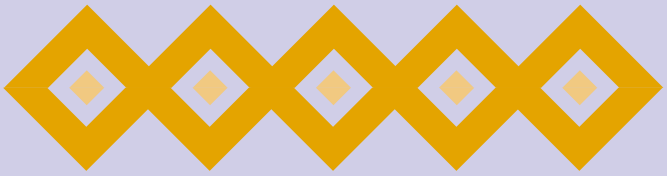
QUALITATIVE RESEARCH FOR IMPROVED HEALTH PROGRAMS:

A Guide to Manuals for Qualitative and Participatory Research on Child Health, Nutrition, and Reproductive Health



Prepared by
Department of International Health
Johns Hopkins University, School of Hygiene and Public Health

for
Support for Analysis and Research in Africa (SARA)
Academy for Educational Development (AED)

USAID, Bureau for Africa, Office of Sustainable Development

Qualitative Research for Improved Health Programs

A Guide to Manuals for Qualitative and Participatory Research on Child Health, Nutrition, and Reproductive Health

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Acknowledgments

The idea for this guide originated during a number of meetings in Africa, where the SARA, BASICS, SFPS and other projects were promoting the use of qualitative and participatory research methods for planning, implementing, and evaluating health programs. It became apparent that most program managers and researchers interested in qualitative and participatory research were unaware of the various manuals and tools already in existence, and, therefore, were forced to "start from scratch" in developing their own protocols for data collection. This manual aims to bring together—in one document—descriptions and ordering information about all the currently available manuals and guides on qualitative and participatory research related to child health and nutrition and reproductive health.

The first draft of the guide was reviewed at a meeting organized by the SARA, SFPS, and BASICS projects in Dakar, Senegal in July 1998. The dozen participants, representing a diverse range of expertise, organizations, and disciplines, discussed ways to develop and reinforce qualitative research competency in West Africa, including translating selected manuals into French, and making these manuals more available to African researchers. The participants concluded that by improving qualitative research capabilities, useful data would result, thereby improving health programs and, eventually, health outcomes.

We would like to give sincere thanks to the following people who took the time to read earlier drafts of the guide, giving invaluable guidance and suggestions: Lonna Shafritz, Renuka Bery, and Suzanne Prysor-Jones of the SARA Project, who provided editorial and technical feedback throughout the development of the guide; Carol Baume, Karabi Bhattacharyya, Bérengère de Negri, and Elizabeth Thomas of the Academy for Educational Development; and Patricia Hudelson of the World Health Organization.

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Foreword

This guide is designed for program managers, researchers, funders of health programs, and others who are considering using qualitative research methods to help them design more effective health programs and/or evaluate the strengths and weaknesses of existing programs. It is assumed that the reader already has some familiarity with the basic methods in the "qualitative research toolbox" such as in-depth interviews, focus groups, and participant observation.

This guide describes some of the existing manuals for conducting qualitative research on health and provides information to help would-be users select the manuals that are most appropriate to their needs. This guide does not attempt to review the available qualitative research tools related to prevention and treatment of chronic and non-infectious diseases, including tobacco control, obesity prevention, or management of such diseases as diabetes or epilepsy.

This guide is divided into three sections:

- Section I reviews general manuals on qualitative research in health and discusses computer software available for qualitative data analysis.
- Section II reviews manuals of methods and training for participatory research.
- Section III reviews the available manuals on specific health topics such as child health, nutrition, and reproductive health. Chapter 7 provides an overview of different approaches that have been taken to write manuals. Chapters 8-13 describe manuals on specific topics such as malaria, nutrition, and reproductive health.

If you already have experience with qualitative research and are not interested in reading general information on qualitative research methods and participatory research, proceed to the specific chapters, focus on your particular area of interest. Ordering information for the manuals and tools discussed in each chapter is found at the end of each manual's description.

Introduction

Why are manuals needed for qualitative research?

There are many differences between qualitative and quantitative research. One of the strengths of qualitative research methods is that they are exploratory and flexible. The results of a quantitative survey, using closed-ended questions, provide public health planners and programs with information about characteristics of the population on a set of predetermined questions. Qualitative methods allow the researcher to ask questions of different people in different ways, and to modify the questions and data collection methods to explore topics that were not initially deemed important. Why are detailed manuals needed?

Manuals help qualitative researchers to focus on the key issues to be investigated.

A good manual points the qualitative researcher toward the key issues to be investigated for a given health problem. For example, clinical and epidemiological studies have shown that very rapid breathing is a sign of pneumonia and other serious respiratory infections, indicating that a child should be treated immediately with antibiotics. Manuals on acute respiratory infections (ARIs) direct the qualitative researcher to this particular point, and describe how to explore how important people think it is, ways of learning the terms used to describe it, and what kinds of treatment, if any, is sought for it.

Manuals describe proven methods to understand these issues.

Most of the manuals described in this guide have undergone extensive pre-testing, in which a manual is used in the field by local researchers to collect and analyze data. Results of these field tests allow the authors of the manual to select the most effective methods and techniques to obtain the requisite information and to improve the instructions for using these methods. Pre-testing also allows the authors to determine the optimal sample size for each of the procedures in the manual.

Manuals improve data analysis to provide (potential) solutions to these issues.

Qualitative methods generate pages and pages of data. The results of many studies are never used because the researchers did not plan enough time to analyze the data they collected, nor do they know how to do it. Many manuals describe in detail how to analyze the data and include forms for tabulating data. Some also describe how to prepare a report.

Acronyms

AED	Academy for Educational Development
AFR/SD	Africa Bureau/Office of Sustainable Development
AIDSCAP	AIDS Control and Prevention Project
ALRI	Acute Lower Respiratory Infection
AMREF	African Medical and Research Foundation
ARI	Acute Respiratory Infection
BASICS	Basic Support for Institutionalizing Child Survival Project
CAM	Cultural Anthropology Methods (Journal)
CAFS	Center for African Family Studies
CATAD	Center for Advanced Training in Agricultural Development
CDC	Centers for Disease Control and Prevention
CRS	Catholic Relief Services
CSSP	Child Survival Support Project
CWM	Community Wildlife Management
EPB	Expanded Promotion of Breastfeeding
FES	Focused Ethnographic Study
RES	Rapid Ethnographic Study
FHI	Family Health International
HEALTHCOM	Communication for Child Survival Project
HHRAA	Health and Human Resources Analysis for Africa
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HRD	Human Resource Development
IDC	Information Dissemination Center
IDS	Institute for Development Studies

IEC	Information, education, and communication
IIED	International Institute for Environment and Development
IMCI	Integrated Management of Childhood Illness
IRC	International Rescue Committee
IUNS	International Union of Nutritional Sciences
JHPIEGO	Johns Hopkins Program for International Education in Reproduction Health
JHU	Johns Hopkins University
KIWASAP	Kilifi Water and Sanitation Project
KPC	Knowledge, Practice, and Coverage
LINKAGES	Breastfeeding, Complementary Feeding, and Maternal Nutrition Project
MIS	Management information systems
MOH	Ministry of Health
NGO	Nongovernmental organization
PCS	Population Communication Services Project
PIDA	Participatory and Integrated Development Approach
PLA	Participatory Learning and Action
PLAN	An international, humanitarian, child-focused development organization
PRA	Participatory Rural Appraisal
PROWESS	Promotion of the Role of Women in Water and Environmental Sanitation Services
PVO	Private Voluntary Organization
RAP	Rapid Assessment Procedures
RCPLA	Resource Centers for Participatory Learning and Action
REFLECT	Regenerated Freirean Literacy through Empowering Community Techniques
RP	Research Protocol
RRA	Rapid Rural Appraisal
SANA	Sustainable Approaches to Nutrition in Africa

SARA	Support for Analysis and Research in Africa
SFPS	Santé Familiale et Prévention du SIDA (Family Health & AIDS Prevention Project)
STD	Sexually transmitted disease
STI	Sexually transmitted illness
UNAIDS	Joint United Nations programme on AIDS (Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA))
UNFPA	United Nations Fund for Population Activities
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHO/AFRO	World Health Organization/Regional Office for Africa
WWW	World Wide Web

SECTION I: Resources on Qualitative Research Methods

Section I is organized into three chapters:

Chapter 1—General Resources for Qualitative Research on Health will be of benefit to those who have little or no experience with qualitative research methods. If qualitative research is new to you or your personnel, you will need a book or manual that describes the basic methods in the qualitative research toolbox, including how to use them and their strengths and weaknesses. This chapter reviews a few selected introductory-level books and manuals on qualitative research. Most are related specifically to health. This review does not pretend to be inclusive, as hundreds of books exist on theoretical and practical aspects of qualitative research.

Chapter 2—Methods for Focus Groups discusses the time and personnel needed for conducting focus group discussion research. The manuals on using this type of research method are reviewed.

Chapter 3—Methods for Qualitative Data Analysis is organized into two parts Part I, Analyzing textual data, reviews a number of options for analyzing textual data based on in-depth interviews and focus group transcripts, such as: analysis by hand; analysis with word processors; analysis with search and retrieve programs (dtSearch and ZyIndex); programs for semi-structured data (CDC EZ Text); and Integrated coding and model-building programs (The Ethnograph Version 5.0, NUD*IST, and ATLAS/ti). Part II, reviews ANTHROPAC, a software program for the analysis of systematic data.

Chapter 1: General Resources for Qualitative Research on Health

Overview of Resources for Qualitative Research on Health

Title of manual	*1) RAP for Nutrition and Primary Health Care: Anthropological Approaches to Improving Program Effectiveness,* Scrimshaw, SCM & Hurtado, E. 1987, 70 pages.	*2) Qualitative Research for Health Programmes,* Hudelson, P. 1996, 100 pages.	*3) Research Methods in Anthropology, Qualitative and Quantitative Approaches,* Bernard, HR. 1994, 585 pages.	*4) RAP—Qualitative Methodologies for Planning and Evaluation of Health Related Programmes,* Scrimshaw, NS & Gleason GR. 1992, 528 pages.	*5) Population and Reproductive Health Programmes: Applying Rapid Anthropological Assessment Procedures,* Manderson, L., UNFPA. 1997, 52 pages.	*6) Field Methods Journal (formerly Cultural Anthropology Methods Newsletter).* Bernard, HR, ed.	*7) Training in Qualitative Research Methods for PVOs and NGOs,* Johns Hopkins School of Public Health, Center for Refugee and Disaster Studies. 2000
Type of manual	A general introduction to qualitative research methods	Comprehensive, highly readable introduction to qualitative research on health	An introduction and reference on qualitative and quantitative methods used in anthropology	Collection of papers from 1990 International Conference on Rapid Assessment Methodologies	Detailed technical review of strengths and weaknesses of rapid qualitative studies on health	Journal publishing "how to" articles on qualitative and quantitative research methods	Trainer's guide and participant's manual to be used by PVOs and NGOs. Each approximately 150 pages.
Topics covered*							
• Qualitative research theory	+	++	+++	+	+++	+	—
• How to do methods	+++	+++	+++	—	++	+++	+++
• Guides for data collection	+++	—	—	—	—	—	+
• Guidelines for training	+	—	—	—	—	—	+++
• Examples of use of method	+	+	++	+++	+	+++	—
Languages	Engl, French, Span	English, French	English	English	English	English	English

***Key to topics covered** — Topic not covered at all + Topic mentioned, but not discussed ++ Topic discussed in moderate detail +++ Topic discussed in great detail, completely

1) Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Programme Effectiveness

Susan C. M. Scrimshaw and Elena Hurtado, UCLA Latin American Center, 1987, 70 pages. Available in English, French, and Spanish.

Who would benefit from this manual?

The non-technical language and readable style of the manual make it ideal for introducing field workers who have at least some secondary school education to qualitative research methods. Its style also makes this manual appropriate for non-native English speakers. The first section of the manual is only 32 pages, so most people should have time to read through it while attending a short training course. It is one of the few manuals on qualitative research available in both French and Spanish.

The RAP Manual is also valuable as a companion to the manuals on specific health topics described in chapters 8 through 13 of this guide. The data collection guides in the RAP manual are particularly useful for more general questions on characteristics of the community and the health system that are not included in the specialized manuals.

Organization of the Manual

This is the original Rapid Assessment Procedures manual and is often referred to as "The RAP Manual." The manual was developed based on field work in Honduras, Guatemala, and Costa Rica in the early 1980s. An early version of the manual was published in *Food and Nutrition Bulletin* as the "Field Guide for the Study of Health-Seeking Behaviour at the Household Level" in 1984. The manual is divided into two sections:

The first section consists of six chapters that introduce anthropological methods such as participant observation and focus groups and then describes how to carry out a rapid qualitative research study, including hiring and training field workers, analyzing the data, and writing the report.

Chapter 1: Practical Anthropology for Health Programmes
Chapter 2: Anthropological Methods
Chapter 3: Focus Groups
Chapter 4: Selection, Training and Supervision of Field Workers
Chapter 5: Data Analysis
Chapter 6: Final Report

The second section consists of 31 useful one-page data collection guides on community and household characteristics, health and nutrition-related behaviors, and health services.

Ordering Information

UCLA Latin American Center
University of California, Los Angeles
405 Hilgard Avenue, 10343 Bunche Hall
Los Angeles, CA 90095-1447
Telephone 1-310- 825-4571
Fax 1-310-206-6859
E-mail latinamctr@isop.ucla.edu
Web site http://www.isop.ucla.edu/lac/reference.htm

English ed.: 1987, 80 pp., ill., bibl. ISBN 0-87903-111-5, LC 87-3193, $10.95 paper
Spanish ed.: 1988, 100 pp., ill., bibl. ISBN 0-87903-113-1, LC 88-17276, $10.95 paper
French ed.: 1990, 74 pp., ill., bibl. ISBN 0-87903-114-X, LC 90-21571, $10.95 paper

2) Qualitative Research for Health Programmes

Patricia M. Hudelson, WHO, Department of Mental Health and Prevention of Substance Abuse, 1996, 100 pages. Available in English and French.

Who would benefit from this manual?

This guide is written for program managers and researchers, although field workers with some post-secondary training might find it useful. This guide is particularly appropriate when trying to generate interest or provide training in qualitative methods to people with prior experience in quantitative survey research, such as epidemiologists or demographers.

Organization of the manual

This manual is a comprehensive, highly readable introduction to qualitative research methods. It introduces a wider range of research methods than the RAP Manual, including more advanced methods, such as social network analysis. The examples are very practical. Especially useful are the glossary and the summary table comparing strengths and weaknesses of the different methods found in the appendices. The manual is organized as follows:

Chapter 1:	Introduction
Chapter 2:	The Toolbox: Unstructured interviews; Group interviewing techniques; Observation; Ethnographic decision modeling; Social network analysis; Structured systematic interviewing techniques
Chapter 3:	Sampling issues in qualitative research
Chapter 4:	Study design issues
Chapter 5:	Data analysis and report writing in qualitative research
Chapter 6:	Examples of qualitative research
Appendix 1:	Glossary
Appendix 2:	Summary table of data collection methods
Appendix 3:	Bibliography of resources for qualitative research
Appendix 4:	Computer programmes

Ordering Information

Free of charge from:

World Health Organization, Department of Mental Health (WHO/MNH)
Attention: Lydia Kurkcoglu
E-mail: kurkcuoglu1@who.ch

3) Research Methods in Anthropology, Qualitative and Quantitative Approaches

H. Russell Bernard, Sage Publications, 1994, 585 pages.

Who would benefit from this book?

This book is appropriate for both experienced qualitative researchers and those being exposed to qualitative methods for the first time. This is a standard text on anthropological methods. While detailed and comprehensive, a minimum of technical language is used so that it is accessible to wide audience. Although long (585 pages), it can be read from cover to cover if someone wants to gain a deeper understanding of the development and application of these methods. It is a good reference book for people who will be training and supervising field interviewers.

Organization of the book

The book takes the reader through the entire research process: developing a research question, conducting a literature search, collection of data, analysis, and write-up. Of the 20 chapters, nine deal with methods of data collection, and five cover the analysis of qualitative and quantitative anthropological data.

Ordering Information

Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
Telephone 1-805-499-0721
Customer Service 1-805-499-9774
Web site http://www.sagepub.com
ISBN 0 8039 5244 9, $65. hardcover
ISBN 0 8039 5245 7, $32. paper

4) Rapid Assessment Procedures. Qualitative Methodologies for Planning and Evaluation of Health Related Programmes

Nevin S. Scrimshaw and Gary R. Gleason (eds.), 1992, 528 pages. Available in English.

This book is a collection of papers presented at the International Conference on Rapid Assessment Methodologies for Planning and Evaluating Health Related Programmes, held at the Pan American Health Organization headquarters in November 1990. Many chapters present data that were collected using various manuals described later in this guide. Published articles, chapters, and reports based on actual use of a manual in the field can be very useful. Articles or reports from a field study can:

- give people an idea of the types of findings they can expect to obtain if they use the manual;
- set a standard for the quality and depth of data to be collected. This is particularly relevant to program managers deciding how long a study should last. The answer will be: long enough to collect data of comparable quality and depth to that found in the article or report; and
- provide concrete examples of how the data are to be analyzed and used.

Ordering Information

International Nutrition Foundation
P.O. Box 500
Charles Street Station
Boston, MA 02114-0500
Telephone 1-617-227-8747
Fax 1-617-227-9504

$25 plus postage & handling; discount available for developing-country nationals
Full-text version of document also available at following website:
http://www.unu.edu/unupress/food/foodnutrition.html

5) Population and Reproductive Health Programmes: Applying Rapid Anthropological Assessment Procedures

Lenore Manderson, UNFPA Technical Report, 1997, 52 pages. Available in English.

Who would benefit from this report?

This technical report, which can be downloaded from the Internet, is most suitable for those who already have some experience with rapid qualitative approaches, survey research, and/or university-level public health or social science training. It is especially appropriate for those looking for a more in-depth discussion of the methodological issues associated with rapid assessments. While it reviews many different methods, the report focuses on the strengths and weaknesses of the various methods, rather than on how to implement them. A strength of this report is its extensive list of references.

Organization of the report

This technical report gives a detailed review of the history and experiences with rapid anthropological procedures and presents some of the strengths and weaknesses of this approach. The five chapters are:

Chapter 1: Introduction
Chapter 2: Development and characteristics of Rapid Assessment Procedures
Chapter 3: Methodological approaches and techniques
Chapter 4: Rapid assessment of population and reproductive health programmes
Chapter 5: Conclusions

Ordering Information

UNDP www.undp.org/popin/books/reprod/content.htm

6) Field Methods Journal

(formerly *Cultural Anthropology Methods Journal)*

H. Russell Bernard (ed.) published in February, May, August, and November.

The *CAM Journal: Cultural Anthropology Methods* was transformed into *Field Methods*, a fully refereed journal that will examine data collection techniques and modes of analysis, the link between method and theory, and the impact of new technology on traditional methods in scientific and interpretive paradigms. *Field Methods* is not only for researchers, but is also for professionals in the delivery of social services, government, and the private sector who use field research to acquire knowledge.

Ordering Information

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Thousand Oaks, CA 91320
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Fax 1-805-499-0871
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1) Volume 11, 1999	Two issues (August, November): approximately 192 pages $80 institutions, $30 individuals
2) Volume 12,	2000 and future volumes Four issues (February, May, August, November): approximately 384 pages $120 institutions, $40 individuals
3) Volumes 11-13	Get a 20% discount with this three-year charter subscription $256 institutions, $88 individuals

7) Training in Qualitative Research Methods for PVOs and NGOs (and Counterparts)

Center for Refugee and Disaster Studies, The Johns Hopkins University School of Public Health, forthcoming in summer 2000, approximately 150 pages for the trainer's manual and 150 pages for the participant's manual. Available in English.

Who would benefit from this manual?

Training in Qualitative Research Methods for PVOs and NGOs (and Counterparts) is a set of training manuals designed to promote the systematic use of qualitative methods by PVOs/ NGOs to help plan and manage community health programs. PVOs often do not use qualitative research methods. One reason for this may be a lack of clarity about when such methods will benefit the project planning and management cycle. Another reason is lack of human resources (capacity) to design, carry out, and analyze qualitative studies. In addition, qualitative methods may be seen as requiring excessive amounts of time and human resources beyond the ability of project schedules or budgets.

Included in the set are two documents—a Trainer's Guide and a Resource for Participants (Participant's Manual). The trainer's guide is designed for use by staff or consultants of community health programs with prior training and experience in the use of qualitative methods and adult education methods. It provides guidelines for conducting a 12-day training workshop, whose objectives, as outlined in the manuals, are:

- To provide knowledge, skills, and attitudes for use of applied anthropological data collection methods useful for planning and managing community health programs,
- To provide knowledge, skills, and attitudes for managing and analyzing qualitative data,
- To provide knowledge, skills, and attitudes for designing qualitative studies for planning and management purposes.

The Participant's Manual is most likely to be used by program officers, health/ management information system specialists, and health educators working in community health programs; these persons are likely to be staff or partners of PVOs/NGOs.

Organization of the manual(s)

The set contains two documents: a trainer's guide and a participant's manual (collection of resources). The trainer's guide contains an introduction and lesson plans for 12 training days. Each training day is its own section, with one to three sessions per day. Each session contains the following items:

- Title
- Estimated time
- Behavioral objectives for participants
- Materials needed

- Description of recommended training activities/experiences
- An objectives checklist
- Notes and hints for the trainer

The participant's manual contains overheads and charts for presentation during short lectures. This manual also contains most handouts and assigned readings and instructions for individual and group training exercises.

Time and personnel required

The training is 12 days (days off during the training not included). The number of trainers depends upon the number of participants. A general rule of thumb is to have one trainer for every five to seven participants, so that trainers can give timely feedback on field exercises and in-class training exercises. The manual recommends limiting the number of participants to 20 (participants can be formed into smaller groups for field activities to reduce logistical difficulties) and having translators (if needed) sit in on the training.

Ordering Information

Directly from Bill Weiss
E-mail: bweiss@jhu.edu

Chapter 2: Methods for Focus Groups

Overview of Manuals on Focus Groups

Title of manual	*1) A Manual for the Use of Focus Groups,* Dawson, S. et al. 1993, 96 pages.	*2) Guidelines for studies for using the group interview technique.* Aubel, J. 1993, 58 pages.	*Getting It in Focus: A Learner's Kit for Focus Group Research* *3) PART A: The Handbook for Excellence in Focus Group Research.* Debus, M. 1988, 55 pages.	*4) PART B: Skill-Building Guide for Making Focus Groups Work.* Roberts, A et al. 1995, 141 pages. *PART C: Training Video for Moderating Focus Groups.* 1995, 34
Type of manual	All of the written manuals provide an overview of qualitative research, tips on when to use the focus group technique, and instructions on planning and conducting focus group discussions. Guidelines on training the moderator (and other staff involved) are also covered and are the focus of the 34-minute video included with *Getting It in Focus.*			
Topics covered*				
• *Guidelines for protocol development*	+++	+++	+++	+++
• *Guidelines for training*	+	+	+	+++
Time to carry out study	The average duration of a focus group discussion is one–two hours. A field debriefing held immediately after each focus group lasts approximately 15 minutes, and a full focus group debrief can last up to two hours (maximum total = 4 hours and 15 minutes). Therefore, a study of six to eight focus groups will require approximately four hours per discussion and about one week for analysis and write-up of the entire study.			
Languages	English, French	English, French, Spanish	English, French, Spanish	

***Key to topics covered**

— Topic not covered at all
+ Topic mentioned, but not discussed
++ Topic discussed in moderate detail
+++ Topic discussed in great detail, completely

What Is a Focus Group?

A focus group is an organized (but flexibly structured) discussion involving six to 10 participants. It normally lasts one–two hours. The purpose of the discussion is to collect information on a particular research topic. A trained moderator guides the focus group through a discussion about the research topic. A trained note taker collects detailed notes. Group discussions are often tape-recorded to be transcribed for the analysis. Focus groups are useful for gaining formative project information because they can indicate the range of a community's beliefs, ideas, or opinions. In additional, they are a useful tool for designing question guides for individual in-depth interviews and questions for structured interviews.

Focus groups are particularly helpful to individuals/organizations planning to: generate ideas for programs, campaigns or materials; pretest educational or promotional concepts, messages, and materials; improve a product or service by clarifying people's attitudes and needs; or identify issues for quantitative research or to clarify (or build upon) quantitative findings.

As with any type of research, it is important to select methods that are appropriate for application within the study. While focus groups have a number of advantages over other research methods, they are not appropriate for every research problem. When focus groups are a suitable research technique and are well conducted, they can generate a lot of useful information.

Numerous books and manuals on focus groups exist. Many discuss how to conduct focus groups for market research. In the 1950s, focus group discussions began to gain popularity as a method of identifying people's opinions and feelings about certain products in the marketplace. Today they are widely used as a tool for researchers to gain insight into people's thoughts and behaviors about health-related issues. This chapter is limited to using focus groups to examine health topics.

Time and personnel required

The average length for one focus group is one–two hours. A 15-minute debriefing, involving all participants, should immediately follow each discussion. Later, a complete debriefing is conducted with staff members. This session may take up to two hours. Therefore, conducting one focus group will approximately require a minimum of two hours and a maximum of four hours.

An average focus group study will include six–eight focus group discussions. Therefore, two to four days will be needed to conduct all discussions. The analysis and write up of a 6-8 focus group study can take up to one week.

1) A Manual for the Use of Focus Groups

Susan Dawson, Lenore Manderson, and Veronica L. Tallo, 1993, 96 pages.

Who would benefit from this manual?

This manual will benefit researchers, members of disease control programs, and/or members of departments of health who are working on qualitative research projects.

