannot disregard any part.*
- *Survey methodology/tabulation/analysis.*
- *Planning for the next evaluation which includes the rapid K & P survey.*
- *Meeting with a lot of friends.*
- *The environment and physical facilities.*
- *All the sessions were useful.*

## EVALUATION RESULTS (cont'd)

### 13. What did you find the least helpful in the workshop?

- *Training techniques.*
- *The workshop was a bit short.*
- *Participants not involved enough.*
- *Not enough time.*
- *Sharing information regarding collaboration with the government.*
- *Not enough time for discussion and questions.*
- *Explanation regarding calculation of sample size.*
- *Rigidity towards changes in travel plan.*
- *Rigid time-keeping during the sessions.*
- *WAWA--Where Are We At*

### 14. How could the workshop have been improved?

- *Use more participatory techniques, e.g. brain storming.*
- *Use more adult learning techniques.*
- *Through more participation.*
- *Participants should have more time to ask questions.*
- *Session should be more participatory rather than lecture oriented.*
- *Provision of handouts in advance of workshop.*
- *The training curriculum should be forwarded to every participant prior to their arrival.*
- *I think the point is not "could be improved" but to make it available to other countries.*
- *Increase the duration of the workshop and do not assign homework.*
- *A less hectic schedule.*
- *More examples. More brainstorming. Introduction/base to every session could have been built through responses/comments of the participants instead of having the trainers state it.*
- *Couldn't have been better. In other words needed no improvement.*
- *Readjustment and modification in the workshop schedule.*

45