Although the guidelines in this manual are applicable to focus groups in a variety of settings, the examples and techniques are based on the authors' experience in conducting focus groups on malaria in Africa and acute respiratory infections (ARIs) in the Philippines. Despite the specific research issues mentioned, the manual does not provide complete question guides for any particular disease. Therefore, it will be most useful to those researchers who know which issues are most important to their study, and who have already developed a list of topics. This manual can be used by people already familiar with focus group research and those without prior experience.

Organization of the Manual

A *Manual for the Use of Focus Group Research* provides a brief, yet thorough, discussion of focus groups—what they are, when to use them, who is involved, etc. In addition to defining focus groups, the manual offers simple step-by-step instructions on how to conduct the discussions. It is divided into two parts:

Part I—Team Leader Focus Group Training is organized in seven sections, beginning with a definition of focus groups and a discussion of what types of research projects they can benefit. Following this introduction is a description of the structure and conduct of focus group discussions (including guidelines on Selecting and Training Staff, Selecting the Study Participants, and Developing the Question Line). Part I concludes with a section on the management of information collected during focus groups and analysis of the results.

Part II—Staff Training for Focus Group Discussions includes a series of training sessions for staff members who will be involved in the focus group research. It is written to guide the researcher (trainer) through the different aspects and phases of the sessions. It identifies main points to be covered while training field staff, including (but not limited to) needed skills, language differences, stimulation of discussion, and dealing with unforeseen problems.

Ordering Information

Full-text version of document also available at following website in English and French:
http://www.unu.edu/unupress/food/foodnutrition.html

2) Qualitative Research For Improved Health Program Design

Judi Aubel, 1993, 58 pages. Available in English, French, and Spanish.

Who would benefit from this manual?

This manual was explicitly written for health and development workers in developing countries who are involved in implementing health and nutrition programs or researchers who are providing support to such programs. The guidelines are specifically designed to be used in situations in which a health or nutrition program already exists or in which there are plans to implement such a program.

A unique feature of this manual is that it describes how program stakeholders can be involved in all steps of planning, implementing and completing a qualitative study using group interviews. This approach, based on principles of adult and organizational learning, is intended to increase both the relevance of research to program implementors, and their sense of ownership of research results. Feedback from those who have participated in studies using this methodology has repeatedly shown that it does lead to greater relevance and ownership than in studies where program implementors are not systematically involved in the research process.

Organization of the Manual

Qualitative Research For Improved Health Program Design manual begins with a discussion of several key concepts related to qualitative research and specifically to research using group interviews, also called focus groups. The major part of the manual is devoted to describing a series of 17 steps which can be followed in planning and carrying out a community study based on focus group interviews.

Chapter one contains: a description of a group interview is and of the situations in which they can be used, a brief discussion of the differences between qualitative and quantitative research methods and of some criteria to consider in deciding which approach is more appropriate, and the advantages of involving program staff in a group interview research activity.

Chapters two, three and four present the seventeen steps in the focus group methodology and explain the purpose as well as the approach to be followed for each step. The 17 steps are:

1) Define the Topic
2) Review Existing Literature
3) Constitute the Study Team
4) Identify Information Needs of Programme Managers
5) Develop a Topic Map

6) Conduct Social Influence Analysis
7) Choose Sample of Interviews
8) Define Specific Data Collection Objectives
9) Develop Group Interview Guides
10) Select and Train Facilitators
11) Conduct Group Interviews
12) Analyze the Data
13) Summarize Findings
14) Working Session with Stakeholders to Formulate Recommendations
15) Plan Dissemination of Results
16) Finalize Report/s
17) Evaluate Implementation, where the research team members provide feedback on analysis and feedback on the research methodology and implementation process. They are also asked to formulate lessons learned regarding the implementation process which can be useful to those conducting similar studies in the future.

In *Chapter five*, an activity calendar and list of materials and resources required to carry out such a study is provided.

Time and personnel required

The length of a research project based on these guidelines will depend to a great extent on the number of group interviews to be conducted. The entire research process should take approximately one month if one week of fieldwork/data collection is planned. The length of the training for group facilitators should be at least 5 days. After the data analysis is completed, an important step in this methodology is a "stakeholder meeting" during which program implementors and their partners are involved in formulating recommendations based on the study results.

While it is always beneficial to have experienced qualitative researchers involved in conducting focus group studies, this manual provides step-by-step instructions which can help those who have no previous experience with qualitative research to conduct a study using in-depth group interviews, or focus groups.

Ordering Information

The manual is available free of charge from:
Christine Sutton
Development Policy Department
International Labor Office (ILO)
Geneva, Switzerland
Fax: (41) 22 799 61 11
E-mail: sutton@ilo.org
ISBN 92-2 108 520 l

3/4) Getting It In Focus: A Learner's Kit for Focus Group Research

Includes:

3) The Handbook for Excellence in Focus Group Research

Mary Debus

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4) A Skill-Building Guide for Making Focus Groups Work

Anne Roberts, Mary Debus, Elizabeth Younger, Valerie Uccellani, Sylvia Lopez Gaona A Training Video for Moderating Focus Groups. Lynda Bardfield van Over

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Getting It in Focus: A Learner's Kit for Focus Group Research is a thorough collection of manuals, worksheets, examples, and visual aids. Extensive instructions are offered for training people to perform all of the roles involved in the technique. Also included are guidelines for conducting an entire four-day workshop. Although the kit may also be useful to those who are simply interested in learning more about focus groups, it is an excellent tool for those who are seeking thorough guidance on how to include such a technique in existing and/or new research projects. Unlike *A Manual for the Use of Focus Groups,* the kit is designed to take the researcher through all the steps of conducting a focus group, including deciding whether the focus group technique will be of use to a specific research project. Therefore, this kit will benefit anyone who is interested in learning about the use of focus group discussions, deciding whether to use them in a project, and learning about how to implement the method in its entirety.

Getting It in Focus: A Learner's Kit for Focus Group Research is a three-component package designed to help researchers use focus groups effectively. Included are:

- *The Handbook for Excellence in Focus Group Research*
- *A Skill-Building Guide for Making Focus Groups Work*
- *A Training Video for Moderating Focus Groups*

The Handbook for Excellence in Focus Group Research was the first part of the kit to be created. It was written for AED in 1988 by Mary Debus of Porter Novelli. *A Skill-Building Guide for Making Focus Groups Work* and *A Training Video for Moderating Focus Groups* were developed as training materials to complement and build on the ideas that were introduced in the *Handbook.* The two written manuals and video provide an overview of qualitative research, descriptions of the in-depth interview method and the focus group method, and

guidelines for selecting and integrating each technique into the researcher's own study. The main purpose of *Getting It in Focus: A Learner's Kit for Focus Group Research* is to provide step-by-step guidelines for conducting your own focus group study. Included are instructions on how to design a workshop for training others to prepare for their own focus group research. The video was designed to be used as part of this training workshop, but can be used on its own.

3) The Handbook for Excellence in Focus Group Research

Mary Debus, Academy for Educational Development / HEALTHCOM or the Communication and Marketing for Child Survival Project / U.S. Agency for International Development, 1988, 55 pages. Available in English, French, and Spanish.

Who would benefit from this manual?

Use of this manual could be of benefit to a diverse array of users who are interested in gaining insight into why people think or act as they do about a particular issue and are seeking to understand how to use qualitative research and the information it generates. Further, it will be of benefit to those trying to determine whether focus groups or individual in-depth interviews would be most appropriate for his/her project. It will also be useful to those who are seeking step-by-step instructions on setting up and conducting focus group research.

Organization of the manual

The manual is organized into nine sections:

Section	Material Covered
Section 1	*An Overview of Qualitative Research* provides an introduction to qualitative research methods for those with no previous experience. Special emphasis is placed on focus groups and in-depth interviews. Information is provided on the advantages and disadvantages of focus groups.
Section 2	*Two Leading Qualitative Research Methods: Individual Depth Interviews and Focus Groups.* This section discusses the characteristics, the strengths, and the weaknesses of focus groups and individual depth interviews. Included are guidelines for selecting the appropriate technique and examples of how each method might be applied to a research issue.
Section 3	*Setting up Focus Group Research* provides specific guidelines for setting up focus group research, instructions for determining how many groups are required, and a description of the ideal focus group setting and composition. Also included is an example case study titled, "Working Session: Designing a Qualitative Research Study for Prenatal Vitamins," to illustrate the process of research design.
Section 4	*Developing the Topic Guide* concentrates on the development of topic guide or a list of question areas to be covered during the focus group. A sample topic guide is provided to illustrate the steps needed to create the research tool.
Section 5	*Group Discussion Techniques. This section* shares "tricks of the trade" that the moderator might use to develop his/her skills in conducting effective focus group research.
Section 6	*The Focus Group Moderator* discusses personal characteristics of the ideal moderator and provides guidelines for selecting a qualified person for the job. Also included are criteria for evaluating a moderator's work.

continued...

Section	Material Covered
Section 7	*Moderating a Focus Group* provides detailed instructions for the actual task of moderating a focus group. Recommendations are given for all steps of moderating: opening, body of the discussion, and closing statements. Included is a (sample) post-group evaluation for the moderator to complete.
Section 8	*Special Problems that Occur in Focus Groups* outlines potential problems that can occur during focus group discussions and suggests strategies for dealing with them.
Section 9	*The Focus Group Report* discusses how to analyze and use the findings of focus group research. This is done through generation and completion of a structured focus group report. Instructions and a sample report format are provided to illustrate how the report should be created, formatted, and filled out.

Ordering Information

Source 1:

BASICS Information Center
Suite 300, 1600 Wilson Boulevard
Arlington, VA 22209
Telephone 1-703-312-6800
Fax 1-703-312-6900
E-mail wwwinfo@basics.org
Web site http://www.basics.org

Source 2:

SARA (Price $10 including shipping and handling)
Academy for Educational Development
1825 Connecticut Avenue NW
Washington, DC 20009
Telephone 1-202-884-8700
Fax 1-202-884-8701
E-mail saramail@aed.org
Web site http://www.info.usaid.gov/regions/afr/hhraa/child.htm#subtopics

4) A Skill-Building Guide for Making Focus Groups Work

Anne Roberts, Mary Debus, Elizabeth Younger, Valerie Uccellani, Sylvia Lopez Gaona, 1995, 141 pages. Available in English, French and Spanish.

Accompanied by: ***A Training Video for Moderating Focus Groups***

Lynda Bardfield van Over, 1995, 34 minutes. Academy for Educational Development / HEALTHCOM or the Communication and Marketing for Child Survival Project / U.S. Agency for International Development

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Who would benefit from this manual and video?

This manual and video were designed for social science and medical researchers, and will be of particular interest to those in the field of health communication. Used together, they illustrate the importance of the moderator and provide extensive guidance for training someone to perform the role. Used alone, the video will be of help to those who want to train to become moderators.

Apart from the video, the written manual will benefit those who (plan to) use the *Handbook for Excellence in Focus Group Research* (discussed above), as it was specifically written to enhance the *Handbook's* application. Like the *Handbook,* the *Skill-Building Guide* provides step-by-step instructions for planning and moderating focus group discussions. Third, this manual provides detailed guidelines for designing a complete four-day workshop on focus group research during which the participants use all three components of The Learner's Kit.

Organization of the manual

The manual comes with worksheets, exercises, and a 34-minute training video. It is organized into four main parts and an appendix:

Part 1—Before You Start provides a User Guide (information and instructions) for all three components of the Learner's Kit. Also included in Part I is an introduction to qualitative research methods, and a general discussion of focus groups (what they are, what they answer, who should use them, and their limitations).

Part 2—A Step-by-Step Approach to Focus Group Research provides examples and worksheets as it guides the reader through eight steps of putting together and carrying out focus group research:

- Decide If Focus Groups Are the Right Tool
- Determine Who Should Participate
- Draft a Screening Questionnaire
- Develop a Topic Guide
- Design Forms for the Moderator and Notetaker to Use

- Draft Your Self-Evaluation Form
- Practice a Focus Group Discussion
- Organize Your Notes for the Research Report

Part 3—Answers to Questions Raised in the Video discusses 10 questions raised in the video.

Part 4—Information and Exercises for Improving Moderator's Skills addresses eight specific skills that can be sharpened through the activities provided.

Appendix—Workshop Design addresses a workshop leader. It includes nine pages of detailed instructions for conducting a complete four-day workshop. Guidelines are given for equipment needed, recommended experience, and organization of group exercises.

Time and personnel required

The time and personnel requirements for the focus group research are the same for this manual as for the others in the chapter.

The training workshop is designed to be conducted over the course of four days. It is recommended that the workshop leader be comfortable encouraging people to learn from their own experiences and mistakes, have some previous knowledge of focus group research, and have experience as a moderator.

Ordering Information

Source 1

BASICS Information Center (Video may not be available)
Suite 300, 1600 Wilson Boulevard
Arlington, VA 22209
Telephone 1-703-312-6800
Fax 1-703-312-6900
E-mail wwwinfo@basics.org
Web site http://www.basics.org

Source 2

SARA (Price $10 including shipping and handling per manual; video not available)
Academy for Educational Development
1825 Connecticut Avenue NW
Washington, DC 20009
Telephone 1-202-884-8700
Fax 1-202-884-8701
E-mail saramail@aed.org
Web site http://www.info.usaid.gov/regions/afr/hhraa/child.htm#subtopics

Chapter 3: Methods for Qualitative Data Analysis

Summary of Qualitative Data Analysis Media

Medium of analysis	Uses	Benefits over other media	Drawbacks	System requirements	Ability to learn on own
By hand	Low-tech analysis of interview data	Ease of use, low cost, "closeness" to data	Cumbersome with large amounts of data	Pen, paper, scissors, and large space for organizing (e.g., table)	High potential
Search tools in word processors	Simple search and retrieve, simple coding; macros for repetitive tasks such as coding schemes	For those who already use word processors, it is a free and simple addition	Does not allow very complex searches, cumbersome	Windows 3.1-Win95,Win98; Word 6-8 or WordPerfect 6-8 word processor	High potential
Search and retrieve software ***1) dtSearch 2) ZyIndex***	Complicated search and retrieve in files saved in various text formats	Can search files saved in nearly all text formats, allows complex searches	Expensive, limited use outside of searching	Windows 3.1-Win 95,Win98; and word processor	High potential
Programs for semi-structured data ***3) CDC EZ Text***	For creating, coding, man-aging, and analyzing semi-structured data	Data can be copied into the templates from word processing documents; data can be exported in a variety of formats	Requires a lot of time for training and for coding data	Windows 3.1-Win95,Win98, WinNT (versions 3.51 and 4.0)	Medium potential
Integrated coding and model-building ***4) Ethnograph version 5.0 5) NUD*IST 6) ATLAS/ti***	Search and retrieval, hypertext, theory development	Many useful qualitative analysis tools and output formats, link to quantitative software	Expensive, complicated; requires extensive training	Windows 3.1-Win95,Win98	Low potential
Software for semi-structured data ***7)ANTHROPAC***	Menu-driven DOS program for analyzing of sorting, ranking, and listing	Only software for this type of data, good manuals	Requires extensive training in data entry and analysis	DOS, or Windows 3.1-Win95,Win98	Low potential

Part I: Analyzing textual data

A number of options exist for analyzing textual data based on in-depth interviews and focus group transcripts:

Options for analyzing textual data

- Analysis by hand
- Analysis with word processors
- Search and retrieve programs
- Programs for semi-structured data
- Integrated coding and model-building programs

Analysis by hand

While not elegant or technologically sophisticated, analyzing data by hand is still the most rapid and effective method in many circumstances, particularly when working with community groups with limited computing skills. In this case, introducing sophisticated software may limit the participation of these groups in data analysis and interpretation, and manual analysis provides the group with the information it needs to make decisions about what to do next. Specific manual analysis techniques include:

- Using different color highlighter pens to create coding stripes in the margin of the interview. If the file is in a word processor, the transcripts should be printed with wide margins.
- Making a copy of all the transcripts and using scissors to cut out the sections of text dealing with each specific topic. Then place all the sections dealing with the same topic in a pile, and have someone read and summarize what was said about the topic.
- Using index cards (instead of scissors to cut text) to write down sections of text dealing with each specific topic. Again, all index cards dealing with the same topic are placed in a pile and someone will read and summarize what was said about the topic.
- Creating a "summary page" for each interview with a number of questions to answer about the responses of the person interviewed. Have people read each interview, then fill out the form. The form can include questions with categorical responses (never, a little, a lot) and spaces to write down "key quotes" on different topics.

Analysis with word processors

Recent versions of word processing programs (WordPerfect 8, MS Word 97) incorporate several features that can be adapted for analyzing textual data:

- functions to search for words;
- macro keys that allow a full code to be inserted with one single keystroke; and
- keys to mark text in different colors or shades.

When several macros are being used to insert codes, it may be preferable to construct a toolbar with all of the codes on it. This is relatively easy to do in WordPerfect and somewhat more difficult in MS Word. Although word processors have little flexibility in terms of qualitative data analysis, their key strength is that most computer users are already familiar with at least one of them, so less time is required for training. The word processor option makes the most sense if the number of codes to be inserted is limited and the codes are simple (single level).

Analysis with search and retrieve programs

1) dtSearch
2) ZyIndex

Search and retrieve programs, though not designed specifically for qualitative data analysis, are excellent tools when specific words (e.g., types of foods, types of illnesses) are not abstract concepts (e.g., decision-making patterns), but are the subject of analysis. Advanced searching programs such as dtSearch and ZyIndex will accept data in a wide variety of formats, eliminating the need to format the data especially for the program. Quotes on similar topics can each be saved in a file on a particular topic and examined and summarized later. People with little computer experience can be instructed to used these programs in less than a day. A weakness of these programs is that codes cannot be added to the original text documents from within the program. Instead, it is necessary to exit dtSearch or ZyIndex, go into a program where edits can be made, add codes, exit that program, and re-enter dtSearch or ZyIndex.

Programs for semi-structured data

3) CDC EZ Text

CDC EZ Text is a free program designed for analyzing semi-structured data (fixed questions with open-ended responses). CDC EZ Text allows the researcher to design a series of qualitative data entry templates tailored to a questionnaire. Data can be typed directly into the templates or copied from word processor documents. After data entry, researchers can interactively create on-line codebooks and export data in a variety of formats. Essentially CDC EZ Text allows researchers to code answers to open-ended questions, so that textual data can be analyzed as quantitative survey data would be, with frequencies, bar charts, and cross-tabulations after it is exported to statistical analysis software.

The latest version of CDC EZ Text is 3.06A. It includes one additional function not present in the earlier version 3.06. After executing a database search, a new function allows users to print ALL their search results at one time, instead of browsing and printing them one at a time.

CDC EZ Text is relatively easy to use, but requires several days of training and an investment of time to code the data. If the data are not semi-structured—that is, if different questions

are asked of each respondent or interviews deviate widely from the interview guide, then CDC EZ Text is not an appropriate tool.

Integrated coding and model-building programs (code and retrieve)

4) The Ethnograph Version 5.0
*5) NUD*IST*
6) ATLAS/ti

These software programs are quite complex, but offer benefits to the long-term user who is willing to invest considerable time in learning the program. Most of the time spent on qualitative data analysis consists of reading, rereading, comparing, interpreting, and thinking about the data. These programs aim to make this process more efficient. Each software package serves as a virtual "workbench" in which relevant qualitative data (textual, graphic, or audio), "raw" notes, and information associated with the ongoing analysis are retained within the software package. Each "workbench" comes with a set of "tools" to facilitate the analysis.

Although these programs may be used at any point in the qualitative research process, their utility is maximized if they are incorporated early in the process. These programs facilitate qualitative research analysis by managing, organizing, and interpreting data testing hypotheses and developing theories. The Ethnograph v5.0, NUD*IST, and ATLAS/ti "packages" are equipped with some or all of the following qualitative analysis "tools" (an X in a box below indicates those "tools" each program has; no X indicates that "tool" is not available for a given program):

	The Ethnograph v.5.0	NUD*IST	ATLAS/ti
Coding	X	X	X
Search and retrieval	X	X	X
Data management and organization	X	X	X
Data linkage (cross referencing through hyperlinks)			X
Visual representation of data linkages	X		X
Theory development	X	X	X
Output to statistical software packages such as SPSS	X	X	X

CODING: To retrieve relevant passages from the full text, passages can be marked and linked to an organizing scheme. Two possibilities can be used to construct such a scheme:

[1] See Data Linkage (Hyperlinks) later in this chapter.

(1) constructing codes, and (2) including cross references in the text.[1] Coding takes place concurrently with interpreting the data, and facilitates the analysis by: 1) anchoring codes to reference points in the text, enabling the user to easily relocate text passages; and 2) anchoring different reference points to one another via codes for cross-referencing of themes apparent in the data. These processes make the patterns and structures within the data more obvious, which in turn enhances the interpretation.

Some users of Ethnograph v5.0, NUD*IST and ATLAS/ti find it favorable to code text at the end of the analysis phase, choosing instead to initially develop a code book, draw a network model, carefully read and review the (uncoded) text, and write detailed analytic notes. However, for many users of Ethnograph, NUD*IST and ATLAS/ti, it will be necessary to code the data before the benefits of the program can be realized.

Coding can become tedious even for the most driven qualitative researcher; it is useful to keep in mind specific research questions and to code according to them. Coding is a prerequisite for any systematic comparison of text passages; text segments are retrieved and analyzed to discover "dimensions" that can be used to compare different informants' opinions. Once data have been partially or fully coded, the user can perform searches, retrieve text, and generate reports; develop and modify interactive coding schemes and multi-level coding trees; and build complex models to summarize the data using the software.

SEARCH AND RETRIEVAL: Each program has search and retrieve functions similar to those found in the more basic programs described above (e.g., ZyIndex or dtSearch), and more complicated forms of searching. Two common forms of searches are possible: those that use codes in the parameters of the search, and those that do not use codes (keyword searches, for example). Both searches make use of boolean operators (AND, OR, NOT) to limit the search and locate data of interest. Complex retrieval techniques can help to locate text segments according to document-specific codes such as the age, gender, or profession of an interviewee. With selective retrievals the researcher can, for example, systematically compare women's and men's perceptions of household expenditures related to nutrition.

Another search and retrieval tool enables the user to locate text segments that have been assigned more than one code. The user can limit the scope of the search by specifying a maximum distance within which both words (or codes) should appear in the text. The search tool will locate all documents that contain the search parameter of interest and make them accessible to the user. For instance, by searching for "diarrhea AND child," the program will locate all passages in the data that contain both words, "diarrhea" and "child." The search and retrieve utility is highly flexible, user-friendly, and easy to master, opening up endless possibilities in defining search parameters.

DATA MANAGEMENT AND ORGANIZATION: These programs offer many ways to manage and organize text, graphic, and audio data. The simplest utilities resemble the Windows95 explorer, and enable the user to create various types of folders where data can be stored. The more complex data management and organization tools enable the user to structure the data to reflect questions or themes important to the project, such as attributes describing the informants: gender, age, or community location.

DATA LINKS (HYPERLINKS): Codes are useful for organizing theoretical categories that the researcher uses and develops the analysis. Codes can be linked to one another by developing a "hyperlink." "Hyperlinks" are links constructed between selected text passages and codes to represent evolving concepts and theories about the relationships of elements in the data. The links can represent code-to-code, code-to-text, or text-to-text linkages apparent in the data. By pressing a "button" the user of a textual database can jump between text passages that are linked together. To simplify a potentially complicated series of networks, the links are normally depicted visually, with icons representing code/text/graphic and lines representing links between them.

In NUD*IST, networks of linked codes, sub-codes, and related text passages are visually represented in the form of hierarchical "trees." ATLAS/ti allows the user to define the visual depiction of data links in the form of non-hierarchical relationships. Such visual links (hyperlinks) reflect the researchers' evolving concepts and theories regarding the data.

Two to four weeks of practice with the programs are necessary before the full benefits of these programs are realized, except for those individuals with a high level of computer literacy. Initial training requires three to five days. Using these programs slows the data analysis process considerably, but they allow much more complex types of data analysis to be performed. Large user groups for each of these programs exist on the Internet. Belonging to such user groups is useful because they help integrate the researcher into a larger qualitative research community that encourages exchanging information about the program and about qualitative data analysis.

Qualitative Research & Consulting or "QUARC", which specializes in the methods and techniques of qualitative data analysis (QDA), and especially in the area of computer-aided qualitative data analysis, has a web page that offers useful information, references and links to QDA methods, as well as to the QUARC workshop and seminar offerings.

The website (at http://www.quarc.de/english.html) provides information on:

1) QDA Seminars and Workshops;

2) An introduction to qualitative data analysis, methods and techniques

3) QDA software: ATLAS/ti, Ethnograph, Nud*ist, and WinMax (described under "Other Qualitative Data Analysis Packages" below);

4) Links to other QDA-Sites

For a more detailed review of NUD*IST and ATLAS/ti, see the following article, Lewis, RB. ATLAS/ti and NUD*IST: A comparative review of two leading qualitative data analysis packages. *Cultural Anthropological Methods.* 10(3): 41-47.

Other qualitative data analysis packages

We would like to mention three other qualitative data analysis software packages that are currently gaining attention.

A) HyperRESEARCH

For details, see website http://www.scolari.com/hyperresearch/hyperresearch.htm

Available in Mac and IBM formats, HyperRESEARCH v2.0 enables you to code & retrieve, build theories, and conduct analyses of your data. Now with advanced multimedia capabilities, HyperRESEARCH allows you to work with text, graphics, audio and video sources, making it an invaluable research analysis tool.

B) NVivo

For details (and FREE download of demo software), see website http://www.scolari.com/nvivo/nvivo.html

NVivo, also known as "NUD*IST for qualitative research" is Qualitative Solutions and Research's (QSR) newest qualitative research package and builds upon the capabilities of NUD*IST. NVivo combines rich editable text and multimedia capabilities with searching, linking, and code-based theorizing. The rich documents enable you to bring your data alive and the new integrated search tools allow you to analyze its subtleties. With NVivo's embedded DataBites function, you can dramatically expand the breadth of the data used in your research by integrating text, sound, image, and video data sets into your projects.

C) winMAX

For details (and FREE download of demo software), see website http://www.scolari.com/winmax/winmax.htm

winMAX is a tool for text analysis that can be used for Grounded Theory oriented "code and retrieve" analysis as well as for more sophisticated text analysis, enabling both qualitative and quantitative procedures to be combined.

winMAX offers: 1) Visualization of basic functions like codes & memos; 2) Complex and flexible coding & retrieval functions (Boolean, proximity and semantic retrieval); 3) Lexical search &automatic coding; 4) Merging of qualitative & quantitative data; 5) Import and export of data matrices; 6) Complex & powerful theory building tools; 7) Unique functions like weight variables, team work procedures; and 8) Special procedures for the analysis of open-ended questions.

Part II: Software for the analysis of systematic data

7) ANTHROPAC

ANTHROPAC is a software package for analyzing data using various "systematic" data collection techniques, including freelists, pile sorts, triadic and paired comparisons, scales, and rankings. ANTHROPAC is available in two formats: a shareware version (v3.2) and a consumer version (v4.95). Both programs are DOS-based and will run on recent versions of DOS and Windows operating systems, using very little memory on the hard drive. The consumer version comes with three excellent manuals (manual on methods, reference guide, and user's guide) that

steer the user through the specifics of the program and data collection methods. These manuals are aimed at researchers with some knowledge of social sciences and qualitative research. ANTHROPAC analysis requires the assistance of a researcher familiar with systematic data collection and analysis techniques.

ANTHROPAC allows the user to analyze data related to the following:

Methodology	Example	Output	Useful for...
Freelisting	List of the most common childhood illnesses in community	List of the illnesses mentioned most frequently by respondents	…identifying items important to a particular community
Pile sorts	People are given a set of cards with diseases written on them and are asked to sort the disease cards into piles based on their similarity to one another	Visual diagram (MDS)* that represents to what extent disease items are perceived to be associated with other disease items	…understanding how people associate various items with one another—e.g.,"do people think of the individual symptoms of schistosomiasis as separate diseases?"
Triadic comparison	People are given multiple sets of items, three items per set, and are asked to indicate for each set which item differs the most from the other two items	"MDS" visual diagram that visually represents how similar (and dissimilar) items are to one another	…understanding how people associate various items with one another
Paired comparison	People are given multiple sets of items, two items per set, and are asked to indicate which of the two items is more "X" (a dimension determined by the researcher, e.g., risky) than the other	A ranking of all of the items, based on a particular dimension specified to the respondent. (e.g., riskiness)	…understanding how people rank particular items in the context of other items along a particular dimension (e.g., riskiness)
Consensus	Evaluate the extent and type of intercultural variability in a sample; assess the extent of informants' knowledge of a domain (uses true/false, fill-in-the-blank, and interval data)	An "answer" sheet reflecting what respondents consider to be correct answers	… discovering what the community considers to be correct answers to questions asked of them
Attitude scaling	Construct, test, and modify Guttman and Likert** scales of underlying attitudes/traits—for example, SES data in a questionnaire	Guttman, Likert scale analysis	…survey analysis—e.g. SES constructs

**MDS: multidimensional scale.* ***Scales that relate to multiple-point scales (e.g., agree, no opinion, disagree).*

Ordering information

1) dtSearch
Price: 16-bit software package available for $395, plus $60 annual maintenance fee; 32-bit software package available for $595, plus $90 annual maintenance fee

A) Can be ordered and downloaded from the DT Software Web site:
http://www.dtsearch.com/index.html

B) A 30-day trial version of dtSearch Version 5.0 can be downloaded from Web site:
http://www.dtsearch.com/dttesting.htmlC)Orders may be placed to DT Software by telephone, fax, or e-mail at the following contacts:
Telephone 1-703-413-3670
Toll-Free 1-800-483-4637 (only in the USA)
Fax 1-703-413-3473
E-mail sales@dtsearch.com

2) ZyIndex
Price: 1 workstation for a standalone PC is $595 plus $90 per year for annual maintenance service plus UPS shipping. 1 concurrent workstation for a network is $695 plus $105 for AMS. Students are offered a 10% discount on all software.

A) The ZyLab Web site (http://www.zylab.com/) provides:a downloadable demo of the latest ZyIndex release, up-to-date information on ordering the software

B) Software also available from:
ZyLab International, Inc.
Telephone 1-301-590-0900
Toll-Free 1-800-544-6339 (only in the USA)
Fax 1-301-590-0903

C) Contact information in Europe
Telephone 31-20-696-6277

3)CDC EZ Text
Price: Free of charge when downloaded from the Internet

A) To obtain a copy (free of charge) of the latest "Version 3.06A" of EZ-Text software, researchers can copy installation disks from the CDC website: http://www.cdc.gov/nchstp/hiv_aids/software/ez-text.htm

B) Questions or comments about CDC EZ Text can be e-mailed to: eztext@cdc.gov

4) The Ethnograph Version 5.0

Price: Standard price, for single copy, is $515, Educational price, for single copy is $295, Student price (with valid Student ID) $200.

A) Software can be ordered from Web site: http://www.qualisresearch.com

B) Information also available from:
Scolari-Sage Publications Software
2455 Teller Road
Thousand Oaks, CA 91320
Telephone 1-805-499-9774
Fax 1-805-499-0871
E-mail info@sagepub.com
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6) ATLAS/ti

Price: Standard price, includes CD-ROM and manual is $715, Educational price, includes CD-ROM and manual is $395, Student price is $235.

A) Up-to-date information on ordering the software is available at Internet site: http://www.atlasti.de/

B) Free demonstration version of ATLAS/ti for Windows available from Web site: http://www.atlasti.de/prerelease.htm

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Web site http://www.scolari.com/atlasti

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7) ANTHROPAC

Price: $39 for students; $125 for professionals, academics, businesses and corporations

A) Up-to-date information on ordering the software is available at Internet site: http://www.analytictech.com/

B) Information on ANTHROPAC Version 4.92 available from Web site: http://www.analytictech.com/APAC.htm

C) Free demonstration copies of old versions of ANTHROPAC are available from website:
http://www.analytictech.com/download.htm

D) Orders may be placed by mail, telephone, fax, or e-mail:
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104 Pond Street
Natick, MA 01760
Telephone 1-508-647-1093
Fax 1-508-647-3154
E-mail borgatts@bc.edu

Other web-sites for information on qualitative data analysis mentioned in Chapter 3:

A. Qualitative Research & Consulting or "QUARC" (multiple softwares reviewed)
http://www.quarc.de/english.html

B. HyperRESEARCH http://www.scolari.com/hyperresearch/hyperresearch.htm

C. NVivo, including FREE download of demo software
http://www.scolari.com/nvivo/nvivo.html

D. winMAX, including FREE download of demo software
http://www.scolari.com/winmax/winmax.htm

SECTION II: Manuals on Participatory Research

Section II is organized into three chapters:

Chapter 4—General Resources on Participatory Research answers the question, "What is Participatory Research?" It describes the characteristics of this style of research and discusses the different terms and acronyms that are used to refer to participatory methods and processes. Also provided is a list of current Web sites and books that provide information about:

- upcoming courses and workshops on participatory research;
- contact persons and networks;
- books that lay out the basic principles of participatory approaches; and
- other researchers' experiences with the method.

Chapter 5—Manuals on Participatory Research Methods discusses the time and personnel needed for a participatory research project. It also reviews 10 participatory research manuals that describe how to use participatory research methods, and provides information about how to obtain them.

Chapter 6—Manuals on Training in Participatory Research. The manuals covered in this chapter describe both how to perform the methods and how to train people to perform them. Seven manuals on training in participatory research methods are reviewed, complete with information about how to obtain them.

Chapter 4: General Resources on Participatory Research

Resource	Description
Books	
1) Books by Robert Chambers: • *Rural Development: Putting the Last first*. 1983, 246 pages. English. • *Whose Reality Counts? Putting the First Last*. 1997, 297 pages. English.	These and other books by Robert Chambers lay out the basic principles and history of participatory approaches and methods in agriculture, environmental preservation, health, etc.
2) *Participatory Research in Health: Issues and Experiences*. Korrie de Koning and Marion Martin (eds.) 1997, 242 pages. English.	Comprehensive review of experiences in applying participatory research approaches to health
3) *Nurtured by Knowledge: Learning to do Participatory Action Research*. Smith, SE et al. 1997, 281 pages. English.	Seven in-depth case studies of participatory action research projects
4) *World Bank Participation Sourcebook*. 1996, 276 pages. English.	Summarizes experiences of The World Bank with participatory approaches to development
Web Sites	
5) International Institute for Environment and Development (IIED) Resource Centre. http://www.iied.org/resource English, French, and Spanish versions	On-line catalogs of documents and lists of events, courses and workshops on participatory research methods, and Participatory Learning and Action; the Resource Centre also takes orders for documents
6) PLA Notes http://www.iied.org/agri English	Published February, June, and October; enables practitioners of participatory methodologies to exchange experiences and innovations
7) Participation Group at Institute for Development Studies (IDS) http://www.ids.ac.uk/ids/particip English	Gateway to variety of resources, including contact persons and networks, and the Reading Room: 3000 on-line documents on participatory methodologies and to Devline (Development Information Online)

What Is Participatory Research?

A prime concern of people developing manuals for qualitative research has been the validity of the methods used: did data collected using the manual give an accurate picture of what people were actually thinking and doing? People who favor participatory research approaches feel that, while the validity of the data collected is a legitimate concern, the emphasis on validity excludes other concerns such as developing a sense of community "ownership" over the research process and the data it generates, or using the data to help improve local conditions. Participatory methods incorporate approaches to ensure validity of the data that are characteristic of qualitative methods, such as examination of research questions through multiple methods (i.e., triangulation). At the same time, participatory methods can generate a sense of ownership of the data by the community and be linked directly to actions at the community level.

In response to the lack of participation in traditional research, participatory researchers have proposed a new style of conducting research. Its key characteristics include:

- An emphasis on behaviors and attitudes that promote genuine collaboration between community members and "outside experts." These behaviors and attitudes include respect for local knowledge and capabilities, willingness on the part of outside experts to let local communities take control of the process ("hand over the stick"), and flexibility and informality in use of the methods.

- Use of methods that allow community members to participate in data collection. Many of these methods are carried out using local materials (sticks, beads, pots, beans) arranged on the ground in front of the participants, although they can also be done using flipchart paper and markers in literate communities.
  - Mapping: maps created by community members to show a variety of different features in a community, (e.g., maps of social resources, natural resources, land use, children in and out of school, family planning users, etc.)
  - Body mapping: drawing pictures of the body or bodily processes to explore people's perceptions of health issues,
  - Flow diagrams that indicate connections among events, people, institutions, causes, effects, and problems,
  - Ranking and scoring on matrices or grids, using seeds, pebbles, or other counters to compare things,
  - Seasonal calendars that show how mosquitoes, diseases, income, food production, etc., vary through the year,
  - Stories and case studies,
  - Short, simple questionnaires,
  - Group walk along a transect of the village to observe and note community features, conditions, and activities.

- Sharing of information and experiences, including sharing of all data collected. Data are analyzed in collaboration with community members, instead of being taken out of the community for "advanced analysis" and feedback, if any, at some point. Copies of the data

and the analysis/reports remain with the community (translated into the local language if necessary). The concept of sharing also includes sharing among community members, between facilitators/trainers in participatory methodologies, and between NGOs and other organizations.

Terms for different approaches to participatory research

A number of terms and acronyms are used to refer to participatory methods and processes. The most commonly used are:

Rapid Rural Appraisal (RRA): The first generation of participatory techniques was generally referred to as Rapid Rural Appraisal techniques. In an RRA study, a multi-disciplinary team of researchers spends four to eight days in a community, involving community members in all aspects of data collection and analysis. An RRA generally results in a report summarizing the findings. While far more participatory than traditional styles of research, many participatory research practitioners feel this type of study still leaves a lot to be desired because participation is an isolated event rather than an ongoing process.

Participatory Rural Appraisal (PRA): The methods used in PRA, such as social mapping, diagrams, and seasonal calendars, are the same as in RRA. PRA's objective is to empower the community, not just involve the community in collecting data. PRA's long-term vision is to have the community analyze its own problems, determine its own priorities, and develop a plan for addressing these problems. The role of outside "experts" in PRA is to facilitate the process and to provide technical assistance in response to needs articulated by the community. PRA has the community direct the entire process. If an RRA is a discrete, time-limited process, a PRA is an extended process that can last for years.

Participatory Learning & Action (PLA): This relatively new label is becoming more popular because taking action based on the findings is emphasized, rather than collecting data as an end in itself. PLA is a collective term to describe the growing body of participatory approaches and methodologies that include not only approaches to data collection such as RRA and PRA, but also other processes and activities for establishing, strengthening, and sustaining local participation and control such as participatory theater.

This chapter presents some of major resources that are available for those wanting to become involved in participatory methods and approaches.

1) Books and papers by Robert Chambers

Available in English.

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a) Rural Development: Putting the last First
b) Whose Reality Counts? Putting the First Last
c) Rural Appraisal: Rapid, Relaxed and Participatory, **IDS Discussion Paper 311**
d) Relaxed and Participatory Appraisal : Notes on Practical Approaches and Methods

Robert Chambers has been one of the key thinkers in the participatory research movement. In these books and articles, and others listed at the IDS Web site (see resource 7 at end of this chapter), Chambers develops and explains, with numerous examples from development projects in low-income countries, some of the central principles that are promoted by the participatory research community, including 1) rural poverty is often unseen or misperceived by outsiders, those who are not themselves rural and poor; 2) past errors have flowed from domination by those with power; and 3) poor people have shown a remarkable ability to express and analyze their local, complex, and diverse realities, which are often at odds with the top-down realities imposed by professionals.

Ordering information

Publications Office
Institute of Development Studies, University of Sussex
Brighton BN1 9RE UK
Telephone 44-1273-678269
Fax 44-1273-621202/691647
E-mail ids.books@sussex.ac.uk
Web site Go to http://www.ids.ac.uk/ids, select publications, select IDS virtual bookshop, select "go to bookshop," you will be able to search for the publication by title

a) *Rural Development: Putting the Last First*, 1983, 246 pages, £2.25
ISBN 0 582 64443 7
Internet Order Form http://kipper.ntd.co.uk/cgi-ids/getbook.dll/234

b) *Whose Reality Counts? Putting the First Last*, 1997, 297 pages, £3.95
ISBN 1 85339 386 X
Internet Order Form http://kipper.ntd.co.uk/cgi-ids/getbook.dll/355

c) *Rural Appraisal: Rapid, Relaxed and Participatory*, IDS Discussion Paper 311, 1992 90 pages, £7.
ISBN 0 903715 84 8
Internet Order Form http://kipper.ntd.co.uk/cgi-ids/getbook.dll/48

d) *Relaxed and Participatory Appraisal : Notes on Practical Approaches and Methods*
Website http://www.ids.ac.uk/ids/particip/intro/introind.html

2) Participatory Research in Health: Issues and Experiences

Edited by Korrie de Koning and Marion Martin (eds.), 1996, 242 pages. Available in English.

This book is the most comprehensive review available on applying participatory research approaches to health. It describes the history and development of participatory approaches and highlights case studies of participatory processes in India, Bangladesh, Zimbabwe, Uganda, South Africa, and Australia. This chapters in this book are more detailed versions of papers originally presented at the International Symposium on Participatory Research in Health Promotion, held in Liverpool, September 17 to 23, 1993 and hosted by the Liverpool School of Tropical Medicine and the African Medical and Research Foundation (AMREF), Nairobi, Kenya.

The book consists of 20 chapters organized in eight parts:

Part I: A historical theoretical perspective to participatory research
Part II: Training in participatory research
Part III: Processes and empowerment
Part IV: Participatory research methods: First steps in a participatory process
Part V: Differing methods of planning and evaluating participatory research
Part VI: Using participatory methods to establish community-based information systems
Part VII: Participatory research in the workplace
Part VIII: The roles of universities and government health systems in participatory research

Ordering Information

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Fax 44-171- 8333960
E-mail sales@zedbooks.demon.co.uk
Web site http://www.zedbooks.demon.co.uk
Internet Order Form http://www.zedbooks.demon.co.uk/forms/zorder.htm
ISBN 1 85649 351 2, Hardcover, $59.95
ISBN 1 85649 352 0, Softcover, $25.

3) Nurtured by Knowledge: Learning to Do Participatory Action Research

Susan E. Smith, Dennis G. Willms, Nancy A. Johnson, 1997, 281 pages. Available in English.

This book presents in-depth case studies of participatory action research projects, followed by a chapter summarizing the experiences. While most of the contributors are academics, the case studies are very readable and make frequent use of conversation to describe the process of negotiation between the outsider and the community that is central to participatory research. The case studies are:

- Cows for campesinos (dairy farming project in Mexico)
- Changing disabling environments through participatory action research: A Canadian experience (disabled children and their parents in Cambridge, Ontario, Canada)
- Doctors, dais, and nurse-midwives: women's health service utilization in northern India
- "We are dying. It is finished!": Linking an ethnographic research design to an HIV/AIDS participatory approach in Uganda
- Grounding a long-term ideal: Working with the Aymara for community development (NGOs working with Aymara-speakers in Iquique, Chile)
- Pasantías and social participation: Participatory action research as a way of life (hospital-community relations in Honduras)

Ordering Information

Source 1:

USA: The Apex Press
Council on International and Public Affairs
777 United Nations Plaza, Suite 3C
New York NY 10017
Telephone: 1-800-3162739
ISBN 0 945257 81 3 (softcover USA)
0 945257 82 1 (hardcover USA)

Source 2:

Canada: IDRC Books, International Development Research Centre
PO Box 8500, Ottawa, ON, Canada K1G 3H9
Telephone 1-613-236-6163, ext. 2075
Fax 1-613-563-2476
E-mail pub@idrc.ca
Web site http://www.idrc.ca/books/index.html
ISBN 0 88936 816 3 ($25 for softcover Canada)

4) World Bank Participation Sourcebook

The World Bank, 1996, 276 pages. Available in English.

This book presents reports of field experiences with participatory approaches to development written by more than 200 World Bank staff members and consultants. The book serves as a reference guide to participatory development, featuring country case studies, pointers for participatory planning and decision making, and ways of enabling the poor to participate.

Ordering Information

The World Bank
P.O. Box 960, Herndon VA 20172-0960
Telephone 1-703-6611580
Fax 1-703-6611501
E-mail books@worldbank.org
Web site http://www.worldbank.org
Publications http://www.worldbank.org/publications/
Order form http://www.worldbank.org/html/extpb/ordform/onlineorderform.htm
Stock number 13558, Price $15.95
ISBN 0 8213 3558 8

5) International Institute for Environment and Development (IIED)

The Resource Centre. English, French, and Spanish versions of the Web site; some materials available in other languages also.

The IIED Resource Centre collects and catalogs information on participatory methodologies, environmental planning, profiles, and strategies that can be applied or integrated into institutional structures. This collection includes many manuals and reports related to participatory research methods. There are English, French, and Spanish versions of the Web site.

The goal of the IIED Resource Centre is to collect and make accessible existing and new information on participatory approaches. Documents can be ordered directly from the IIED Resource Centre for delivery anywhere in the world. The Resource Centre hosts four major collections:

1. Participatory Learning and Action (PLA);
   The Participatory Learning and Action (PLA) collection includes more than 1,700 documents on participatory approaches from around the world; bibliographies, case studies, workshop reports, and training aids on all the major aspects of PLA are available. The collection is linked to the IDS Participatory Rural Appraisal collection at the Institute of Development Studies at University of Sussex, United Kingdom, and to a network of Resource Centers based in Africa, Asia, and South America (Resource Centers for Participatory Learning and Action—RCPLA). Some material is also available in other languages, with Spanish, Portuguese, and French particularly well represented.
2. Community Wildlife Management (CWM);
3. Interaise (International Environmental and Natural Resource Assessment Information Service); and
4. IIED Archives.

Ordering Information

The Resource Centre
International Institute for Environment and Development
3 Endsleigh Street, London WC1H 0DD, UK
Telephone 44-171-3882117
Fax 44-171-3882826
E-mail resource.centre@iied.org
Web site http://www.iied.org/resource (English, French, and Spanish-language Web sites)

6) PLA Notes (formerly RRA Notes)—Notes on Participatory Learning and Action

Distributed in February, June, and October. Available in English.

Participatory Learning and Action has been adopted by the Sustainable Agriculture Programme of the International Institute for Environment and Development (IIED) as a collective term to describe the growing body of participatory approaches and methodologies. Established in 1988, and formerly known as RRA Notes, the principal aim of the Notes on Participatory Learning and Action is to enable practitioners of participatory methodologies throughout the world to share their field experiences, conceptual reflections, and methodological innovations. The format of the PLA Notes promotes rapid and informal sharing of information among practitioners, rather than the slower and more formal sharing of information typical of academic journals.

Ordering Information

ISSN 1357-938X
Subscriptions—PLA Notes
Sustainable Agriculture Programme
IIED, 3 Endsleigh Street, London WC1H 0DD, UK
Fax 44-171-3882826
E-mail subscriptions@iied.org

PLA Notes Subscription Application Form located at:
http://www.iied.org/bookshop/pubs/6150.html
Individuals and organizations in the North: £20 for one year, £37 for two years
Individuals and organizations in the South: free

7) Institute for Development Studies (IDS): Participation Group Web Site

http://www.ids.ac.uk/ids/particip/
Available in English.

The Participation Group Web site at the Institute of Development Studies (IDS) is the gateway to a wide range of resources, including names and addresses of contact persons and networks in 46 Southern countries, and access to the on-line bookstore with hundreds of books and articles on participatory approaches and development issues.

The on-line Reading Room provides access to a collection of about 3,000 documents, consisting mainly of unpublished experiences and case studies submitted by PRA practitioners. The Reading Room welcomes contributions of experiences and information from anyone working in participatory approaches. Materials in the Reading Room include notes from practitioners, workshop reports, training manuals, trip reports, critical reflections, newsletters, videos, journal articles, and organization publications. Documents cannot be ordered on-line through this Web site, but many of them can be ordered through the IIED Resource Centre described earlier.

Devline (Development Information Online) can also be accessed through this site. Devline is an information systems service for development professionals and anyone working on economic, social, and sustainable development issues. Devline offers free, high-quality Internet information services, low-cost electronic publishing services, fast access for users at all levels of connectivity, interactive facilities for remote group working and service delivery, and expertise in service and systems design and management. Devline focuses on the social science aspects of the developing world, including health, education, communication, debt and adjustment, population studies, gender and development, environment, participation and participatory appraisal, human rights, and food security.

Contact Information

The Participation Group at Institute for Development Studies
University of Sussex, Brighton BN19RE, UK
Telephone 44-1273-606261
Fax 44-1273-621202
E-mail j.vaghadia@ids.ac.uk
Web site http://www.ids.ac.uk/ids/particip/

Chapter 5: Manuals on Participatory Research Methods

Manuals on Participatory Research Methods

Title of the manual	Who would benefit from this manual?	Visual aids to explain methods	Examples and case studies of use of methods
1) Rapid Rural Appraisal (*RRA) and Participatory Rural Appraisal (PRA): A Manual for CRS Field Workers and Partners.* 1999, Vol 1:104 pgs; Vol 2: 105 pgs. English.	Program managers	Line drawing for each method	Yes, one extensive case study in second volume.
2) *Facilitating the Introduction of a Participatory and Integrated Development Approach (PIDA) in Kilifi District, Kenya. Volume II (Methods).* Schubert, B. et al., 1994, 225 pages. English	Program managers, field workers, community members	Examples of data collected in Kilifi, Kenya	Yes, extensive
3) *Participatory Development Tool Kit: Materials to Facilitate Community Empowerment,* The World Bank, 1994, 68 pages + visual aids. English	Program managers, field workers, community members	Drawings and photographs provided for each of 26 methods	No
4) *Towards Participatory Research.* The World Bank, 1996, 265 pages. English.	Policy-makers, program managers	Photographs	Some examples, no case studies
5) *Participatory Evaluation: Tools for Managing Change in Water and Sanitation.* The World Bank, 1993, 136 pages. English, French.	Program managers	Photographs	Some examples, no case studies
6) *Participation and Social Assessment: Tools and Techniques.* The World Bank, 1998, 360 pages+videos. English	Policy-makers, program managers	Videos	Some examples, no case studies
7) *Sondeo Rural Participativo,* Seleno, D. et al., 1997, 132 pages. Spanish, English.	Program managers, field workers, community members	Examples of data collected in community assessments	Two detailed case studies
8) *Institute of Development Studies PRA Methods and Topic Packs*, IDS, 1996. English.	Program managers, field workers	Examples of data collected in community assessments	Numerous examples and case studies
9) *Participatory Community Planning for Child Health: Implementation Guidelines.* BASICS, 1999, 75 pages. English.	Policy-makers, program managers	No	Numerous examples from Ethiopia and Zambia
10) *Guidelines for Rapid Participatory Appraisals to Assess Community Health Needs.* Annett, H. & Rifkin, SB. 1995, 60 pages. English.	Policy-makers, program managers	No	Some examples, no case studies

Manuals on Participatory Research Methods

Participatory research manuals almost always present a menu of methods and provide guidelines for how to use the methods and how to select which methods are most appropriate for the community and for the questions that are to be addressed. They differ from more conventional manuals (discussed in Section III) in their emphasis on 1) attitudes and process and 2) training.

1) Attitudes and process: Participatory researchers see attitudes as one of the foundations of their approach to research. If the facilitators or "outside experts" look down on the community, do not value the knowledge and experience of community members, and are unable to listen to what the community is saying, or if community members do not trust the motives of the facilitators, participatory research is seen as having little chance of success. Many manuals therefore describe exercises for examining the attitudes and perceptions of the facilitators and the community members, and include team-building exercises.

2) Training: Participatory manuals describe how to perform different methods and include how-to approaches to training groups of people with little formal education. Some manuals describe an integrated step-by-step approach to training designed to be used in its entirety. Manuals on training in participatory methods are reviewed in Chapter 6.

Time and personnel needs for a participatory project

Participatory methods are most appropriate when integrated into a long-term process of change under the direction of the community. Therefore, while an initial "round" of participatory data collection is often completed in one week or less, the whole change process may take several years. In calculating how much time, personnel, and resources are needed for a project that adopts a participatory approach, program planners need to consider not only the initial round of data collection, but also the community's needs for long-term support and follow-up.

For a participatory approach to be successful, those who collect the data should also be fully engaged in implementation of the action plans that result from the research. If participatory methods are used, but research and action are still separate processes carried out by different sets of people, the promise of a fully participatory approach is unlikely to be realized. Previous training and experience in qualitative research methods does not guarantee that a person will be an appropriate facilitator of participatory research. The ideal leader to facilitate participatory research in a community will have experience in both participatory and traditional qualitative research methods. This chapter presents a number of manuals that describe how to carry out participatory research methods. The following chapter (Chapter 6) presents manuals that can be used as a basis for training people in PLA.

1) RRA and PRA: A Manual for CRS Field Workers and Partners

Karen Schoonmaker Freudenberger, 1999, Vol. 1:104 pages; Vol. 2: 105 pages. Available in English.

Who would benefit from this manual?

This manual will be of particular interest to program managers who need to develop a framework or plan for participatory research within their program or project and who are making decisions about personnel, resources, and scheduling. Perhaps better than any other manual, it takes the program manager through the process of deciding what type of methodology to use (Rapid Rural Appraisal or Participatory Rural Appraisal), how to decide which methods to use, and how to analyze and use the data. It differs from many other manuals on participatory methods in that it explicitly lays out the respective differences, strengths, and weaknesses of RRA and PRA, so that a program manager can decide which approach is most appropriate given the setting and resources of the program or project. It also can serve as a general introduction to participatory methods for policy-makers or others wanting to learn about participatory research. It is not meant to be used directly by field workers or community members.

Organization of the manual and visual aids

This manual contains two volumes. Volume I is made up of three parts:

Part I—An Introduction to Information Gathering, Participatory Research, and RRA and PRA discusses the differences between participatory and top-down approaches, and between RRA and PRA.

Part II—How to Put Together an RRA or PRA to do Field Research presents a step-by-step approach to setting objectives, selecting methods, choosing a site, implementing and analyzing a RRA or PRA study.

Part III—The Tools and Techniques Used to Gather Information in RRA and PRA presents how to carry out the more common participatory research methods: semi-structured interviews, mapping, transect walk, Venn diagram, calendars, wealth ranking, historical profile, matrices, planning tools, and community action plan.

The *Appendix* contains an very practical Illustrative Scope of Work for conducting an RRA Technical Assessment.

Examples and case studies in use of the methods

Volume I is a general introduction and has no case studies. Volume II, contains two sections:

Part I— Using RRA and PRA for Sectoral Research which looks at applying RRA and PRA to specific concerns in the following sectors: food security, agriculture, microfinance, health, and education.

Part II: Case Studies from the Field which presents an extensive case study on food security from Kenya using participatory methods and approaches. The introduction to this section states:

"This part of the manual will grow as field practitioners send in case studies of RRA of PRA experiences that would be of interest to others in the CRS network" and asks them to be sent to:

Technical Services Director, Program Quality and Support Department at the address below.

Ordering Information

Catholic Relief Services
209 West Fayette Street
Baltimore MD 21201-3443
Telephone 1-410-6252220 or 1-800-2352772
Fax 1-410-2342994
Web site http://www.catholicrelief.org

2) Facilitating the Introduction of a Participatory and Integrated Development Approach (PIDA) in Kilifi District, Kenya. Volume II: From concept to action: A manual for trainers and users of PIDA.

Bernd Schubert, Abenaa Addai, Stefan Kachelreiss, Josef Kienzle, Martin Kitz, Elisabeth Mausolf, Hanna Schädlich, Schriftenreihe des Seminars fuer Landwirtschaftliche Entwicklung (Publication Series by the Centre for Advanced Training in Agricultural Development), 1994, 225 pages. Available in English.

Who would benefit from this manual?

This manual is designed to be useful for a wide range of users, from policy-makers to field workers. Tear-out information sheets specify which group each is intended for. Many manuals only describe the planning of a participatory research study and how to do the methods; this one, however, describes the entire process of participatory research from initial planning to training to data collection to development of a community plan to implementation of the plan. It will therefore be of particular interest to those who want a detailed example of how the data collected are used and what the eventual outcome of the process is.

Organization of the manual and visual aids

This manual is Volume II of a report that documents the implementation and results of the project "Facilitating the Introduction of a Participatory and Integrated Development Approach (PIDA) in Kilifi District" in coastal Kenya. This was a joint project of the Kilifi Water and Sanitation Project (KIWASAP) and the Center for Advanced Training in Agricultural Development (CATAD) based in Berlin, Germany. The project itself is described in detail in Volume I of the report.

Volume II, based on experiences in the project, describes the methods used at each step of implementation of the project; it is made up of nine sections: Introduction, Role descriptions of different actors, Preparation, Training, Planning, Village workshop, Report writing, Evaluation, and Follow-up.

Instead of having a separate section on methods, methods and approaches are presented in context at the point in the project where each was used. Tear-out sheets summarizing each method or approach are provided to handout to community members and/or project staff during training, planning, or evaluation. The range of methods presented is wide. While many manuals focus exclusively on methods for data collection, this one includes methods for each step in the process, including producing a program for a workshop, electing a village committee, managing time, and establishing a contract between team members.

Ordering Information

Centre for Advanced Training in Agricultural Development (CATAD)
Podbielskiallee 66, D-14195
Berlin, Germany
Telephone 49-30-31471334
Fax 49-30-31471409
ISSN 0945 9278
ISBN 3 924333 90 4

3) Participatory Development Tool Kit: Training Materials for Agencies and Communities

Deepa Narayan and Lyra Srinivasan, 1994, 68 pages + visual aids. Available in English.

Who would benefit from this manual?

The Participatory Development Tool Kit was developed by The World Bank based on experience from the PROWWESS Program (Promotion of the Role of Women in Water and Environmental Sanitation Services), a worldwide UNDP initiative. The materials in the kit were developed over the past 15 years in various locations in South America, Africa, Asia, and the United States. The kit is intended to be used in conjunction with the manuals 4, 5, and 6 in this chapter and Manual 3 in the next chapter (Chapter 6), all of which were written by, or had input from, Deepa Narayan, Lyra Srinivasan, and others working on participatory methodologies at The World Bank. This kit provides visual aids to facilitate the use of various participatory methodologies, but provides less detail on the methods themselves than manuals 4, 5, and 6 in this chapter. This kit will be useful for anyone conducting training or using these methods at the community level. Many practitioners will prefer making their own visual aids, specific to the community and language in which they are working, by adapting the visual aids provided in this kit.

Organization of the manual and visual aids

The kit contains 25 activity envelopes and an instruction booklet. A list of trainers experienced in participatory development techniques is included. The materials included are prototypes and are not meant for direct use in real-life situations—local adaptation is required. The kit includes participatory activities designed for development practitioners, trainers, and local artists and field workers. The 25 activities described encourage and strengthen community members to become more self-reliant in implementing and managing improved water and sanitation systems. Pictures or photos of images are used to encourage discussions on issues important to the community. The accompanying manual describes the purpose, time, audience, and materials needed for each exercise and how each exercise can be applied. The visual aids include drawings, charts, photographs, and diagrams. Drawings and photographs are taken from South Asia, Africa, and Latin America, and many are related to water and sanitation. For specific activities, the drawing or photograph provided may be from another part of the world, in which case a trainer or facilitator may want to produce a drawing or photograph more appropriate for the specific setting in which the participatory research is taking place.

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4) Towards Participatory Research

Deepa Narayan, World Bank Technical Paper Number 307, 1996, 265 pages. Available in English.

Who would benefit from this manual?

This manual provides a comprehensive review of the methods and tools used in participatory research, and the steps in organizing and carrying out a participatory research study. It is aimed at program planners and other technical and social science staff in the head office of an organization who want to include participatory research in their program and need to make decisions about time, personnel, and funding to be allocated to the program. Programmatically, the document focuses on planning for and implementation of water and sanitation facilities for the poor.

Organization of the manual and visual aids

Section I provides an in-depth review of the technical and operational issues involved in participatory research, such as how to plan the study, who should be involved, how to feed back the results of the study to decision-makers, selection of methods, sampling, selection and training of field workers, and data analysis. Section II contains detailed information on 33 participatory techniques: community profiles, gender analysis, semi-projective techniques, games and simulations, technology-related activities, and management and problem identification tools. There is sufficient detail so that a trainer can introduce others to the technique, but it may be difficult to use for people with little formal education. Section III contains checklists of topics a researcher might want to address in a participatory research study. The checklists provide an overview of the problem to be studied and potentially facilitate discussion about what issues might need to be investigated in a participatory research project. The checklists focus on topics related to water and sanitation.

There are numerous photographs of people performing different methods, but only a few line drawings. The latter are useful for showing people how to actually use the methods.

Examples and case studies in use of the methods

There are numerous examples taken from the author's experience in water and sanitation projects, but no full case studies.

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5) Participatory Evaluation: Tools for Managing Change in Water and Sanitation

Deepa Narayan, Technical Paper 207, 1993, 136 pages, French and English.

Who would benefit from this manual?

The author of *Participatory Evaluation* states that the goal of the manual is to "equip those who are managing community drinking water and sanitation programs in poor communities with simple, short-cut methods that can be used to foster and encourage participation while working with communities." This manual is specifically about evaluation and indicators, describing ways that poor people can monitor and evaluate the water and sanitation programs that serve them. A companion to the preceding two manuals in this chapter, the manual was developed from the experiences in 22 countries in Asia, South America, and Africa.

Organization of the manual and visual aids

The manual states that participatory activities influence monitoring and evaluation through clarifying factors, such as the purpose and uses of the evaluation, the indicators to be included, the way the evaluation is organized and carried out, and who conducts the evaluation. The manual lists "key indicators" to measure progress in water and sanitation projects and describes how to gather data on the indicators, including the projects' target audience, its methods for implementation, its monitoring and evaluation systems, etc. The manual, which shows how such activities have been applied, has seven chapters:

1. Introduction
2. What is Participatory Evaluation?
   - Characteristics of participatory evaluation
   - The participatory evaluation cycle
3. A Framework of Indicators
4. Measuring Sustainability
   - Reliability of systems
   - Human capacity development
   - Local institutional capacity
   - Cost sharing and unit costs
   - Collaboration among organization
5. Measuring Effective Use
   - Optimal use, Hygienic use, Consistent use
6. Measuring Replicability
7. Assessing Change

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6) Participation and Social Assessment: Tools and Techniques

Jennifer Rietbergen-McCracken and Deepa Narayan, 1998, 360 pages + video. Available in English.

Who would benefit from this manual?

This manual will be useful to staff of organizations that are training others to conduct participation and social assessments or using the methods themselves, at the community level. In terms of participatory methods, this manual repeats much of the content of the preceding three manuals by Deepa Narayan and/or Lyra Srinivasan. What makes this manual unique is that it brings together material from World Bank publications on participatory methods with other World Bank publications on social assessment and stakeholder analysis in one single manual.

Organization of the manual and visual aids

The toolkit consists of the three modules, each describing a different methodology that can be used to promote participation in the planning and evaluation of development projects:

Social assessment: A methodology for incorporating an analysis of social issues and developing a framework for participation of community members as "stakeholders" in designing a project.

Stakeholder analysis: A methodology for identifying and analyzing the key "stakeholders" in a project and planning for their participation.

Participatory methodologies: Similar to those described in the previous three manuals.

Each module includes an overview, techniques, case studies, and suggestions for seminars. The resource kit provides a videotape of a compilation of three participation-related videos.

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7) Sondeo Rural Participativo (Participatory Rural Appraisal)

Daniel Selener, Nelly Endara, José Carvajal, 1997, 132 pages. Available in Spanish and English.

Who would benefit from this manual?

The term "Sondeo Rural Participativo" is the Spanish translation for Participatory Rural Appraisal. The purpose of this manual is to introduce NGOs and community organizations and their leaders to participatory approaches and methods. The emphasis is on "how to do it." The manual is written with a minimum of text and numerous illustrations, so it is one of the few manuals suitable for use directly by community members.

Organization of the manual and visual aids

The manual is extremely visual. Methods or concepts are describing briefly, often in point form, and then illustrated using data collected in communities. The manual is divided into three sections.

The first gives an overview in point form of what Participatory Rural Appraisal is, its applications, and its strengths and weaknesses.

The second describes the most common PRA methods, including examples of data collected using the method in a variety of different communities.

The third describes the entire PRA process in two communities in Ecuador, and includes a presentation of the data collected at each step and how it was interpreted.

Examples and case studies in use of the methods

The detailed community case studies are the selling point of this manual. The case studies are written from the "community" point of view, so that members of communities that are about to embark on a process of participatory research can get a good picture of what is involved.

Ordering Information

Instituto Internacional de Reconstrucción Rural ($20)
Oficina Regional para América Latina
Casilla Postal 17-08-8494
Quito, Ecuador
Tel/fax 593-2-443763
E-mail daniel@iirr.ecuanex.net.ec, daniel@iirr.ecx.ec

8) Institute of Development Studies PRA Methods and Topic Packs

Carolyn Jones and staff at the Institute for Development Studies, University of Sussex, 1996. Available in English.

Available Packs:

A series of PRA methods papers was written and compiled by Carolyn Jones during September 1996. Currently available PRA topic packs include:

- Introductory PRA Methodology Pack
- Behaviour and Attitudes
- PRA Tools and Techniques Pack
- Gender
- PRA Methods
- Institutionalisation of Participatory Approaches
- Policy
- Health
- Sexual and Reproductive Health
- Emergencies, Disasters, and Refugees
- Agriculture
- Food Security
- People and Parks
- Fisheries
- PRA with Children

Who would benefit from these packs?

Anyone looking for ideas for methods, especially on specific topics, would benefit from these packs. They are most appropriate for program managers and field workers.

Organization of the manual and visual aids

Some of the packs are "integrated,"—i.e. coordinated and written by one author. Other packs are collections of articles, reports and field experiences created by groups in different parts of the world and collected by the Institute of Development Studies. Each pack is about 100 pages long.

An example of an "integrated" pack is the PRA Tools and Techniques Pack. It consists of "Methods Papers" for 11 methods: daily schedules, historical transects, livelihood analysis, mapping, matrices, ranking and scoring, network and flow diagrams, pairwise ranking, pie charts, timelines, and Venn diagrams and wealth ranking. Each "methods paper" describes briefly how to do the method and its strengths and weaknesses. Several pages of diagrams, charts, or maps collected using the method in different parts of the world are included for some of the methods.

An example of a "collection" pack is the PRA Health Pack. It consists of 13 sections, each of which is related to health and was originally an article in *PRA Notes*, *PLA Notes*, *IDS Bulletin*; another publication concerned with participatory research; or a presentation at a conference. Almost every section provides examples of data collected using participatory methods.

Ordering Information

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Fax 44-1273-621202
E-mail h.e.attwood@sussex.ac.uk

9) Participatory Community Planning for Child Health: Implementation Guidelines

Karabi Bhattacharyya and John Murray, 1999, 75 pages. Available in English.

Who would benefit from this manual?

This manual is aimed at program managers and district health teams who are interested in involving communities in the planning of maternal and child health services within a decentralized primary health care system. The manual describes how to develop a community implementation plan based on primary health care behaviors that are documented as having an impact on maternal and child health, with the full participation and consensus of communities that are involved in implementing the plan. As part of this process, the program manager will also be able to collect key indicators for monitoring and evaluation of community and household activities, and build capacity of local staff and communities to develop and evaluate community programs.

Organization of the manual and visual aids

The manual describes the "emphasis behavior" concept that underlies this approach,* explains the steps to take in adapting and using this approach, and details a process consisting of the following four phases:

Phase 1: Building Partnerships. The goal of this phase is to establish working relationships between health staff and community team members.

Phase 2: Selecting the Emphasis Behaviors. A simple household survey is carried out to collect information on the key maternal and child health behaviors in a sample of households. The behaviors shown to be at unacceptable levels are ranked and three to five priority behaviors are selected.

Phase 3: Exploring Reasons for the Behaviors: A variety of participatory research techniques, including semi-structured interviews, seasonal calendars, and matrix ranking/scoring, are used to explore the reasons behind the practices of the three to five selected behaviors.

Phase 4: Developing Intervention Strategies: Interviews are developed based on the reasons people were or were not doing the selected behaviors. Intervention strategies are suggested by community members and the health staff, and a plan for implementing strategies is developed. The action plan includes identification of resource needs and allocation of responsibilities.

Examples of survey forms, recording forms for data collected with participatory and qualitative methods, and lists of questions on specific topics are provided with the manual.

* For a detailed discussion of "emphasis behavior," see BASICS publication, *Emphasis behaviors in maternal and child health: Focusing on caretaker behaviors to develop maternal and child health programs in communities.* Ordering information.

Examples and case studies in use of the methods

The manual itself does not include cases studies that use this methodology, but reports of field tests of the methodology in Zambia, Ethiopia, and Morocco are available from the authors on request.

In additional, reports of the methods used in Ethiopia are available from BASICS citations found in publications referenced on the Web site listed in the ordering information section below.

Ordering Information

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Related Publications

A) BASICS Publication: *Community Assessment and Planning for Maternal and Child Health Programs: A Participatory Approach in Ethiopia*.
Found on Web site: http://www.basics.org/asp_scripts/Pubs.asp.

B) BASICS Publication: *Community Demand Study for the Essential Services for Health in Ethiopia Project*. Found on Web site: http://www.basics.org/asp_scripts/Pubs.asp.

C) BASICS Publication: *Emphasis Behaviors in Maternal and Child Health: Focusing on Caretaker Behaviors to Develop Maternal and Child Health Programs in Communities*.
Found on Web site: http://www.basics.org/asp_scripts/Pubs.asp.

10) Guidelines for Rapid Participatory Appraisals to Assess Community Health Needs: A Focus on Health Improvements for Low-Income Urban and Rural Areas

Hugh Annett and Susan B. Rifkin, 1995, 60 pages. Available in English.

Who would benefit from this manual?

This manual is most appropriate for policy-makers and program planners with no previous exposure to use of participatory methods in health who want a quick overview of the methods and their applications.

Organization of the manual and visual aids

This brief overview of participatory methods is presented in four chapters.

Chapter One gives a brief history of the development of rapid participatory appraisals, and summarizes what has been learned from them, as well as their strengths and weaknesses.

Chapter Two explains how to conduct a rapid participatory appraisal in eight steps, moving from determination of what information is needed and where it can be collected, to analysis of data, setting priorities, and preparation of final report.

Chapter Three discusses skills and methods for data collection such as interviews

Chapter Four summarizes experiences in different countries with participatory methods.

The manual also provides day-by-day timetables for conducting rapid appraisals.

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Chapter 6: Manuals on Training in Participatory Research

Manuals on Training in Participatory Research Methods

Title of manual	Describes basic principles of training and adult education?	Curriculum for a complete course, or guidelines for designing training activities?	Description of specific participatory research methods?
1) *Participatory Learning & Action: A Trainer's Guide*, Pretty et al., 1995, 267 pages. English.	Yes, in great detail	Detailed guidelines for designing training activities	Yes, most comprehensive of any manual
2) *Empowering Communities: Participatory Techniques for Community-Based Programme Development*, de Negri et al., 1998. Trainer's Manual: 132 pages and Participant's Handbook: 116 pages. English. Soon in French.	No	Detailed and specific curriculum for an approximately 2-week course with 18 sessions (length adaptable)	Yes, integrated into the material for each training session
3) *Tools for Community Participation: A manual for Training Trainers in Participatory Techniques*, Srinavasan, 1990, 179 pages. Manual in English, French, and Spanish. Video in English and French.	Yes, fair amount of detail, emphasis on planning and logistics	Guidelines for designing 1-to-2-week course with 4 phases	Yes, included in description of 39 training activities
4) *The REFLECT Mother Manual: A New Approach to Adult Literacy*, Archer and Cottingham, 1997. 278 pages. English.	Yes, from Freirean perspective	Guidelines for producing "facilitator's manual" for a literacy course with 20–30 "units"	Yes, incorporated into description of sample "units" in the literacy curriculum
5) *PRA Field Handbook for Participatory Rural Appraisal Practitioners,* Lelo et al., 1995. 84 pages. English.	No	Curriculum for a 3-week course	Yes, incorporated into description of sessions in the course
6) *Participatory Rural Appraisal for Community Development: A Training Manual Based on Experiences in the Middle East and North Africa*, Theis and Grady, 1991. 150 pages. English, Arabic.	No	Guidelines for designing a half-day, 2-day, or 10-day course	Yes, incorporated into description of sessions in the course
7) *Bridging the Gap: A Participatory Approach to Health and Nutrition Education,* Keehn, 1982. 103 pages. English.	No	Guidelines for designing a course	Yes, incorporated into description of sessions in the course

Manuals on training in participatory research methods

The manuals covered in this chapter describe how to perform the methods, and how to train people to perform them. "Training" in the context of participatory research refers to a broad set of activities that go beyond instructing people in the use of data collection methods. In most of the qualitative research manuals described in the preceding chapters, "training" refers to instructing field workers in how to collect data in a valid and reliable way. The training emphasizes asking good questions and probing where appropriate; taking good field notes; writing down exactly what the informant says rather than interpreting and rewording his/her responses; and being a good observer by noting everything that could be important.

In participatory research, "training" is much more than instruction on specific data collection and analysis methods. Training is part of a larger process of transferring control of the change process to the community, so a comprehensive manual will also discuss broader issues such as community empowerment. The ideal PRA or PLA manual explains how to involve the community in defining the questions to be asked and choosing methods to answer them, how to train people to carry out the methods, how to work with the community to develop an action plan based on the information they have collected, how to monitor the action plan as it is implemented, and how to evaluate the changes in the community that occur after implementation of the action plan. These manuals, therefore, describe exercises that are appropriate for different phases in the process of participatory research.

1) Participatory Learning & Action: A Trainer's Guide

Jules N. Pretty, Irene Guijt, John Thompson, Ian Scoones, 1995, 267 pages. Available in English.

Who would benefit from this manual?

The guide is designed for both experienced and new trainers who are interested in training others in the use of participatory methods. While this book will be of interest to anyone wishing to try participatory approaches, it is especially useful to those who already know the basics and are looking to expand their repertoire of methods and techniques.

Type of training guidelines provided

Perhaps the single best resource book on training in participatory methods, this manual does not present a standard format for running a training course on participatory methods. Not intended to be used as a conventional training manual or "cookbook," or to be read from cover to cover, it reviews the basics principles of adult education, training, and participatory research, then presents approaches, games, and exercises that can be incorporated into a training session. The numerous drawings of people using the different methods can be enlarged and photocopied and used to show people the method or to provoke discussion about the method.

Organization of the manual and visual aids

This guide is part of the *Participatory Methodology Series* produced by the Sustainable Agriculture Programme of the International Institute for Environment and Development (IIED). This comprehensive reference guide to methods and training techniques presents one-page summaries of 101 participatory data collection methods and methods to enhance group dynamics and facilitate communication within groups. Approaches to organizing training are also discussed.

The manual is organized in two parts. Part I is a series of chapters that examine the basic principles and methods related to interactive training, adult education, team-building and group dynamics, and participatory research. Part II provides brief descriptions of 101 games and exercises for use in workshop, classroom, or field training, and participatory data collection, divided into nine sections.

The seven chapters of Part 1 are described in detail below:

Chapter 1—Adult learning reviews basic principles of adult learning and describes common communication blocks and how the trainer can establish an atmosphere for learning that overcomes these blocks.

Chapter 2—You, the trainer and facilitator describes the steps in planning training, including choice of venue and rooms, seating arrangements, timing and content of sessions, and selecting an appropriate mix of methods of instruction (lectures, buzz groups, brainstorming, role plays, and case studies).

Chapter 3—Group dynamics and team building describes the importance of groups and group dynamics in the training process and approaches to build multi-disciplinary teams during training.

Chapter 4—Principles of participatory learning and action summarizes the principles of participatory approaches and methods.

Chapter 5—Training in participatory methods in the workshop describes the process of workshop training in three groups of participatory methods: semi-structured interviews, visualization and diagraming methods, and ranking and scoring methods.

Chapter 6—The challenges of training in the field discusses the complexities of linking the training to field work, including how to plan the field work and how to involve the community in planning and monitoring the research.

Chapter 7—Organizing workshops for training, orientation and exposure discusses the conditions necessary for preparing a training course or program on participatory methods.

Ordering Information

Source 1:

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2) Empowering Communities: Participatory Techniques for Community-Based Programme Development

Volume 1: Trainer's Manual (132 pages), Volume 2: Participant's Handbook (116 pages) Bérengère de Negri, Elizabeth Thomas, Aloys Ilinigumugabo, Ityai Muvandi, Gary Lewis, 1998. Available in English and to be available in French (mid-2000).

Who would benefit from this manual?

This manual is for trainers who want a detailed and specific plan for running a training workshop in Participatory Learning and Action (PLA). Trainers conducting such a workshop for the first time will probably find this manual more useful than trainers/practitioners of participatory research who have been using the methods for some time and have already developed their own training approach.

Type of training guidelines provided

This trainer's guide describes how to run an approximately two-week course on participatory program development. The course was developed for use in African countries and focuses on the health sector, although it can be adapted to other sectors. Approximately half of the course is devoted to the theory and philosophy of PLA; the other half covers the use of participatory techniques, such as mapping, diagraming, semi-structured interviews, transect walks, sorting, and ranking. Several days of the course are devoted to field practice. The training is designed for approximately 18-25 participants, who are divided into participatory learning and action (PLA) teams of five to six members each for their field work.

Organization of the manual and visual aids

There is considerable overlap in the content of the trainer's and participant's manuals. Each describes 18 training sessions that can be incorporated into an approximately two-week course. Each session in the trainer's manual is divided into four components: objectives, materials, activities, and trainer's notes. The participant's handbook is similar, but its main focus is on the objectives and key points from the sessions. The participant's handbook also has a second section containing case studies, exercises, and PLA resources and a third section of blank forms for field notes. The 18 sessions are:

1: Course overview and icebreaker
2: Introduction to Participatory Program Development
3: The Participatory Program Development Process (PPD)
4: Behavior and attitudes of the PLA facilitator
5: Encouraging communication
6: Team building
7: PLA preparation

8: Introduction to PLA tools and semi-structured interviews
9: Mapping
10: Transect walks and observation
11: Time lines and sequencing
12: Diagraming
13: Card sorting
14: Ranking, scoring and matrices
15: Community action plan creation and follow-up
16: Participatory monitoring and evaluation
17: Field work preparation
18: Presentations and closure

In contrast to many other training manuals that have a section on the history and theory of participatory research and participatory methods and another on how to organize the training, in these two manuals the history, theory, and methods are all integrated directly into the training sessions. In the first section of the manuals, in addition to the history and theory of participatory research, the authors present the "prerequisites," the "tone," and the "attitudes" that are indispensable to carry out PLA well. This first section brings to life how to use these methods by placing the research activities in a larger context.

Ordering Information

Single copies are available at no charge. Large quantities are available for $20 each/ $35 for the set.

Source 1:

PCS Project
The Academy for Educational Development
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Washington DC 20009
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E-mail pcs@aed.org
Web site http://www.aed.org/pcs

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The manual and handbook can also be downloaded from the Internet at:
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Web site http://www.cafs.org

3) Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques

Lyra Srinivasan, 1990, 179 pages. Manual available in English, Spanish, and French. Video available in English and French.

Who would benefit from this manual?

This manual serves as an excellent resource for experienced practitioners looking for further ideas on training and methods and those who want an overview of the training and methodological issues. It has more detail than many people who are using the methods for the first time will want. The case studies and examples used in the manual are drawn primarily from the experiences of the PROWESS program (Promotion of the Role of Women in Water and Environmental Sanitation Services), based in the UNDP-World Bank Water and Sanitation Program. Many of the methods described relate, therefore, to use, protection, and maintenance of pumps, wells and other water sources, and sanitary disposal of human waste. The manual makes ample use of photographs. The mix of photographs and text make it easy to scan the manual to find ideas.

Type of training guidelines provided

This manual describes how to develop a one-to-two-week workshop to train trainers in participatory research techniques. The manual is very specific about what the phases of a workshop should be (immersion phase, encounter phase, evaluation and follow-up planning) and the types of activities that are appropriate for each phase.

Organization of the manual and visual aids

The manual is divided into two parts.

Part I: Launching Community Participation describes the different ways in which "community participation" has been understood in water and sanitation programs; the importance of women being involved in planning, implementation, evaluation, and long-term maintenance for any water and sanitation project; and concrete steps in organizing and designing a participatory workshop. Part I is organized into six sections:

1. Community participation in development
2. Planning a participatory training programme
3. Organising the workshop: Resources and logistics
4. Designing the participatory workshop
5. Simple daily evaluation techniques and activities
6. Follow-up planning: Putting participation into daily practice

Part II: 39 Participatory Training Activities gives one-to-three-page descriptions of exercises that can be included in a training course. While many participatory data collection methods are described, equal emphasis is placed on methods to be used specifically for training of trainers. Each description is accompanied by one or two pages of photographs of the method being performed. Part II is organized in three sections:

1. Notes to the trainer on selecting and sequencing activities
2. Categories of training activities, human development, methods, field reality theory
3. Descriptions of the activities (105 pages)

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Video: Companion videotape, VHS format, NTSC and PAL, featuring a PROWESS Regional Training of Trainers Workshop in Tanzania, is also available from PACT, Inc.

Video and manual, Item No. WBK001/2, $55.
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French video only, 24 min. (PAL/NTSC.SECAM), Item No. WBK003FRE, $35.
Manual only, Item No. WBK006/S/F, English, Spanish, or French, $25.

4) The REFLECT Mother Manual: A New Approach to Adult Literacy

David Archer and Sara Cottingham, 1997, 278 pages. Available in English.

Who would benefit from this manual?

This manual will be useful to policy-makers and program managers involved with projects aimed at teaching literacy and empowering communities. REFLECT stands for "Regenerated Freirean Literacy through Empowering Community Techniques." REFLECT is a new approach to adult literacy that fuses basics concepts of Brazilian educator Paulo Freire's approach to literacy with the approaches and methods of Participatory Rural Appraisal. It borrows from Freire the idea that learning to read should be linked to actions to improve the lives of poor people, through analysis of the factors that trap them in poverty. REFLECT borrows from PRA tools and methods that facilitate dialogue and validate local knowledge.

Although the *REFLECT Mother Manual* focuses on literacy training through Freirean methods, its clear and concise descriptions of the theoretical basis for participatory methods and Freirean approaches to literacy, and the numerous examples from the field, make it suitable for anyone with experience in participatory methods who is looking for new ideas and approaches.

Type of training guidelines provided

The *REFLECT Mother Manual* is not itself a tool for conducting literacy training and participatory data collection. The purpose of the manual is to help the user produce a "Facilitator's Manual" containing the core material, a series of 20 to 30 "units" or exercises, that is the "curriculum" to be followed in a local REFLECT program. This manual takes the reader through the steps of developing and adapting various Freirean and PRA approaches and methods for use in a specific social, cultural, and programmatic context. The contents of the *REFLECT Mother Manual* are based on three pilot programs in El Salvador, Uganda, and Bangladesh, using three different "Facilitator's Manuals."

Organization of the manual and visual aids

The manual is organized into six sections:

Section One—Introduction gives an overview of the contents of the manual.

Section Two—Background and Philosophy presents basic concepts of literacy, introduces the philosophy and methods of Paulo Freire and Participatory Rural Appraisal, and discusses the theoretical development of REFLECT approach.

Section Three—The REFLECT Approach provides a detailed introduction of the REFLECT method that includes constructing a graphic on the ground borrowing from PRA tech-

niques, and using this graphic to introduce reading, writing, numeracy, and plans for local action.

Section Four—Steps in Implementing the REFLECT Approach describes how to develop the "units" in the Facilitator's Manual by adapting the sample units to be presented in Section Five to local conditions and/or develop new units.

Section Five—Sample Units, the largest part of the manual, describes in detail how to produce the various graphics that are the basis of the 20 to 30 "units" in the Facilitator's Manual using PRA methods. Some of the units are grouped by theme: agriculture/microeconomy, health, and socio-political. The methods covered under health issues are 1) herbal matrix, 2) body mapping, 3) criteria ranking of foods, 4) preference ranking of illnesses, 5) chapati diagram on childbirth, and 6) health cards/vaccinations.

Section Six—Adapting REFLECT provides suggests for adapting the REFLECT approach to different economic and social settings, including urban areas, fishing communities, pastoralists, and refugees.

Experiences with using the manual

Appendix 1 of the *REFLECT Mother Manual* provides brief descriptions of experiences with the approach in three pilot projects. In Uganda, the pilot program was implemented in Bundibugyo, an area cut off from the rest of Uganda by the Rwenzori mountains. Despite unfavorable conditions such as cholera and dysentery epidemics, and the return of refugees initially enrolled in the literacy classes back to Democratic Republic of Congo/Zaire, REFLECT graduates scored much better than graduates of conventional literacy programs, and a number of community projects were undertaken as an outcome of discussions among participants. Two indigenous languages, Lubwisi and Lukonjo, were transcribed for the first time by local people for the REFLECT literacy program. In Bangladesh, the pilot area was Bhola Island in the southern most part of the country. The program was implemented in all-female savings and credit groups (shomitis) and resulted in women having more control over how their loans were spent. In El Salvador, despite unfavorable political conditions, participation in the program resulted in increased involvement in decision making at the community level, new problem-solving skills, and a wide range of local actions to improve living conditions in the rural Department of Usulutan.

Ordering Information

ACTIONAID, Chataway House
Leach Road, Chard
Somerset TAZ0 1FR, UK
Telephone 44-1460-62972
Fax 44-1460-67191
E-mail mail@actionaid.org.uk
ISBN 1 872502 44X

5) PRA Field Handbook for Participatory Rural Appraisal Practitioners

Francis Lelo, Joseph Ayieko, Paul Makenzi, Njeri Muhia, David Njeremani, Henry Muiruri, John Omollo, Washington Ochola, The PRA Programme, Egerton University, Njoro, Kenya with assistance from Plan International Kiambu, 1995, 84 pages. Available in English.

Who would benefit from this manual?

This manual is most appropriate for people who want a quick introduction to participatory research methods and training, especially those working in rural Africa. The text is easy to follow, so the manual can be used by field workers and program planners. This manual will be less useful to experienced practitioners of participatory research.

Type of training guidelines provided

This practical field handbook was developed for a three-week PRA training course. While it is organized around a training course, it contains few details on how to organize and conduct the training itself, but rather focuses on how to carry out the methods. A narrow range of methods is reviewed.

Organization of the manual and visual aids

This practical field handbook describes how to conduct a three-week PRA training course and consists of seven chapters:

1: PRA Mission
2: Theoretical Basis of PRA
3: Getting Started
4: Data Gathering
5: Organization of Problems and Opportunities
6: Creating Community Action Plan
7: Implementing the Community Action Plan

The first two chapters are a brief overview of the principles of PRA. Chapters 3 to 5 describe step-by-step how to collect the data. Many examples of data collected in various parts of Africa using these methods are included. Chapters 6 and 7 describe work with the community to develop a community action plan. This manual plan is practical and well-organized and reflects the many years of experience of the PRA group at Egerton University.

Ordering Information

PRA Programme
Egerton University
P.O. Box 536
Njoro, Kenya
Fax 254-37-61527 (specify PRA program)

6) Participatory Rural Appraisal for Community Development: A Training Manual Based on Experiences in the Middle East and North Africa

Joachim Theis and Heather M. Grady, 1991, 150 pages. Available in English and Arabic.

Who would benefit from this manual?

This manual was developed based on experiences in Sudan, Gaza, Egypt, and Tunisia, and includes numerous examples of data collected from projects in these countries. It may be the only manual of this type available in Arabic. It is useful either as an introductory guide to the major types of participatory methods or as a training manual. It is not especially appropriate for persons experienced in participatory research who are looking for new ideas or approaches.

Type of training guidelines provided

The manual describes 26 training sessions that could be incorporated into half-day, two-day, or 10-day workshops. Most of the emphasis in the manual is on the methods and how to do them, with less detail on the training itself. The sessions are designed as a series of handouts to be given to the participants.

Organization of the manual and visual aids

The manual is divided into two sections.

Section 1—Preparing a Participatory Rapid Appraisal Training provides guidelines on how to organize and prepare a training course in participatory research. Topics covered include selection of participants, planning and logistics, training materials needed, and schedule for half-day, two-day, and 10-day workshops.

Section 2—Training Sessions describes in detail 26 individual training sessions, each with examples and practice sessions, grouped into four sections:

1. Getting Started
2. Introducing the Basics
3. Training in PRA Tools and Techniques
4. Putting PRA into Practice

Ordering Information

English version available from:

Sustainable Agriculture Programme
International Institute for Environment and Development
3 Endsleigh Street
London WC1H 0DD, UK
Telephone 44-171-3882117, Fax 44-171-3882826
E-mail iiedagri@gn.apc.org

Arabic version available from:

Center for Development Services
4 Ahmed Pasha Street, Citibank Building, 6th floor
Garden City, Cairo, Egypt
Telephone 20-2-3546599/3557558
Fax 20-2-3552946
E-mail cds@neareast.org
Web site http://www.neareast.org/offdir-cds.htm

7) Bridging the Gap: A Participatory Approach to Health and Nutrition Education

Martha Keehn (ed.). 1982, 103 pages. Available in English.

Who would benefit from this manual?

This manual is addressed to nutrition and health educators who are interested in trying out new participatory ways of working at the community level. Its purpose is to describe simple techniques by which field staff can be trained to approach local communities more sensitively and to involve them more fully in achieving better health. *Bridging the Gap* is based on workshops held in Indonesia and the Dominican Republic in 1979-80 for local staff in Save the Children projects. Lyra Srinivasan served as the workshop designer. It provides a quick introduction and overview of participatory methods and training. It is older than the other training manuals described in this chapter, so an experienced practitioner or trainer may find little in the way of new ideas and methods. The methods and approaches in this manual are described in more detail in the third manual described in this chapter, *Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques*.

Type of training guidelines provided

The manual describes how to plan a workshop, but does not include a specific curriculum.

Organization of the manual and visual aids

The manual is divided into four sections.

Section I—Training Community Health and Nutrition Workers describes briefly how to organize a workshop, including selecting participants and planning the schedule.

Sections II, III, and *IV* describe potential sessions in a workshop, each of which introduces one or more participatory methods:

Section II—Helping Communities Uncover Health and Nutrition Problems

Section III—Creating Learning Activities

Section IV—Planning and Evaluating with the Community

Ordering Information

Save the Children
54 Wilton Road
Westport CT 06880
Telephone 1-800-243-5075
Web site http://www.savethechildren.org

SECTION III: Manuals on Specific Health Topics

Section III is organized into seven chapters:

Chapter 7—Three Types of Manuals on Specific Health Topics. Most manuals for qualitative research on specific health topics can be identified as belonging to one of three "types" or "traditions:" menu of methods, step by step integration, and intervention development. Chapter 7 discusses and defines these three types of manuals.

Chapter 8—Acute Respiratory Infections (ARIs) provides a review of three manuals that cover topics pertaining to household management of children with acute respiratory infections, local treatment practices, and terms for these conditions.

Chapter 9—Malaria. Several manuals have been developed recently that describe how to conduct qualitative research on malaria. Chapter 9 discusses five manuals that contain guidelines for collection and use of data that will promote interventions such as: early and appropriate treatment of febrile illnesses in young children (on both the levels of household-based management and facility-based management); prophylaxis or treatment of malaria in pregnant women; and mosquito nets (bed nets).

Chapter 10—Water and Sanitation reviews four manuals that focus on conducting qualitative research on topics such as: hygiene behaviors, community maintenance of water and sanitation systems, diarrheal diseases, and schistosomiasis and other parasitic diseases.

Chapter 11—Diarrheal Diseases reviews three guidebooks for using qualitative methods to examine diarrheal disease. One focuses on management in the household and at health facilities; a second looks at actions taken by the family; and the last more generally concentrates on community management of water and sanitation facilities and emphasizes the prevention of diarrheal disease.

Chapter 12—Nutrition. Three qualitative research manuals are reviewed in this chapter. Each one focuses on a particular topic and includes some information about the nutrition behavior(s) covered in the other two guidebooks. The three manuals reviewed focus on topics such as: breastfeeding, complementary foods and weaning, and sources of micronutrients.

Chapter 13—Reproductive Health reviews eight manuals pertaining to the use of qualitative research on reproductive health. Some are general in nature, focusing on various women's health problems. Others are more specific and are designed for research on topics such as: STDs and HIV/AIDS and family planning.

Chapter 7: Three Types of Manuals on Specific Health Topics

Manuals on Specific Health Topics

Type of manual	Menu of methods	Step-by-step integrated protocol	Intervention development guide
Brief description	Menu of methods and approaches, with guidelines for how to select from them to design a qualitative study	Detailed, highly structured, integrated protocol intended to be implemented in its entirety	Menu of methods for designing a control program, one section of the manual is on qualitative data collection
Examples of manuals following this style	• WHO/TDR *The Malaria Manual* (Chapter 9) • *Rapid Assessment Procedures (RAP) to Improve the Household Management of Diarrhea* (Chapter 11)	• *Focused Ethnographic Study (FES) of Acute Respiratory Infections* (Chapter 8) • *Guidelines for Conducting a Rapid Ethnographic Study (RES) of Malaria Case Management* (Chapter 9)	• *Pneumonia Care Assessment Toolbox* (Chapter 8) • *Partnerships for Change & Communication: Guidelines for Malaria Control* (Chapter 9)
Time needed to conduct a qualitative study based on the manual	Highly variable, usually between 2 weeks and 2 months	Protocol typically designed to be completed in its entirety in 6-8 weeks	Qualitative study is short, 1 to 2 weeks, but intervention development may be much longer
Level of expertise needed for head of the research team	Manuals generally designed for use by researchers with university degree and some previous experience in quantitative or qualitative field research, but graduate-level training in social sciences and qualitative research is a definite asset		Designed for program managers with little or no previous training in qualitative methods
Level of expertise needed for interviewers	At least secondary school completed, some post-secondary training is beneficial		
No. of interviewers on team	Highly variable	6 to 8	Highly variable
Includes participatory methods	Extensive in more recent manuals	Minimal	Extensive in more recent manuals

Types of manuals on specific health topics

No manual is appropriate for all situations. The program manager or qualitative researcher needs to assess whether the manual under consideration will answer the questions the organization needs to have answered and whether there is a match between the methods suggested in the manual and the skills and experience of the organization's personnel. Most manuals on qualitative research in specific health topics can be identified as belonging to one of three "types" or "traditions." Understanding which questions each type of manual can be expected to answer, and the training and experience required of the research team to use each one effectively, facilitates the process of selecting an appropriate manual.

Type #1: Menu of Methods

General description

Many manuals have the term "Rapid Assessment Procedures" (RAP) in their title. This tradition or style of writing manuals developed in the mid-1980s at a time when the use of qualitative research methods in health programs was extremely limited, and indeed the relevance of these methods to health was not generally recognized. One aim of this type of manual, therefore, is to interest program managers and researchers unfamiliar with qualitative methods in trying them out.

This type of manual is highly readable, contains many practical examples, and is comprehensive, covering both disease prevention and care seeking for people who have the disease. Examples of manuals that follow this tradition are:

- *The Malaria Manual.* I.A. Agyepong, B. Aryee, H. Dzikunu, and L. Manderson (Chapter 9)
- *Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation-Related Hygiene Practices.* A.M. Almedom, U. Blumenthal, and L. Manderson (Chapter 10)
- *Rapid Assessment Procedures (RAP) to Improve the Household Management of Diarrhea.* E. Herman and M. Bentley (Chapter 11)
- *Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Program Effectiveness.* S.C.M. Scrimshaw and E. Hurtado (Chapter 12)
- *Assessing Safe Motherhood in the Community: A Guide to Formative Research.* N. Nachbar, C. Baume, and A. Parekh (Chapter 13)
- *Rapid Assessment Procedures (RAP): Ethnographic Methods to Investigate Women's Health.* J. Gittelsohn, P. Pelto, M. Bentley, K. Bhattacharyya, and J. Russ (Chapter 13)
- *HIV/AIDS Rapid Assessment Procedures (RAP): Rapid Anthropological Approaches for Studying AIDS Related Beliefs, Attitudes & Behaviors.* S.C.M. Scrimshaw, M. Carballo, M. Carael, L. Ramos, and R.G. Parker (Chapter 13)

These manuals typically have a series of modules or chapters on different topics. Each module introduces the social, cultural, and behavioral issues associated with the topic and

describes data collection methods appropriate for exploring these issues. Some manuals go into great detail about data collection and analysis, including providing sample forms for data collection and analysis; others give details about how to develop a guide for an interview or focus group, but do not provide the actual guides.

Time and personnel required

These menu of methods manuals are not designed to be used in their entirety. The manuals take the researcher through a process of identifying research questions, selecting the most appropriate mix of methods for answering them, and assembling these methods into an overall research protocol. At the end of this process the researcher may have decided to omit some topic modules altogether and to substantially modify others. For this reason, it is not possible to state how long it takes to "do" a given manual in the "Menu of Methods" tradition, or what the size and composition of the field research team should be. If a researcher decides to do only one module, the study may be completed within 10 days; adapting and implementing all the modules in a manual may take three months or more.

While designed for field workers with little or no post-secondary training, in practice, several steps in using this type of manual call for someone to oversee the research who has either university-level social science training and extensive field experience, or graduate-level social science training. These steps include identifying research questions, selecting methods, designing the protocol, training field workers in interview skills and note taking, and analyzing data.

Strengths and weaknesses

A strength of the menu approach is that it allows researchers more flexibility in designing a study that meets local needs. At the same time, this can be a weakness, as researchers with little experience often encounter difficulties in the process of adaptation. This type of manual tends to provide much less detail about how to analyze and write up findings, especially in comparison with the second type of manual. Therefore, researchers with little experience in analysis may need additional help to transform data into conclusions. Finally, the flexibility offered by this type of manual may make it difficult for a program manager to calculate at the outset how many personnel will be needed and for how long.

Type #2: Step-by-Step Integrated Protocol

General description

Many manuals of this type have the term "Focused Ethnographic Study" (FES) in their title. This tradition or style of writing manuals developed in the early 1990s at a time when the use of qualitative research methods in health programs was becoming more common and accepted. The increasing number of qualitative studies on health topics frequently did not, however, translate into early and appropriate treatment of illnesses in the community or greater adoption of behaviors such as hand washing. One reason was that, while many

qualitative studies produced data that described local belief systems and barriers to the adoption of different behaviors in great detail, they did not produce data that could be used directly by managers of health programs to improve their services. This led a group in the World Health Organization to pioneer a new type of qualitative research manual on health with the following characteristics:

- Gathers in-depth information on only one aspect of the disease or health problem. For the three FES manuals on acute respiratory infections (ARI), malaria, and diarrhea, the manuals only deal with care seeking and treatment of ill children.
- Starts with a list of "Program Manager's Questions" that need to be answered to make programs more effective and culturally appropriate.
- Has specific steps or modules that need to be completed in order and in their entirety, as results from one step are used to design data collection instruments for the next.
- Makes extensive use of "Systematic Data Collection Techniques," such as systematic listing of terms (free-listing) and various sorting, rating, and ranking tasks to elicit comprehensive lists of local terminology for illnesses, symptoms, and treatments and to understand how this terminology is used.
- Provides detailed instructions, including forms, for how to record and analyze the data.
- Explains how the researcher writes answers for the original list of "Program Manager's Questions" and prepares a report summarizing the results for the manager.

Examples of manuals that describe step-by-step integrated protocols include:

- *Focused Ethnographic Study (FES) of Acute Respiratory Infections.* WHO, Department of Child and Adolescent Health and Development (Chapter 8)
- *Guidelines for Conducting a Rapid Ethnographic Study (RES) of Malaria Case Management.* P. Hudelson (Chapter 9)
- *The Focused Ethnographic Study (FES) for Diarrhoeal Diseases.* P. Hudelson (Chapter 11)
- *Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol.* L. Blum, P. Pelto, G. Pelto, and H. Kuhnlein (Chapter 12)

The first manual in the list, frequently referred to as the ARI FES, was the first to be developed and has served, to varying degrees as a prototype for the remaining manuals. The ARI FES was developed by the WHO/ARI program[2] to understand how parents identify the signs and symptoms of pneumonia, and to learn how to promote prompt care seeking in a culturally appropriate way. An unprecedented effort was spent in developing and pre-testing the ARI-FES manual, particularly because introduced a number of new approaches into the field of qualitative health research. An accompanying video of children with signs of ARI was included to ensure that investigators understand what signs and symptoms respondents are referring to, and to assess their ability to recognize the specific danger signs of pneumonia.

[2] Now part of WHO, Department of Child and Adolescent Health and Development.
[3] Ryan, G.W., et al. "Methodological issues for eliciting local signs/symptoms/illness terms associated with acute respiratory illnesses". *Archives of Medical Research*. 27 (3): 359-65 (1996).
[4] Martínez, H., et al. *Ethnography of acute respiratory infections in a rural zone of Mexican highlands*. Salud Pública de México. 39 (3): 207-16 (1997).

Validation of the FES approach

The ARI-FES is a departure from traditional ethnography in many respects: the methods used are highly structured, the entire study must be conducted over a far shorter period than is typical of ethnographic studies, and the data collection focuses on a few key issues rather than taking a more comprehensive look at health and illness. The validity of the FES was tested in several ways. The ARI-FES was field-tested or applied in more than 10 sites in Asia, Central America, Africa, and Eastern Europe after the initial studies to develop and test the data collection techniques. A study in Mexico compared the terms elicited with the module on "free listing" by key informants with the terms mentioned by mothers viewing the video used in the ARI FES.[3] In a Mayan community in the state of Chiapas in Mexico, a study was conducted to compare the results of the FES with a nine-month ethnographic study. The investigators found that the FES was "more efficient as a method of obtaining the vocabulary of illness and of describing ethnomedical models for respiratory illness." [4]

Time and personnel required

The manuals in this group are very specific about the type and number of personnel needed and the time required to complete the study. It has been found that while some experienced researchers can carry out this type of study in about four weeks, it is more reasonable to allocate about eight weeks of time for training, data analysis, and writing the initial report. The team usually consists of a team leader and three to six interviewers or field workers.

The instructions on how to carry out the data collection and analyze the results are very detailed and specific with this type of manual. In theory, this should mean that personnel with less education or experience should be able to direct an FES-type study. In practice, many people are initially intimidated by the size of the manual (100-200 pages) and many forms that need to be filled out. An experienced social scientist with graduate-level training may be needed to lead the team through the process for the first time. Once experienced in the methodology, field workers with less education and experience can be team leaders when replications are done in other regions of a country or among different ethnic and cultural groups.

Strengths and weaknesses

A principal strength of this type of manual is its predictability: the program manager knows from the outset how many people are required, how long the study will take, and what products the study will produce. In addition, the specific instructions and forms provided greatly facilitate data analysis, making it more likely that a final report will actually be written. One weakness is a lack of flexibility: these manuals usually cover one topic in depth, although a program may need to examine a range of different topics. This weakness can be overcome by using this type of manual in conjunction with one or more modules from a Type #1 "Menu of Methods" manual.

Another weakness is the length of time required. Many program managers feel that they are not in a position to assign trained personnel to carry out research for a full two months. The

modular approach offered by the Type #1 manuals offers program managers the option of implementing one module at a time, thus using key personnel for shorter periods.

Another strength of the Step-by-Step Integrated Protocol manuals is their ability to triangulate results: The FES manuals in particular are designed so that each principal research question is examined in three or more ways. For example, in the malaria Rapid Ethnographic Study, there is a "confirmatory" phase where a small quantitative survey is administered to a representative sample of respondents to verify the findings of the ethnographic study and to examine the degree of intra-cultural variation that exists. If similar findings are generated using several different methods, the researcher can have more confidence that the findings give an accurate reflection of local knowledge, perceptions, and behavior.

Type #3: Intervention Development Guide

This final type of manual is not a manual for qualitative research as such, but rather a manual for how to develop and implement all or part of a disease control program for a specific health problem. We include this type here because they often contain one or more sections on how to collect qualitative and/or participatory data for use in the design of the control program. Examples of this class of manual are the *Pneumonia Care Assessment Toolbox* discussed in Chapter 8, and *Partnerships for Change & Communication: Guidelines for Malaria Control* discussed in Chapter 9. In such a manual the qualitative study is typically short, one to two weeks, but developing the intervention may take much longer. This type of manual is designed for program managers and field workers with little or no previous training in qualitative methods rather than researchers.

Chapter 8: Manuals on Acute Respiratory Infections (ARI)

Overview of Manuals on Acute Respiratory Infection			
Title of manual	1) *Focused Ethnographic Study (FES) of Acute Respiratory Infections (ARI-FES),* WHO/CHD, 1993, 203 pages.	2) *Procedures for Local Adaptation of ARI Home Care Advice.*WHO/CHD, 1996. 48 pages.	3) *Pneumonia Care Assessment Toolbox* Johns Hopkins University PVO Child Survival Support Project. 1996, 295 pages.
Type of manual	Integrated step-by-step protocol intended to be implemented in its entirety	One module of the ARI-FES	Intervention development guide
Topics covered	All 3 manuals: Household management of children with acute respiratory infections, local treatment practices, and terms for these conditions		
Time to carry out study	6 - 8 weeks	6 - 8 weeks	7-10 days if all modules are completed
Expertise to lead research team	Graduate-level social science or public health training	University-level social science or public health training, or extensive field experience	University-level social science or public health training, or extensive field experience
Languages	English, French	English	English

Introduction

Acute respiratory infections (ARI) are a leading cause of mortality in children under five in the developing world, accounting for more than three million deaths annually, 80 percent from pneumonia. To date, biomedical interventions to prevent pneumonia are limited. Consequently the primary strategy for preventing mortality from these common diseases is treatment: antibiotics, which can be administered at home, or hospitalization with oxygen support for severe cases. Therefore, a public health strategy is required that ensures that children with acute respiratory infections are treated with safe home remedies, that the subset of children with pneumonia are brought promptly to health care providers, that services are accessible and affordable, and that both families and providers have the knowledge and skills to manage sick children appropriately.

The main strategy to reduce ARI mortality promoted by the World Health Organization has been correct case management. The key elements of the case management approach are:

"*Identify children who may have pneumonia* based on the presence of:
- Cough plus rapid respiration (based on age-specific cutoff values)
- Cough plus lower chest indrawing (lower part of the chest goes in while inhaling)

"*Treat these children immediately with an appropriate antibiotic*

Barriers to Treating Children with the Appropriate Antibiotic

At the Household Level:Knowledge and Practices of Parent/Caretaker

- Failure to recognize signs of severe ARI such as rapid respiration and chest indrawing
- Mother has limited decision-making power and cannot seek care outside the household without permission of other family members
- Severe disease may be attributed to causes such as spirits; traditional healers consulted
- Lack of money for clinic visit, transport to clinic, antibiotics

At the Community Level

- Lack of transport to health facilities
- Antibiotics not available
- Inaccurate information about how to take antibiotics

At the Health facility Level

- Antibiotics not in stock or out of date
- Health workers not trained to recognize signs such as rapid respiration

Qualitative research can help planners determine which of these barriers are factors in a particular environment and can provide essential information to design effective interventions to address them.

Overview of the manuals

The Focused Ethnographic Study (FES) of Acute Respiratory Infections (ARI) is an integrated step-by-step protocol that provides detailed information on how children with ARI

are diagnosed and treated in the community. The ARI-FES and the second manual, *Procedures for Local Adaptation of ARI Home Care Advice*, were designed to be complementary. The original idea was to use the entire FES protocol in a limited number of sites in a country to provide program planners with information on the major obstacles to appropriate care for ARI in that country. Then the shorter protocol could be used to adapt generic home care messages to localities not included in the FES study.

The *Pneumonia Care Assessment Toolbox* (ARI Toolbox), developed by the Johns Hopkins University/Child Survival Support Project (JHU/CSSP), is a designed for program managers working for PVOs and NGOs. The instructions and forms in the ARI Toolbox can answer only key questions, and in general are similar to those found in the ARI-FES. Minimal training is needed to collect and analyze data. The Toolbox requires only seven to 10 days to complete.

In situations where neither an experienced social scientist, and/or sufficient time or money to conduct a full FES study is available, program managers often start with the Local Adaptation protocol, the ARI Toolbox, or some other shortened version of the ARI-FES. Researchers must decide how much socio-cultural information is enough, and whether the full ARI-FES is needed.

1) Focused Ethnographic Study (FES) of Acute Respiratory Infections

WHO, Department of Child and Adolescent Health and Development, 1993, 203 pages. Available in English and French.

Purpose

To understand how parents identify the signs and symptoms of pneumonia, and to learn how to promote prompt care seeking in a culturally appropriate way, the WHO/ARI program[5]. These modules are combined to make up a structured interview that is administered to mothers in their homes. For each procedure, the manual includes: discussion of the objective, preparation of materials, suggestions on how to present the objective, detailed instructions on analyzing the resulting data, and forms for data recording and tabulation. The manual also contains suggestions on how to conduct interviews, train and supervise research assistants and translators, and schedule research activities. developed a research manual called *The Focused Ethnographic Study (FES) of ARI* to obtain ethnographic information on local knowledge and behaviors related to the diagnosis and treatment of ARI. The *Focused Ethnographic Study of Acute Respiratory Infections* is a comprehensive study of household management and care seeking for young children with acute respiratory infections. At the conclusion of the study, the manager of a national program to decrease mortality from acute respiratory infection in children should have the information necessary to adapt the messages and terminology used by the program to make communication with parents of young children more effective.

Organization of the manual

The ARI FES is a step-by-step integrated protocol designed to be implemented in its entirety. The core of the ARI-FES consists of 11 modules:

- Open exploration with free listing of local terminology
- Eliciting a narrative of a past ARI episode *
- Assessing the relationship of local terms to physical signs and symptoms using a videotape
- Presentation of hypothetical case scenarios *
- Paired comparison of practitioners *
- Matching signs and symptoms to illness names *
- Severity ranking task (mothers' perceptions on relative severity of ARI illnesses, signs, symptoms)*
- Inventory of medications in the home *

[5] Now part of WHO, Department of Child and Adolescent Health and Development.

* These modules are combined to make up a structured interview that is administered to mothers in their homes. For each procedure, the manual includes: discussion of the objective, preparation of materials, suggestions on how to present the objective, detailed instructions on analyzing the resulting data, and forms for data recording and tabulation. The manual also contains suggestions on how to conduct interviews, train and supervise research assistants and translators, and schedule research activities.

- Interview with practitioners
- Presentation of "cases" to pharmacists
- Structured interviews with mothers bringing children with ARI symptoms to a health facility

Time and personnel required

In various countries where the ARI-FES has been implemented, it has been found that a group of three to five field workers under the direction of an experienced qualitative researcher can complete the work in six to eight weeks. While the individual data collection exercises are described in detail using simple language so that someone with the equivalent of a secondary school education should be able to use them, in practice, given the large number of modules and data collection forms, it has been found that someone with either graduate-level training or extensive experience in qualitative research is needed to lead a group of people through implementation of the ARI-FES when it is used for the first time in a country.

Experiences with use of the manual

An innovative method in the ARI-FES is the use of a video to present symptoms difficult to describe. The video includes children of various ethnic groups and ages with a range of respiratory symptoms from normal to wheezing. During the field trials of the FES, researchers incorporated this video into their study, tailored to their specific needs. Hudelson, for example, described the following methodology in her work in Honduras.

> The group is shown the video two times. On the third showing, segments are presented to individuals. Following each segment, informants are asked to free associate what they have seen; identify prominent signs and symptoms; indicate other symptoms likely to be present; cite possible causes; name the illness; comment upon its severity; and state whether or not they have seen such a case in the last three years. After a period of free association, questions are posed to group members regarding issues which have not yet emerged in the course of discussion. Additional instructions direct informants to compare illness segments on the basis of severity, voice their opinion about the usefulness of antibiotics and herbal medicines, and comment on the prevention or contagion of the illness.[6]

One of the most important uses of community-based data of the type collected with the FES is to improve communication between health workers and families. The Department of Child and Adolescent Health and Development at WHO has organized workshops in China, Morocco, Pakistan, Vietnam, and other countries on ways to use ethnographic data to improve communication with parents about ARI. A recent project funded by AusAID was implemented in four counties of four different provinces in China. Data were collected using

[6] Hudelson PM. "The management of acute respiratory infections in Honduras: a field test of the Focused Ethnographic Study (FES)". *Medical Anthropology.* 1994 May;15(4):435-46.

the FES and results were integrated into an ARI clinical management training course. The *Pneumonia Care Assessment Toolbox*, discussed later in this chapter, represents another effort to incorporate ethnographic findings into program design.

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A paperback version of the ARI-FES is being developed for the:

International Nutritional Foundation.
P.O. Box 500
Charles Street Station
Boston, MA 02114-0500
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Fax 1-617-227-9504

2) Procedures for Local Adaptation of ARI Home Care Advice

WHO, Department of Child and Adolescent Health and Development, 1996, 48 pages. Available in English.

Purpose

The manual, *Procedures for Local Adaptation of ARI Home Care Advice* is designed to help programs modify generic communication tools on ARI to fit local cultural conditions and language. The manual supports WHO's standard case management strategy for ARI as exemplified in generic mother counseling cards and case management charts for health workers.

Organization of the manual

The data collection procedures described in the manual are divided into four phases:

Phase I—Conducting interviews with care givers to obtain the local vocabulary for ARI illnesses and home care practices outlines a procedure for interviewing care givers to obtain a list of local words and phrases for ARIs and local treatments for ARI. This procedure uses a video-tape of children with ARI signs and symptoms.

Phase II—Selecting local terms and practices for focus group discussions presents a procedure to narrow the list of terms for use in a focus group discussion.

Phase III—Conducting a focus group discussion to determine the most appropriate terms shows how a focus group determines which terms are most appropriate in the local area.

Phase IV—Modifying the "Advise the mother to give home care" box of the ARI management chart adapts the "Advise Mother to Give Home Care" box of the ARI management chart based on local terms and local treatments and home care practices for ARI.

Time and personnel required

The research outlined in the manual is designed to be completed in six days (see table below).

Timetable for conducting the WHO "Procedures for Local Adoption of ARI Home Care Advice"

Preparatory visit	1-day visit prior to start
Train personnel	under ½ day
Pre-test video equipment	½ day
Video interviewing	2 days
Data tabulation and selection of terms	1 day
Focus groups	½ day
Adaptation of home care advice	½ day

Although not explicitly stated, the primary researcher should be familiar with qualitative research methods.

Experiences with use of the manual

This manual is part of the larger ARI-FES, which was extensively pre-tested. A comparison between the FES and the Local Adaptation protocol in the Philippines found that the inventory of signs and symptoms obtained with the Local Adaptation protocol was similar to that obtained with the full ARI-FES, but the Local Adaptation protocol provided much less infor-mation on how mothers respond to these signs and their views on when care should be sought.[7]

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[7] Mark Nichter and Mimi Nichter. "Acute Respiratory Illness: Popular Health Culture and Mother's Knowledge in the Philippines". *Medical Anthropology.* 1994 (15); pp/ 353-375.

3) Pneumonia Care Assessment Toolbox

PVO Child Survival Support Program, Johns Hopkins University, 1996, 295 pages.
Available in English.

Purpose

The *Pneumonia Care Assessment Toolbox*, developed by the Johns Hopkins University/Child Survival Support Project (JHU/CSSP) in April 1998, is a user-friendly manual designed for program managers working for PVOs and NGOs. The *Toolbox* evolved from a recommendation of the 1994 PVO Headquarters Workshop to CSSP requesting the provision of "technical expertise to assist PVO projects in the design and assessment of ARI interventions." Requirements of PVO project staff included: (1) the methods must be easy to learn, use and analyze and (2) the research must not require a lot of time or money. Due to the budgetary and staff constraints in many PVOs, CSSP limited the instructions and forms in the *Toolbox* to answering only key questions, and adapted the scope of the methodology to yield information useful for project management rather than in-depth research.

Organization of the manual

The data collection instruments and the research methods are simplified versions of those found in the FES. The *Toolbox* allows researchers to pick and choose from the nine available tools. The *Toolbox* contains quantitative tools, such as the Rapid ARI Case Management Survey, and qualitative tools, such as the Community Terms and Beliefs about Pneumonia Care. The *Toolbox* focuses on quality standards, including the quality of care, access to care, and care giver practices. Each tool responds to one aspect of quality assessment. Therefore, if a program manager has one particular research question, he/she can use only one or a combination of tools rather than the entire *Toolbox*.

Contents of the Pneumonia Care Assessment Toolbox

Rapid Survey of Health Facility Capacity
Rapid ARI Case Management Survey
Community Group Discussions—Satisfaction with Health Services
Geographic Access to Health Services
Health Services Utilization
Community Terms and Beliefs about Pneumonia Care
Community Group Discussions—Care Giver Practices
Pneumonia Case Narratives
ALRI Module for Household KPC Survey

The *Toolbox* includes a User's Guide to assist the program manager in using the research results. While the tools explain how to analyze the data, the User's Guide describes how to devise a strategy for applying the results meaningfully and developing a feasible action plan.

Time and personnel required

Unlike the previously discussed qualitative research guides, the *Toolbox* does not require a trained social scientist. The tools are field-friendly and do not require a computer or complicated handwritten computations for analysis. Moreover, minimal training is needed to collect and analyze data. The *Toolbox* also requires only seven to 10 days to complete so it may be considered a more rapid assessment.

Experiences with use of the manual

The *Toolbox* has been pre-tested in Malawi, Haiti, and Ecuador.

In Malawi the *Toolbox* was pretested at a training of a group of PVO staff from East African Child Survival projects in Save the Children's project area in Mangochi District. The pretesting in Haiti was done by a consultant who trained staff of Project Hope's Child Survival project.

In Cuenca, Ecuador, the *Toolbox* was pre-tested with PLAN/Ecuador staff and counterparts. PLAN is an international, humanitarian, child-focused development organization that currently works in 42 developing countries and has fund-raising agencies in 14 donor countries. PLAN's International Headquarters are based near London.

The field assessment team from the NGO PLAN International in Ecuador found that the "materials provide useful information about a health system's effectiveness in caring for pneumonia in children less than five years of age.... At each local level that PLAN works, PLAN should train the Health Area directors and members of the Health Area Implementation teams to use the materials and provide reports to the MOH, PLAN and JHU." [8]

Ordering Information

Directly from Bill Weiss
E-Mail: bweiss@jhu.edu

The files are compressed for transmission and can be extracted or downloaded onto a hard drive. Note that you must have WordPerfect version 6.1 or higher to read the files properly.

[8] William M. Weiss. *Trip Report: Pneumonia Care Assessment.* (Page 7) Assessment conducted in collaboration with: PLAN/Ecuador-Cañar, Ministry of Health of Ecuador and PVO Child Survival Support Program, Department of International Health. (Draft Copy) April 21-28, 1996. This quote comes from a team of persons who were trained to use the tools (in addition to PLAN/Ecuador staff), composed of Ministry of Health officials from two districts, a representative from the Belgian Cooperation, and Dr. Carmen Espina from the national ARI program (now with the national IMCI program).

Overview of Manuals on Malaria

Title of manual	1) *The Malaria* Manual, WHO/TDR, 1995, 170 pages.	2) *Guidelines for conducting a Rapid Ethnographic Study of Malaria Case Management*, Hudelson, P. 1996, 96 pages.	3) *Community Case Management of Childhood Malaria: Research Protocol and Field Guide,* Baume, C and Helitzer, D. 2000, approx. 100 pages.	4) *Rapid Assessment: Health Seeking Behaviour for Severe and Complicated Malaria* (Part 1 - 24 pages) and *Recognition of Illness Symptoms for Severe and Complicated Malaria* (Part 2 - 28 pages). WHO/TDR, 1999.	5) *Partnerships for Change & Communication: Guidelines for Malaria Control.* WHO/TDR, 1997, 117 pages.	6) *Insecticide treated net programs: A handbook for managers.* Chavasse, D et al., 1999, 173 pages.
Type of manual	Menu of methods	Integrated step-by-step protocol	Integrated step-by-step protocol	Integrated step-by-step protocol	Intervention development guide	Menu of methods
Topics covered*						
• Household case management	+++	+++	+++	+++	++	—
• Facility case management	+	+++	+++	+++	++	—
• Malaria in pregnancy	++	—	—	—	++	—
• Mosquito nets	+++	—	—	—	++	+++
Time to carry out study	1-3 months	3 months	4-6 weeks	1-2 months	1-2 months	Varies
Expertise to lead research team	University-level social science or public health training	Graduate-level social science or public health training	University-level social science or public health training	University-level social science or public health training	University-level social science or public health training	University-level social science or public health training
Languages	English	English	English, French	English, French	English	English

***Key to topics covered** — Topic not covered at all + Topic mentioned, but not discussed ++ Topic discussed in moderate detail +++ Topic discussed in great detail, completely

Introduction

Malaria is a greater threat to public health now more than ever, causing an estimated 300 to 500 million clinical cases per year and between 1.5 and 2.7 million deaths. The malaria parasite is passed via a bite to a person through the saliva of an infective female mosquito. The parasites enter the victim's bloodstream, pass through the liver and ultimately invade the red blood cells, inducing bouts of fever and anaemia. In cerebral malaria, the infected red cells obstruct the blood vessels in the brain. Other vital organs can also be damaged, often leading to the death of the patient, if not treated properly and promptly. Several manuals have been developed recently that describe how to collect qualitative data on malaria. The most common use for these data is to promote one or more of the following interventions:

1) Early and appropriate treatment of febrile illnesses in young children

Globally, the majority of malaria-related deaths occur in young children living in endemic areas of Africa. Delay in treatment, treatment with inappropriate or outdated medications, and failure to take a complete course of the drug at the appropriate dose are all associated with increased mortality. The research focus can be at the community and/or the facility level.

- Community-based management of febrile illness involves the recognition, treatment and/or referral of febrile illnesses such as malaria. Interventions in the community may include household care givers, traditional healers, community health workers (CHWs), and pharmacists.
- Facility-based case management includes training and supervising health care workers and an adequate drug supply.

2) Prophylaxis or treatment of malaria in pregnant women

Malaria in pregnant women contributes to low birth weight and neonatal and early infant mortality. In areas of endemic transmission, women in their first or second pregnancy are at the highest risk of infection. Prevention of malaria in pregnancy may involve taking chloroquine weekly, taking sulfadoxine-pyrimethamine (Fansidar) in the second and third trimester, and/or using insecticide-treated mosquito nets. Obstacles to accepting antimalarial treatment or prophylaxis include fear of side effects, especially for bitter-tasting chloroquine, failure to recognize the often atypical symptoms of malaria in pregnancy, and difficulties in providing prenatal care to young women or adolescents who are pregnant for the first time.

3) Mosquito nets (bed nets)

Mosquito nets, treated every six to 12 months with pyrethroid insecticides, are a simple, low-cost effective malaria prevention measure when used consistently and correctly. Regularly treating the nets with insecticide significantly reduces malaria transmission and, as contact with the insecticide kills mosquitos, reduces the population overall, and therefore the chance of getting infected. Lack of awareness of the need to retreat the nets with insecticide, failure of programs to take into account local preferences regarding size, color, and type of netting material, sleeping patterns, and the perception that nets are only needed when mosquito densities are very high, may all limit the effectiveness of this intervention.

Factors limiting acceptance of malaria interventions		
Treatment of children	**Prophylaxis for pregnant women**	**Impregnated bed nets**
u Delay in illness recognition by parents of sick child	u Failure to recognize symptoms of malaria in pregnancy	u Size, color, shape of nets does not match local preferences
u Failure of parent to administer full course of treatment to child	u Concern about effects of drug on woman and fetus	u Failure to reapply insecticide
	u Poor outreach to pregnant adolescents	u Lack of money to purchase a net
		u Only used during "heavy" mosquito season

Overview of the Manuals

The Malaria Manual provides a comprehensive introduction to social and cultural issues in malaria control and qualitative research methods. As the other manuals provide only brief introductions to the issues and methods, *The Malaria Manual* will be useful for training purposes even if its protocols are not used directly. *The Malaria Manual* is especially appropriate for groups using qualitative methods for the first time who want to get an overview of community perceptions of malaria. *The Malaria Manual* presents an extensive menu of methods and data collection forms from which the researcher can select, according to the needs of the program.

Two manuals, *Guidelines for Conducting a Rapid Ethnographic Study (RES) of Malaria Case Management* (Malaria RES) and *Community Case Management of Childhood Malaria: Research Protocol and Field Guide* both focus exclusively on diagnosis and treatment of young children with fever, convulsions, or other symptoms of malaria in the home, as well as care seeking outside the home. There are no questions on other aspects of malaria such as malaria in pregnancy or insecticide-treated nets, as there are in *The Malaria Manual*. The Malaria RES, is modeled on the *Focused Ethnographic Study of Acute Respiratory Infections* (ARI-FES), discussed in the previous chapter. Both the RES and the research protocol on care-seeking provide the basis for an in-depth study of community response to malaria. Both are intended to be carried out under the direction of a trained social scientist. The RES is a full manual that includes background information on malaria and instruction in various qualitative methodologies. The care-seeking protocol assumes that the principal investigator already knows those methodologies. The protocol is a set of instruments that provides a complete yet efficient means of looking at overall case management and communication issues. The emphasis is on illness narratives that have been structured to permit systematic gathering of qualitative information, as well as quantification of key variables and calculation of treatment sequences. The protocol, including an implementation guide, is about to be published.

WHO/TDR has recently published two slim companion manuals entitled 1) *Rapid Assessment: Health Seeking Behaviour for Severe and Complicated Malaria* and 2) *Rapid Assessment: Recognition of Illness Symptoms for Severe and Complicated Malaria.* The objective of the first

manual is to help investigators collect information about the signs and symptoms associated with severe and complicated malaria that are recognized by mothers and caretakers of young children to develop interventions to improve early identification and treatment of malaria. The objective of second manual is to obtain an accurate understanding of health seeking behavior in order to design effective interventions to improve case management.

The focus of *Partnerships for Change & Communication: Guidelines for Malaria Control* is to help define the malaria situation within a specific study site. Guidelines are provided for gaining a complete understanding of how malaria affects a particular research setting. It is intended for use by managers, planners, and trainers to develop strategies for health promotion and communication to initiate community action.

Insecticide Treated Net Programs: A Handbook for Managers is written for project managers in government, non-government, and private sectors who are interested in promoting the use of treated mosquito nets for controlling malaria. It is unlike the other manuals reviewed in this chapter in that it covers essential elements of planning, implementing, and monitoring Insecticide Treated Net Projects. It is important to note, however, that it mainly emphasizes the use of quantitative/epidemiological research. It provides a limited review of qualitative methods.

1) The Malaria Manual

Irene Akua Agyepong, Bertha Aryee, Helen Dzikunu and Lenore Manderson, WHO/TDR, 1995, 170 pages. Available in English.

Purpose

This manual has two purposes. It provides a menu of methods and approaches to choose from for people designing field studies on social and cultural aspects of malaria, it is a general resource on qualitative research and malaria that can be used for training.

The primary audience of the manual, as defined by the authors, is mid- and senior-level managers of health services or control programs. The manual may also help health researchers employed by government or a university. Manderson et al. state that the manual was developed as "a rapid assessment method for use by local researchers or others without professional [disciplinary-based] training."

Organization of the manual

The Malaria Manual has seven chapters, as shown below:

Overview of The Malaria Manual

Chapters	Material covered
Ch. 1 Introduction	Introduction to malaria as a public health problem
Ch. 2 Collecting background information Ch. 3 Rapid Assessment Methods Ch. 7 Training and Resources	Introduction to qualitative research methods and field research, general guidelines on how to design and carry out a study
Ch. 4 Community Perceptions of Malaria Ch. 5 Diagnosis and Management of	Protocols for investigation of specific social and cultural issues related to malaria

Chapter 1 provides a brief overview of social, epidemiological, and clinical aspects of malaria, and is useful for anyone who needs general information on malaria. *Chapters 2, 3, and 7* introduce qualitative research methods to those with no previous experience and describe how to plan a field study and train field workers. These three chapters are valuable even if the topic is not malaria, as they present the basic steps in conducting a qualitative research study clearly and concisely. C*hapters 4, 5, and 6* are independent modules that a researcher might choose to include in or exclude from a study, depending on its objectives. Each of these chapters provides further background information on the topic, then presents a protocol including data collection forms for investigating it.

The authors stress throughout the manual that the research methods are only examples or suggestions for data collection, and that most will have to be modified when applied to a

specific research question. Also, many of the tools may be applied to various types of research questions. Using multiple tools to gather data on a specific question helps to validate the information collected.

The Malaria Manual also includes examples of morbidity diaries for literate and non-literate respondents and a detailed question guide on the care and management of sick children. These tools follow Chapter 5 on the diagnosis and management of malaria and are called "research tools." This same chapter describes methods to collect data from the community on pregnancy and malaria, using informant interviews, focus groups, exit interviews, and case studies. Topics for collecting data include antenatal services utilization, community beliefs on pregnancy and malaria, constraining factors for using health facilities, costs of management and who pays, and treatment decision making.

Time and personnel required

The time necessary to perform the tasks in the manual will vary, depending on the scope of the research question, the skills of the research team, the number of researchers participating, and the researchers' familiarity with the culture of the population. The authors recommend planning four to six weeks of field work when using a team that is concentrating on a single aspect of malaria and is familiar with the population. From the preliminary research in Ghana, the authors estimate that, with four experienced social and medical scientists and one well-trained field assistant, the actual field work requires 100 person-days, which includes time spent to train in research methods, prepare the study, develop tools, code data, and analyze results.

Ordering Information

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20 Avenue Appia
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Contact: Ms Jocelyne Bruyère
Telephone 41-22-791-3725
Fax 41-22-791-4854
E-mail Bruyerej@who.ch
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2) Guidelines for Conducting a Rapid Ethnographic Study of Malaria Case Management (formerly called The Focused Ethnographic Study of Malaria or Malaria FES)

Patricia Hudelson, 1996, 96 pages. Available in English.

Purpose

The objectives of WHO/TDR's *Guidelines for Conducting a Rapid Ethnographic Study (RES) of Malaria Case Management* are:

- To describe community beliefs and practices related to malaria, and identify factors that facilitate or constrain prompt care seeking from trained health practitioners when children present signs suggestive of malaria; and
- To make recommendations about how to improve recognition and treatment of childhood malaria at the community level.

The manual was designed to provide a better understanding of household symptom recognition and decision making, the household care given to the child, and the reasons for time gaps between initial symptoms and treatment-seeking behavior. The manual identifies interventions to improve identification and management of malaria by both families and health practitioners.

Organization of the manual

The malaria RES is designed to be implemented in its entirety. Topics covered include general guidelines on managing the research, collecting and analyzing data, and preparing the final report. The data collection and analysis chapter includes detailed examples and explanations of the research tools, such as free listing, paired comparisons, interviews, and matching and rating tasks. The table below displays the phases of the research design.

Each section of the manual describes the purpose of the activity, how to prepare and administer it, and how to analyze and interpret the results. Some sections even describe how to introduce the activity verbally:

> From my discussions with people in the community, I understand that there are several different places or types of people that families can go to for help when they have a sick child. (Read the list of practitioners you have selected). I would like to ask you some questions about this. If your child had a fever and was very lethargic (use local terms for these symptoms), and you could only got to Dr. Jones or to the government clinic, which one would you go to?

Phase One Activities in the Malaria RES	
Interview at least 10 key informants	1* Open-ended interviewing and free listing of illnesses and signs/ symptoms (including interviews about past illness episodes) 2 Paired comparisons of illnesses 3 Assessing the relationship of local terms to physical signs and symptoms using a videotape
Interview at least 20 mothers about past episodes of illness involving fever	4 Narratives of past illness episodes (including narratives with mothers whose children have died)
Interview at least 30 mothers of children who are currently sick	5 Semi-structured interview of current cases with blood smear analysis, blood count, and temperature
Interview a representative sample of health practitioners	6 Semi-structured interview
Present hypothetical illness cases to pharmacists and drug sellers	7 Presentation of hypothetical cases
Phase Two Activities in the Malaria RES	
Pre-test structured interviewing procedures with key informants, then interview a representative sample of mothers from the community who have children under 5 years of age; do at least 50 interviews	8 Matching of illnesses and symptoms 9 Severity rating of illnesses and symptoms 10 Paired comparisons of health practitioners 11 Inventory of medications in the home

* Refers to chapter number

Most of the recording forms are quite simple and include explicit directions for recording and analyzing the data collected.

Time and personnel required

The malaria RES manual recommends that one full-time social scientist and two to three field assistants conduct the study in eight to 12 weeks. While the instructions for the use of the methods and data collection forms are clear and detailed, the large number of forms and the high level of organization needed to complete this study successfully make it more appropriate for a group with prior experience in qualitative research.

Experience with use of the manual

The FES was tested in malaria endemic areas in three countries during the malaria season. Technical support and training were provided by the WHO/TDR. The full protocol was

tested in Ghana (1994-1995) through the Navrongo Health Research Center; in Malawi (1995–1996) through the Center for Social Research; and in southern Ethiopia (1995–1996) with a single researcher. Major findings from these field tests pertained to household responses to uncomplicated and severe malaria among children. Below is a summary of survey findings.

Summary of Survey Findings

Household responses to uncomplicated malaria in children	Household responses to severe malaria in children
Illness usually not perceived as serious	Illness not perceived to be associated with malaria
Managed at home and home remedies used	Child never treated quickly with an antimalarial
Treated with over-the-counter drugs (many and often) plus herbal medicines	Child usually given treatment by traditional healer
Full course of antimalarials/antibiotics seldom bought or administered by mothers/parents	Western treatment often halted before completed
Low faith in services of health sector where fees are charged and drug shortages are frequent	Payment on credit or in kind
Shopkeepers/private practitioners preferred: closer to home, give injections	Traditional treatment failures referred to clinic/hospital. When antimalarial treatment is delayed, and a child often far from hospital is not able to take medication orally, this results in acute hospital admission and high mortality rates

Ordering Information

Not currently available as an official publication, but copies can be requested from:

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1211 Geneva 27
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Contact: Ms Jocelyne Bruyère
Telephone 41-22-791-3725
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E-mail Bruyerej@who.ch
Web site http://www.who.ch/tdr/publicat/list.htm

3) Community Case Management of Childhood Malaria: Research Protocol and Field Guide

Carol Baume and Deborah Helitzer, forthcoming in 2000, approximately 100 pages. Will be available in English and French.

Purpose

This research protocol and field guide is for investigators studying care seeking for young children who have fever or convulsions, key symptoms of malaria. The primary purpose is to provide researchers with a systematic, efficient set of instruments to use in the field. The protocol provides the basis for an in-depth understanding of overall case management as well as of communication and other factors important for the design of interventions to promote prompt and effective treatment. Rapid studies using only the core modules can also be conducted. An implementation guide to accompany the protocol is to be included with the protocol in one document. It provides supplementary guidance on planning and implementing the study and analyzing the findings.

The protocol and field guide is intended for researchers who already have experience with qualitative data collection, recording, and analysis, but may not have field expertise in looking at care seeking for malaria. Therefore, it does not attempt to provide training in research or qualitative methods; it assumes that the Principal Investigator has those skills and that team members who may be less experienced will undergo a period of training in field methods and in the use of the instruments.

This protocol uses a framework and systems approach to tie together all of the elements (individual, community, and institutional) in the care-seeking process. Its modular format permits the design of very rapid studies (less than a week of field time) and/or more comprehensive studies (where more time and resources are available). The protocol takes a symptom-based rather than illness-based approach, concentrating on treatment of fever and convulsions rather than on malaria to (1) directly support Integrated Management of Childhood Illness (IMCI) efforts, and (2) avoid problems in using the term "malaria," which may not mean the same thing to the researcher and the community. Finally, it emphasizes individual methods, such as asking about actual behavior in a recent case and the factors that went into each treatment decision, rather than on group methods that elicit more general normative information about treatment practices

Organization of the manual

The protocol is an integrated set of modules using different methodologies to explore various aspects of case management; it can be adapted so that more or less emphasis is placed on particular modules, according to the local situation. Although comprehensive, it is also efficient, and the entire set of modules can be completed in each community in two to three days with a team of four to six people. For very rapid studies, researchers can use just two of

the modules (the shaded portion in the table below) and still obtain a solid basis of information on care seeking.

The research questions the instrument is designed to answer are specified on the top of each module. The main methodological vehicle is the illness narrative. A specific way of conducting the narrative has been developed so that it systematically collects qualitative information on all aspects of a care-seeking model, and permits quantification of key variables. The quantitative data serve as a framework for analysis, indicate treatment sequences, and substantiate qualitative assertions about care-seeking patterns.

The protocol focuses on community aspects of treatment. One of the modules, however, consists of interviews and observations at the health facility. Care givers' decisions about treatment are very much inter-related with the quality of care they receive at the health facility, both perceived and actual. Therefore this protocol includes the option of examining mothers' experience in the health center—not for purposes of assessing clinical skill, but for understanding what features of the experience encourage and discourage appropriate care.

Summary of Survey Findings

Type	Name of Module	Methodology
Set-up and general background	Community Introduction Module	Group interview and/or social mapping
Core	Illness Narratives Module	Individual interview
Supplementary	Terminology and Taxonomy Module	Focus group
Supplementary	Health Facility Module	Interview & observation
Supplementary	Community (non-formal) Providers Module	Individual interview
Supplementary	Treatment Option Module	Pile sorts and rankings

Time and personnel required

The amount of time needed to carry out the protocol depends on the physical size and cultural diversity of the region under study. The greater the diversity, more communities needed for the sample. A rough rule of thumb is to allow two to three days per community, given a team of four to six data collectors. In homogeneous sites, the study might include only four sites, and data collection can be completed in as little as two weeks. In geographically dispersed and ethnically diverse sites, more sites are needed, and data collection may take eight weeks. Guidance on sampling is provided in the implementation manual that is about to be published as one document with the protocol.

Experience with use of the manual

The protocol was fully tested in Zambia and Kenya. The two countries have very different health infrastructures and drug policies, and the protocol was easily adaptable to these widely differing contexts. The studies produced practical information necessary for the design of sound interventions. Results of these studies and their implications for interventions are found in the following reports:

- *Care-Seeking for Illnesses with Fever or Convulsions in Zambia*, BASICS, June 1998
- *Care-Seeking for Fever and Convulsions in Bungoma District, Kenya: Implications for Malaria Programs*, BASICS, July 1998

Some key findings from the Kenya study are:

- A tremendous amount of care takes place at home. Some 90 percent of cases are first treated at home, and about 50 percent are treated only at home. Caretakers rely almost exclusively on modern resorts to care; traditional healers and traditional remedies are not commonly used.
- Pharmacies are replacing health centers to some extent. Some diagnose and treat patients, and some administer injections (illegally). Very few require prescriptions for any drugs, even for restricted drugs such as antibiotics or quinine.
- About half of children suffering from fever are taken to some kind of health facility, usually one to three days after onset of fever and after home treatment fails.
- Because home treatment as a first response is the norm, it is likely that many sick children are not treated by a qualified health provider soon enough.
- Given that many treatments may be tried at home, it is especially important for health providers to have a good understanding of the illness history and treatment history.
- It appears that mothers do not recognize twitching, a precursor to convulsions, as serious. Even convulsions are not always treated as if they are serious, unless they are sudden and severe and the child loses consciousness.

Ordering Information for *Research Protocol* and other documents cited:

BASICS Information Center
Suite 300, 1600 Wilson Boulevard
Arlington, VA 22209
Telephone 1-703-312-6800
Fax 1-703-312-6900
E-mail wwwinfo@basics.org
Web site http://www.basics.org
For technical questions, contact cbaume@aed.org

4) Rapid Assessment Guidelines

Part I: Health-Seeking Behaviour for Severe and Complicated Malaria, 24 pages
Part II: Recognition of Illness Symptoms For Severe and Complicated Malaria, 28 pages,
WHO/TDR, 1999. Available in English and French.

Purpose

Part I presents rapid assessment guidelines to help investigators collect information that can be used to design effective interventions to improve case management. The rapid assessment guidelines outlined are intended to help investigators collect information about what caretakers do when young children have symptoms associated with severe or complicated malaria. Such data collection aims to foster improvements in the way that caretakers identify and manage severe and complicated malaria in young children. Specifically, the objectives of rapid assessment of health seeking behavior for malaria are to learn:

- what signs and symptoms of illness are recognized;
- how these signs and symptoms are interpreted; and
- what response is made to them.

Part II of this manual presents rapid assessment guidelines to help investigators collect information about the signs and symptoms associated with severe and complicated malaria that are recognized by mothers and caretakers of young children. The objective for collecting these data is to later use them in the development of interventions to improve early identification and prompt and effective treatment of clinical malaria. Specifically, the purposes of rapid assessment of recognition of signs and symptoms of malaria are to:

- identify words used locally for each of the signs and symptoms associated with uncomplicated malaria and with severe and complicated malaria;
- describe community beliefs and practices related to each of the signs and symptoms associated with malaria;
- assess whether families distinguish among different presentations of the same symptoms; and
- identify which signs and symptoms are not recognized.

Organization of the manual

Each part of the manual is organized into seven sections:

Section 1—Introduction provides a brief opening to the manual.

Section 2—Rationale discusses the public health importance of severe and complicated malaria, and the significance of using rapid assessment methods to improve the way that mothers, caretakers and health workers identify and manage severe and complicated malaria in young children.

Section 3—Objectives

Section 4—Method discusses the Study Design, the Study Review Process, and the guidelines for Selecting Study Sites.

The Method section in Part I of the manual, *Rapid Assessment: Health Seeking Behaviour for Severe and Complicated Malaria,* is divided into four phases:

- Phase 1: Review of current knowledge
- Phase 2: Key informant interviews
- Phase 3: Focus group discussions
- Phase 4: In-depth interviews with mothers of children who currently have malaria

The Method section in Part II of the manual, *Rapid Assessment: Recognition of Illness Symptoms for Severe and Complicated Malaria,* is divided into three phases.

- Phase 1: Interviews with hospital and health center personnel
- Phase 2: Interviews with key informants and with mothers of children who have previously had malaria
- Phase 3: In-depth interviews with mothers of children who currently have malaria

Section 5—Expected Outcomes addresses specific results that might be uncovered within the research study.

Section 6—Implementation provides guidelines for conducting the three phases of the Study Guide. Five components of each phase are discussed: objective, rationale, study subjects, method, and data handling and analysis.

Section 7—Analysis, reporting and dissemination briefly addresses what should be done with the interview data once they have been collected. It is recommended that all completed interview schedules and field notes be typed up. Blank forms are provided to demonstrate a useful format for expanding raw field notes. Several analysis topics are mentioned, including standard ethnographic methods, transcription, coding, and computer programs. Finally, a simple outline of a final report is provided.

References are also provided in each of the two parts.

Ordering Information

Free copies can be requested from:

WHO/TDR
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1211 Geneva 27
Switzerland
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E-mail Bruyerej@who.ch
Web site http://www.who.ch/tdr/publicat/list.htm

5) Partnerships for Change & Communication: Guidelines for Malaria Control

World Health Organization, Department of Control of Tropical Diseases, developed in collaboration with Malaria Consortium, United Kingdom, 1997, 117 pages. Available in English and French.

Purpose

This manual will be of benefit to regional-, provincial-, or district-level managers of malaria projects who want to develop appropriate strategies and health promotion and communication for malaria control. The guide is also intended for planners and trainers who assist and supervise district- and/or community-level programs and personnel.

The main objective of this manual is to provide guidelines for defining the malaria situation in a researcher's study site. The purpose for gaining a complete understanding of how malaria affects each specific study site is to foster development of strategies for health promotion and communication leading to community action that will be:

- effective in the study site,
- appropriate for the resources available to the project, and
- relevant to the needs and perceptions of the communities served.

Partnerships for Change & Communication has two other purposes: 1) to guide the researcher toward implementing a process for collaborative decision making among all those involved and affected by the research, and 2) to emphasize the importance of communication and the provision of adequate, accurate, and timely information to those who have to make decisions. The manual provides guidelines for involving those at all levels—the individual, family, household, community, district, province or region, and country.

Organization of manual

The manual is organized in three sections:

Section 1—"Partnerships for Change" means working together with the community to achieve improvements in health. Implementation of this process is outlined in Section 1, placing an emphasis on joint decision making and sharing of information to sustain collective action with the community, household or family. Examples and exercises are provided to help the reader understand the "Partnerships for Change" process and how it can be worked into his/her specific research project. Ten steps are involved (and discussed in detail). They are:

Step 1: Identifying information needs
Step 2: Gathering information
Step 3: Analyzing information
Step 4: Identifying solution

Step 5: Choosing priorities
Step 6: Developing goals and objectives
Step 7: Assessing resources
Step 8: Taking actions
Step 9: Monitoring and evaluation
Step 10: Developing an ongoing commitment

Blank "Checklist for Partnerships for Change" forms are included to be completed as part of the researcher's implementation of the process into his/her project.

Section 2—Understanding Malaria. This section provides guidelines for defining the malaria problem and helping communities to understand malaria and how to protect themselves from it. The first half of this section provides seven worksheets and various tables to help learn about the malaria situation and strategies and activities for the study setting. Included is a worksheet for the assessment of cultural knowledge, beliefs, and practices related to malaria at the study site. The second half of this section provides guidelines and worksheets for collecting and collating information on the research area. The goal is to develop a profile for malaria in the research area that will serve as the basis for developing a program that is appropriate and relevant to the area.

Section 3—Developing Messages. This section provides guidelines for developing messages about malaria. Included are examples of illustrations that can be adapted and used by the researcher's program and an introduction to social marketing strategy.

Time and personnel required

This manual describes a process of developing a malaria control strategy in collaboration with a community. The initial strategy may be designed in less than one month, but implementation and monitoring of the strategy will take place over several years. The manual is designed to be used directly by program managers and field workers and does not require formal social science training. The program manager should have university-level academic training.

Ordering Information

English version:

The Malaria Consortium
London School of Hygiene & Tropical Medicine
Keppel Street
London WC1E 7HT, U.K.
Telephone 44-0-171-927-2439
Fax 44-0-171-580-9075
E-mail: ethestho@lshtm.ac.uk

English version, available for £5 ($8) each to organizations, institutions, programs or individuals in developed countries. Available free to organizations, institutions, programs, or individuals in developing countries from:

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Fax 1-202-884-8701
E-mail saramail@aed.org
Web site http://www.info.usaid.gov/regions/afr/hhraa/child.htm#subtopics

6) Insecticide-Treated Net Programs: A Handbook for Managers

Desmond Chavasse, Catherine Reed, and Kathy Attawell, developed in collaboration with Malaria Consortium, United Kingdom, 1999, 173 pages. Available in English.

Purpose

The purpose of this handbook is to describe and share lessons learned from a wide range of treated net schemes and programs around the world. It has been written as a practical tool for individuals and organizations concerned with promoting the use of treated mosquito nets for controlling malaria. It covers essential elements of planning, implementing, and monitoring Insecticide Treated Net Projects, and is illustrated with examples of more than 30 projects in 16 countries world wide. This is not an exclusively qualitative research manual; it discusses both qualitative and quantitative methods that are useful to bed net projects.

Organization of the manual

Qualitative research methods are discussed in several parts of this handbook, which is organized into five sections:

Section 1—Overview provides an introduction to treated nets and to the decisions to be made about components of a treated net program.

Section 2—Assessment & Planning addresses socio-cultural considerations in the importance of assessing the situation as it pertains to: community attitudes and beliefs about malaria, existing net use, community perceptions about net treatment, and factors affecting the introduction of treated nets.

Section 3—Technical Decisions discusses technical questions to be considered, with chapters on decisions about nets and decisions about insecticide.

Section 4—Approaches to Implementation presents options for approaches to implementing different components of treated net programs. Chapter 9 (Approaches to Net Treatment and Re-treatment) discusses the importance of considering perceptions the effects of re-treatment. Chapter 10 (Approaches to Promotion) addresses the need for IEC and provides steps for developing a promotional campaign using formative research.

Section 5—Conclusions considers future prospects for treated net programs.

Time and personnel required

This manual is written for project managers in government, non-government, and private sectors who have significant field and managerial experience. It is intended to help in the

planning and implementation of treated net activities that are effective, locally appropriate, and sustainable.

The amount of time required to conduct the qualitative techniques covered in *Insecticide Treated Net Programs: A Handbook for Managers* has not been estimated. We have reviewed this handbook because it is one of the only guides on developing an insecticide treated bed net project that includes qualitative research methods.

Ordering Information

Available for £7 ($11) to organizations, institutions, programs or individuals in developed countries

Available free to organizations, institutions, programs, or individuals in developing countries from:

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London School of Hygiene & Tropical Medicine
Keppel Street
London WC1E 7HT, U.K.
Telephone 44-0-171-927-2439
Fax 44-0-171-580-9075
Contact person Stephanie Thorpe
E-mail: s.thorpe@lshtm.ac.uk

Overview of Manuals on Water and Sanitation

Title of manual	1) *The Use of Structured Observations in the Study of Health Behaviour*, Bentley, M. et al. 1994, 58 pages.	2) *Actions Speak: the study of hygiene behaviour in water and sanitation projects*, IRC, 1993, 139 pages.	3) *Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation-Related Hygiene Practices*, Almedom, A. et al. 1996, 122 pages.	4) *The Schistosomiasis Manual*, UNDP/WB/WHO/TDR, 1995, 30 pages.
Type of manual	Menu of methods	Menu of methods	Menu of methods	Integrated step-by-step protocol
Topics covered*				
• Hygiene behaviors	+++	+++	+++	+++
• Community maintenance of W&S systems	+	+++	+++	+++
• Diarrheal diseases	++	—	—	—
• Schistosomiasis & other parasitic diseases	+++	—	—	—
Time to carry out study	1-3 months	3 months	4-6 weeks	1-2 months
Expertise to lead research team	University-level social science or public health training	Graduate-level social science or public health training	University-level social science or public health training	University-level social science or public health training
Languages	English	English	English, French	English, French

***Key to topics covered**

— Topic not covered at all
+ Topic mentioned, but not discussed
++ Topic discussed in moderate detail
+++ Topic discussed in great detail, completely

Introduction and Overview of the Manuals

The International Drinking Water Supply and Sanitation Decade (1981-90) ended without reaching its goal to provide all people with safe drinking water and proper sanitation. Among the many reasons for not achieving this goal were the lack of appropriate technology and insufficient communication with, and involvement of, communities in designing, building, maintaining, and using the technology. Qualitative research can provide information to help select appropriate technology and design effective communication strategies. The research itself provides an opportunity for communities to participate in planning and implementing water and sanitation interventions.

In April 1991, the "Workshop on the Measurement of Hygiene Behaviour," held at Queen's College, Oxford, England, brought together experience from a variety of disciplines and summarized much of what has been learned during the International Decade of Drinking Water and Sanitation. Three resources on sanitation were published as direct outcomes of the workshop:

- The Use of Structured Observations in the Study of Health Behaviour
- Actions Speak: The Study of Hygiene Behaviour in Water and Sanitation Projects
- *Studying Hygiene Behaviour: Methods Issues and Experiences*

The first two of the resources listed above, both manuals, are described in detail in this chapter. Summary information on the last, a collection of working papers describing field experiences, is provided at the end of this chapter.

The Use of Structured Observation in the Study of Health Behaviour provides a structured observation of water and sanitation behaviors and will be of use to social scientists and others with experience in qualitative research. The manual gives a step-by-step approach to using the structured observation method within health behavior studies, such as those relating specifically to the control of diarrheal diseases, feeding practices, and improvements in water supply, sanitation, and hygiene.

Actions Speak: The Study of Hygiene Behaviour in Water and Sanitation Projects takes the papers and discussions from the workshop as the basis for comprehensive analysis of methods for studying hygiene behavior. This book describes a variety of different observation and interview techniques, and suggests ways of deciding which combination is most appropriate in particular circumstances. It does not provide step-by-step instructions on conducting research and can, in fact, be read selectively in sections for reference to specific aspects of the manual. It focuses on helping the researcher investigate topics such as: disposal of human feces; use and protection of water sources; water and personal hygiene; food preparation and storage; and domestic and environmental hygiene.

An additional resource, *Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation-Related Hygiene Practices*, is a practical guide to data collection in the field. It was developed after the workshop as a complement to *Actions Speak*. It is similar to related manuals that provide technical/methodological support to health care providers in that it is designed to make qualitative research skills accessible to practitioners with little or no previous training in social sciences.

Another health problem related to water and sanitation is urinary schistosomiasis (bilharzia). It is an important cause of morbidity in sub-Saharan Africa, but is extremely local in distribution. An effective one-dose treatment exists for the disease (praziquantel), but is expensive compared with many other common drugs. *The Schistosomiasis Manual* is used to identify communities at high risk for urinary schistosomiasis. Strictly speaking, it is not a qualitative research manual, but it is included here because it collects information on local perceptions of health problems to make programmatic decisions.

Participatory Manuals Dealing with Water and Sanitation

In addition to the five manuals addressed in this chapter, four of the manuals discussed in Section II—Manuals on Participatory Research deal specifically with issues of water and sanitation. They are outlined in the following table.

Title of manual	Chapter	Page
Participatory Development Tool Kit: Training Materials for Agencies and Communities, 1994, 68 pages + visual aids.	5	57
Towards Participatory Research, 1996, 265 pages.	5	59
Participatory Evaluation: Tools for Managing Change in Water and Sanitation, 1993, 136 pages.	5	61
Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques, 1990, 179 pages.	6	78

1) The Use of Structured Observation in the Study of Health Behaviour

Margaret E. Bentley, Marieke T. Boot, Joel Gittelsohn, Rebecca Y. Stallings,
IRC International Water and Sanitation Centre, 1994, 58 pages. Available in English.

Purpose

This manual will benefit social scientists and others with experience in qualitative research. The main objective is to provide guidelines for the use of structured observations within a health behavior study, such as those relating specifically to the control of diarrheal diseases, feeding practices, and improvements in water supply, sanitation, and hygiene. The key behaviors in preventing water and sanitation related diseases include:

- disposal of human feces,
- use and protection of water resources,
- personal hygiene,
- food hygiene, and
- domestic and environmental hygiene.

Structured observations are a technique for measuring behavior. This qualitative research method is a valuable tool for studying behaviors such as hand washing, since the people interviewed may have difficulty describing exactly what they do and for how long. Furthermore, survey respondents may state that they perform behaviors such as hand washing, even when they do not, because they think it is the answer the interviewer wants. Structured observation involves detailed observation of what, how, and for how long people perform different behaviors, and typically involves recording the observations on a pre-designed form.

Organization of manual

This manual was created from a draft by Dr. Margaret Bentley at the Johns Hopkins School of Hygiene and Public Health for the WHO Control of Diarrheal Diseases Program. At the Workshop on the Measurement of Hygiene Behavior, a draft was discussed and reviewed by participants, and later finalized based on their input. The manual is organized in three parts:

Part One provides a framework for methods to study health behavior, and discusses the place of structured observations within this framework.

Part Two describes how to design a structured observation study, including how to sample, what to observe, and how to train and supervise field workers.

Part Three describes a step-by-step process for how to develop, pre-test, implement, and analyze a structured observation protocol.

The *appendices* give examples of data collection instruments and forms.

Time and personnel required

The guidelines outlined in this manual will require the work of a social scientist or researcher with a qualitative background. The time required for training will vary, depending on the experience of the observers and the complexity of the observations to be made. Generally, several days to one or more weeks will be needed for collection of data.

Ordering Information

IRC Publications for $10.50 (Developing countries: $7.40)
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P.O. Box 2869
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Internet order form http://www.oneworld.org/ircwater/order.htm
Order Code: OP 27-E

2) Actions Speak: The Study of Hygiene Behaviour in Water and Sanitation Projects*

Edited by Marieke T. Boot and Sandy Cairncross, IRC International Water and Sanitation Centre, 1993, 139 pages. Available in English.

Purpose

This book provides an overview of the different methods for studying hygiene behavior including unstructured and structured observation and unstructured and structured interviews. Examples of problems encountered applying the methods and how these problems were overcome are taken from presentations given at the Workshop on the Measurement of Hygiene Behaviour. Numerous quotes from interviews are provided. The manual describes how to plan and pre-test studies, how to involve community members in study design and data collection, and the advantages and disadvantages of different methods. This book is more appropriate for a person with post-secondary education who is experienced in conducting social science field research and will be designing or supervising a study.

Organization of the manual

This book is organized in seven chapters that may be read in sequence or selectively:

Chapter 1—Introduction defines some central terms that are commonly used throughout the book. Also provided is an overview for the use of the manual.

Chapter 2—Hygiene behaviour and health. Human behavior is an important factor in the transmission of water and sanitation-related diseases. Hygiene behaviors—such as the use of a hygienic latrine, frequent washing of hands, and safe wastewater disposal and drainage—help to reduce disease transmission. This chapter explores the link between hygiene behavior and health.

Chapter 3—The study of hygiene behaviour discusses why hygiene behavior studies are important and what kind of behaviors belong to the study of hygiene behavior. The chapter stresses that hygiene behaviors can only be studied meaningfully if put into the socio-economic, cultural, and demographic context.

Chapter 4—Sources of information: Observations and *Chapter 5—Sources of information: Interviews* present an overview of the main ways of gathering information in the study of hygiene behavior (observing and interviewing).

Chapter 6—General methodological issues provides information about some general methodological issues, such as the involvement of various groups of people in the different stages of

* During its development, the title of this manual was *The Dirty Book: Introduction to the Study of Hygiene Behaviour in Water Supply and Sanitation Projects.*

the study, the selection and combination of observation and interview methods, sampling issues, and the use of microbiology as a supportive tool in hygiene behavior studies.

Chapter 7—Study design and organization can actually be used as a framework for the other parts of the book since it addresses the design and organization of hygiene behavior studies. Included is a discussion about selecting key behaviors and methods for the study, required personnel, time and resource requirements, and data presentation and dissemination. Also provided is a table that can be used to estimate the resources required for field work.

Time and personnel required

This book describes hygiene behavior studies that do not necessarily require highly trained specialists. A study team of one to two persons will preferably have a social science or health education background. Most important, however, is that team members be selected for their communication and participation skills, their ability to create trust and motivation, and their interest in the study. For data collection through observation and interviews, additional male and female field workers will be needed. They should have the same cultural background and speak the same language as the population covered by the study, and should be locally accepted and respected.

It is noted that for more advanced research, such as analysis of links between health and behavior, specialists (e.g., epidemiologists) might be needed for expert advice. In addition, the support of a sociologist or anthropologist could be useful for the initiation and continuance of the research.

Training of field workers may take two days to two weeks, depending on the data to be collected and recorded. Likewise, the preliminary phase of the hygiene behavior study may take anywhere from a couple of days to a couple of weeks for each community, in the case of rapid assessment studies. More in-depth preliminary studies will take four to six weeks for each community. The main study itself is estimated to require anything from a few weeks to a few months, and may have to be repeated, at least in part, if seasonal factors are involved (or if there are unforeseen problems with data collection). It is important to remember that analyzing the data and forming conclusions can take several weeks to several months.

Ordering Information

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Web site http://www.irc.nl
Internet order form http://www.oneworld.org/ircwater/order.htm

3) Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation-Related Hygiene Practices

Astier M. Almedom, Ursula Blumenthal, Lenore Manderson, IT Publications/Stylus Publishing, 1996, 122 pages. Available in English, French, and Spanish.

Purpose

Hygiene Evaluation Procedures (HEP) was developed as a field companion to *Actions Speak: the Study of Hygiene Behavior in Water and Sanitation Projects*. The manual responds to the concerns of field personnel in water supply, sanitation, and health/hygiene education projects who want to design and conduct their own evaluations of hygiene practices. It describes how to gather, review, and interpret qualitative information. It targets both experienced personnel and field personnel who have little or no previous exposure to qualitative research methods. The manual is designed for individuals who are working on water supply and sanitation projects, including engineers and related technical practitioners, community mobilizers, health educators or promoters, public health personnel, project planners, project managers, and trainers.

Organization of the manual

The manual includes:

- a variety of methods and tools;
- an appraisal of strengths and weaknesses of these methods and tools to help select the most appropriate design for the study; and
- examples from field experience that provide insights into what a hygiene evaluation study may involve (including common mistakes and pitfalls).

Outline of *Hygiene Evaluation Procedures*

Introduction
1 What is the HEP?
2 Planning a Hygiene Evaluation Study
3 Training the Study Team
4 Designing a Hygiene Evaluation Study
5 Methods and Tools for Investigating the Context
6 Investigating Hygiene Practices
7 Analysis, Presentation, and Implementation of Findings

This manual's strength is its integration of the disease or public health focus common to other manuals described in *Chapters 2 to 6* with the participatory research methods described in *Chapter 7*. This is most evident in *Chapter 5*, where the following methods are covered:

HEP Chapter 5 Methods and Tools for Investigating the Context	
u Healthwalk (systematic walkabout)	u Community mapping
u Structured (spot-check) observations	u Seasonal calendar
u Key-informant interviewing	u Gender roles/task analysis
u Historyline	u Appraisal of the methods and tools

Throughout the manual, detailed examples illustrate the type of data collected and how they are collected.

Time and personnel required

The manual describes a plan for a two-to-three-month study, including planning, training, and field work in two districts. Training and preparation are usually concluded in two weeks, although this varies. After the training phase, a few weeks are allowed to pre-test observation and interview schedules and to recruit and train local people. The investigation phase can last four to six weeks. The final phase of the study is a debriefing session or series of sessions.

The methods and tools described in the HEP handbook are meant to be conducted by a multi-disciplinary team that may include social scientists of various backgrounds, public health technicians and engineers, health workers, and community development specialists.

Experience with use of the manual

The manual was developed from field tests in rural Kenya, Tanzania, and urban Ethiopia; the completed instrument was field tested in India and Afghanistan.

A hygiene evaluation study that was conducted in Siaya, in western Kenya, produced some important findings that are discussed in detail in the article, Almedom, A.M. Recent developments in hygiene behavior research: an emphasis on methods and meaning, *Tropical Medicine and International Health.* 1(2), 171-182, 1996.

Concerning water-related hygiene practices, important findings about the bases on which women choose water sources are discussed in detail in the following article, Almedom, A.M. The rationality factor: choosing water sources according to water uses, *Waterlines.* 13(2): 28-31, 1994.

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ISBN 0-9635522-8-7

Full-text version of document also available at following website in English, French, and Spanish: http://www.unu.edu/unupress/food/foodnutrition.html

4) The Schistosomiasis Manual

Lester Chitsulo, Christian Lengeler and Jennifer Jenkins, UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), 1995, 30 pages. Available in English and French.

Purpose

This manual is intended for use by managers of existing schistosomiasis control programs working on a national, regional, and/or district level. The purpose of this manual is to identify communities with high risk of schistosomiasis (*S. haematobium*) infection and demonstrated need for intervention. This manual provides step-by-step guidelines for collecting information on local perceptions of health problems to make programmatic decisions. The guidelines describe a method of distributing simple questionnaires to find out how prevalent schistosomiasis is in a community. It is not designed to detect which individuals in a community are in need of treatment. The questionnaire method is intended to be used as a first step in a schistosomiasis control program, not as a guidebook for organizing subsequent control strategies or activities.

Organization of the manual

The manual describes how questionnaires, administered by teachers to primary school students, and distributed and collected through routine administrative channels, can detect areas with a high prevalence of urinary schistosomiasis with a high degree of sensitivity and specificity. The questionnaire asks children about diseases and symptoms experienced in the past two weeks. Interviews must be conducted with teachers and pupils to help define what local illness and symptom terms are appropriate for the questionnaire. The questionnaires gather information about whether communities perceive urinary schistosomiasis as a problem, and their perceptions of other health problems.

The manual is organized in four parts:

Section 1—Introduction (The Questionnaire Survey as a First Step in Control) outlines the problem of schistosomiasis and discusses the Rapid Assessment Method (the basis of the method, its reliability, and its limitations). Also examined is the questionnaire approach as a first step in control.

Section 2—How to Use the Method provides detailed information about the different steps of the methodology described in the manual. Also discussed are the essential elements of the questionnaire, routes for survey distribution, and data analysis.

Section 3—Validation of the Method notes that "the questionnaire method has not been validated as a tool to identify individuals for treatment, and should not replace other diagnostic tests for that purpose." A discussion follows about possible reasons for carrying out further validation.

Section 4—Extensions of the Method discusses further uses of the questionnaire, further analysis using the same questionnaire, and the possibility of applying the approach to other diseases.

Time and personnel required

Approximately four weeks are necessary to carry out the steps provided in the manual.

This manual is intended for use by schistosomiasis control programs within which a control strategy has already been developed, or is being developed. The methodology described does not require trained social scientists or even the direct involvement of health workers. However, the organization of the survey will necessitate collaboration between the health and the education sectors. The authorities involved will usually include the Regional Medical Officer (RMO); the Regional Education Officer (REO); the District Medical Officer (DMO); the District Health Management Team (DHMT); and the District Education Officer (DEO). In addition, experience in several countries during the testing of the method showed that case finding could be reliably carried out by schoolteachers, using dipsticks to test for haematuria. Therefore, if teachers are going to be involved in the identification phase, it will be necessary to develop contacts with and train them.

Ordering Information

Available free of charge

WHO/TDR
20 Avenue Appia
1211 Geneva 27
Switzerland
Contact: Ms Jocelyne Bruyère
Telephone 41-22-791-3725
Fax 41-22-791-4854
E-mail Bruyerej@who.ch
Web site http://www.who.ch/tdr/publicat/list.htm

Another Book on Research related to Water and Sanitation

5) Studying Hygiene Behaviour: Methods, Issues and Experiences

Sandy Cairncross and Vijay Kumar (eds.), Sage Publications, 1994, 334 pages. Available in English.

The 44 participants who attended the "Workshop on the Measurement of Hygiene Behaviour" shared their experiences, which served as background documentation for the workshop. The book is organized in three sections; The first provides an overview of theoretical and practical issues in studies of hygiene behavior; the second discusses educational interventions to change hygiene behavior; and the third gives examples of field experiences in applying the methods. This book is valuable to those planning to conduct qualitative research on water and sanitation, as it provides case studies on how the methods have been used and shows how the results have been used in other projects to develop education interventions.

Ordering Information

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Chapter 11: Diarrheal Diseases

Overview of Manuals on Diarrhea			
Title of manual	1) *The Focused Ethnographic Study (FES) for Diarrhoeal Diseases*,WHO/CHD, 1994, 163 pages.	2) *Rapid Assessment Procedures (RAP) to Improve the Household Management of Diarrhea*, Herman E., & Bentley, M, 1993, 86 pages.	3) *PHAST Step-by-Step Guide: A Participatory Approach for the Control of Diarrhoeal Disease*, WHO/EOS, 1998, 126 pages.
Topics covered	Management of childhood diarrhea in household and health facilities	Management of childhood diarrhea in the household	Community management of water and sanitation facilities, particularly for prevention of diarrheal disease
Type of manual	Integrated step-by-step protocol	Menu of methods	Integrated step-by-step protocol
Time to carry out study	8 weeks	2 to 3 months	1-6 months
Expertise to lead research team	Graduate-level social science or public health training	University-level social science or public health training, or extensive field experience	University-level social science or public health training, or extensive field experience
Languages	English	English	English

Introduction

Diarrheal disease is a major cause of mortality and morbidity in young children. An estimated three million children die from dehydration or other consequences of diarrhea every year. Diarrhea can be prevented and controlled by improving hygiene behaviors such as hand washing and use of latrines. Correct case management of the child with diarrhea further prevents morbidity and mortality. This case management involves families and health workers. As soon as it is noticed that a child has diarrhea, families should increase the child's intake of fluids to prevent dehydration. Recommended home fluids are soup, rice water, plain water, yogurt drinks, and/or oral rehydration therapy (ORT). The child should be given adequate amounts of food during and after the episode of diarrhea, and should be taken to a health provider if he/she develops danger signs such as marked thirst, repeated vomiting, or fever.

Qualitative research on diarrhea examines actions taken by the family and at health facilities. Two main objectives of qualitative study are: 1) to observe and understand how health workers perceive and treat diarrhea, so as to improve poor services and/or correct or prevent incorrect treatment of diarrheal disease, and 2) to examine the type and quality of information that health workers provide to parents of children with diarrhea. In additional, an essential part of case management is gaining an understanding of community beliefs and practices. To change any behavior with respect to the care of children with diarrhea, it is important to first understand the context within which the illness is currently being managed.

Overview of the manuals

The Focused Ethnographic Study (FES) for Diarrhoeal Diseases is similar in design and approach to the ARI-FES described in Chapter 8. It contains detailed, comprehensive, step-by-step guidelines for conducting a community-based ethnographic study of childhood diarrheal disease. Designed for program managers, this manual describes research to be completed in six to 12 weeks by one social scientist with two to three research assistants.

The manual, *Rapid Assessment Procedures (RAP): to Improve the Household Management of Diarrhea*, is designed for experienced health professionals. It provides program managers with guidelines on the collection of information that can be used to improve the household management of diarrheal disease through culturally appropriate health education messages and practitioner recommendations. It does not provide specific guidelines for selecting fluids or foods for home management of diarrhea, but does suggest that information obtained from the RAP study should contribute to those decisions. A particular focus of the manual is on finding culturally appropriate metaphors to communicate the concept of dehydration and the need to treat it with increased fluids.

The Participatory Hygiene and Sanitation Transformation Series (PHAST) Step-By-Step Guide: A Participatory Approach for the Control of Diarrhoeal Disease is developed to help community health workers follow a participatory approach to preventing diarrheal disease. It is not written for project managers who want to design participatory workshops for community workers. Community health workers who might be interested in using this manual, must

first complete a course in one of two special training programs, PHAST or SARAR. The methodology taught in both of these programs forms the basis for this manual. (PHAST and SARAR are discussed in greater detail below.)

Note on Combined Use of the Manuals

Despite their apparent differences, the FES and RAP manuals for diarrheal diseases complement each other in several ways:

- If the FES is the primary guide for data collection, the RAP can be used to introduce health officials or field workers to the topic, and demonstrate the relevance of the information that will be collected.
- If the RAP is the primary guide for data collection, researchers can draw on the FES for more detail on how to collect, record, and analyze data.
- If the RAP is used, but the program manager feels that many questions are still unanswered, the FES might be conducted as a next step.
- The PHAST manual is quite distinct from the other two, so it is most appropriately used as a freestanding resource, rather than in combination with the others.

1) The Focused Ethnographic Study (FES) for Diarrhoeal Diseases

Patricia M. Hudelson, WHO/CHD, 1994, 163 pages. Available in English.

Purpose

The objectives of WHO/TDR's *The Focused Ethnographic Study (FES) for Diarrhoeal Diseases* are:

- To describe community beliefs and practices related to diarrhea, and identify factors that promote or constrain prompt care seeking from parents and/or trained health practitioners when children present signs suggestive of diarrhea.
- To discuss the importance of the local terminology used for illness or symptoms of diarrhea. This fosters a health worker's ability to communicate with parents regarding danger signs such as dehydration.
- To describe types of home fluids that are recommended during episodes of diarrhea (e.g., soup, rice water, ORS).
- To describe practices that are potentially harmful to a child during an episode of diarrhea and that should be actively discouraged (on the part of parents and/or health workers).
- To make recommendations about how mothers can be encouraged to continue normal feeding practices, and increase recommended home fluids during episodes of diarrhea.

Organization of the manual

The FES for Diarrhoeal Diseases is designed to be implemented in its entirety. Topics covered include general guidelines on managing research, collecting and analyzing data, and preparing the final report. The data collection and analysis chapter includes detailed examples and explanations of the research tools, such as free listing, paired comparisons, interviews, and matching and rating tasks.

The manual is organized in five parts:

Part A—Overview of the Study introduces and provides background information on WHO/Control of Diarrheal Diseases case management strategy for diarrhea. Topics covered are the need for information about community beliefs and practices, the program managers' questions targeted for answers within the FES, and the outputs of the study.

Part B—General Guidelines on Research Management gives an overview of the theoretical orientation and methodology of the study, as well as guidelines for setting up the study, recruiting field assistants, and organizing the field work.

Part C—Conducting the Study (Phase One & Phase Two) contains a detailed discussion of specific data collection techniques to be used during the ethnographic field study. In the manual, the objectives are explained and instructions are provided on how to conduct each

data collection technique. In addition, guidelines are given for recording and analyzing the results.

The study described is to be carried out in two phases. During the first phase, interviews are conducted with key informants, mothers of children who have had diarrhea in the past two weeks, mothers of children who have diarrhea at the time of the interview, and health providers. Unstructured household observations of children with diarrhea are also conducted. The results of phase one are used to design questions for a more structured interview that is administered to a representative sample of mothers in phase two.

The following table displays the phases of the research design, and the data collection technique(s) involved with each stage.

Phase One Activities in the Diarrhoeal Diseases FES and data collection techniques	
Interview with 5-10 children with diarrhea	1 Free listing of illnesses 2 Free listing of fluids and foods 3 Non-directed pile sorts of fluids and foods 4 Open-ended questions about fluid quantities
Interview at least 20 mothers about past episodes of illness involving fever	5 Household observations of fluid and food giving behavior
Interview with 30 mothers of young children	6 Narratives of past diarrhea episodes (including narratives with mothers whose children have died)
Interview with 20 mothers of children with diarrhea	7 Semi-structured interview
Interview with health providers Presentation of hypothetical illness cases to pharmacists	8 Semi-structured interview 9 Presenting cases to pharmacists
Phase Two Activities in the Diarrhoeal Diseases FES and data collection techniques	
Interviews with a representative sample of 30 mothers of children less than 5 years of age	10 Matching of illnesses and symptoms 11 Severity rating of illnesses and symptoms 12 Paired comparisons of health practitioners 13 Inventory of medications in the home 14 Directed pile sorts of fluids
(Data collected in phase two allow the researcher to assess the degree of variability in knowledge and practices that exists in a representative sample.)	

Forms for recording and analyzing results are provided with the manual. Most of them are quite simple and include explicit directions.

Part D—Preparing the Report provides guidelines for preparing the final report for the control of diarrheal diseases program manager.

Part E—Pre-testing Recommendations Using Home Trials and Focused Group Discussion

Time and personnel required

The FES recommends that one full-time social scientist and two to three field assistants conduct the study in eight to 12 weeks. While instructions for use of the methods and data collection forms are very clear and detailed, the large number of forms and the high level of organization needed to complete this study successfully make it more appropriate for a group with prior experience in qualitative research.

Experiences with use of the manual

The diarrheal diseases FES has been used extensively in Mexico. It was also recently pre-tested in Bolivia[9] with success by the national CDD program. In Bolivia, training of local researchers took place during a one-week workshop. Data collection was completed in eight weeks.

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[9] Hudelson P.M., et al. "Improving the home management of childhood diarrhoea in Bolivia". *International Quarterly of Community Health Education.* 15(1): 91-103 (1995).

2) Rapid Assessment Procedures (RAP) to Improve the Household Management of Diarrhea

Elizabeth Herman and Margaret Bentley, 1993, 86 pages. Available in English.

Purpose

This manual identifies household and behavioral factors that are characteristic of the local culture and that facilitate the development, implementation, and monitoring of programs for the control and prevention of diarrhea. Rapid Assessment Procedures (RAP) are used to determine people's beliefs about how the body works, the causes and consequences of illness, and other factors that influence household responses to diarrhea.

It provides a comprehensive introduction to application of qualitative research methods. The manual can be used either as a guide to conducting qualitative research on household management of diarrheal diseases or as an introduction to the social, cultural, and behavioral issues in diarrheal disease treatment.

The manual is unique in that it aims to bridge two gaps that commonly exacerbate the diarrhea-related health problems already present within a local setting: the gap between awareness and adoption of recommended practices, and the gap between the collection of information on cultural beliefs related to diarrhea and effective use of that information.

Organization of the manual

The manual is organized in four parts:

Part I—Overview and introduction to the manual describes RAP methods and discusses five topics: 1) What is RAP? 2) How does RAP differ from KAP? 3) Who should use this manual? 4) How to use this manual, and 5) What is needed.

Part II—Background on the epidemiology of diarrhea and its cultural context gives historical information on diarrhea case management and examples of important findings from previous studies of local beliefs about diarrhea. The examples are extremely well chosen and quickly orient the reader to the cultural dimension of diarrheal disease control, including the direct impact that local beliefs and terminology have on people's understanding of communication messages. One example given to illustrate the importance of local terminology follows:

> In Sri Lanka educational messages to promote ORS used the term *pachanya roga* to mean 'diarrhea in general'. However, to many people in the community, *pachanya roga* means only 'severe diarrhea in adults'. People were therefore confused about why they were being told to give ORS to their children.

The materials should have used terms that refer to diarrhea in children such as *ajeerna, bada amaruwa* or *badaelayanawa*.[10]

Part III—A six-step ethnographic field guide tells how to: 1) quickly identify a culture's belief system about illness, 2) define aspects that are most relevant to the program or project, 3) present the implications of the results to CDD staff, and 4) use the information to make appropriate recommendations.

Part IV—Options for using the results

The diarrheal diseases RAP incorporates participatory research techniques and proposes a variety of methods, such as: unstructured interviews with key informants on local beliefs about diarrhea; histories of diarrheal episodes to determine how beliefs influence behavior; card sorting to learn how community members categorize illness types, causes, and treatments; decision models to determine the sequence and reasoning behind mother's responses to diarrheal episodes; and social mapping (participatory mapping of communities).

Time and personnel required

This manual is designed for use by a social scientist or other professional with expertise in conducting household interviews. (It assumes that the user has experience in applied qualitative research in the form of observational studies, focus groups, unstructured interviews, and/or semistructured interviews.) It is recommended that the social scientist work with one to three field workers to complete a community study within two to three months.

The methods in the manual are organized into six steps:

Step 1: Meet CDD Program or Project Personnel
Step 2: Prepare the Study
Step 3: Collect Basic Information
Step 4: Understand the Belief System
Step 5: Identify Possible Approaches
Step 6: Assess and Improve the Approaches
Considerable flexibility is allowed at each step as long as the basic objective of the step is fulfilled.

Experiences with use of the manual

The manual includes examples of the methodology and results from pre-tests in two sites, Baluchistan (Pakistan) and South Sumatra (Indonesia). The examples contrast the differing cultural beliefs surrounding diarrhea and the approaches adapted by the researchers in tailoring appropriate messages.

In Pakistan, research was conducted in collaboration with the staff of a community development project called the Baluchistan Integrated Area Development Programme. The express

[10] Nichter M. "From Arulu to ORS. Sinhalese perceptions of digestion, diarrhea and dehydration". *Social Science and Medicine.* 1988 (27); 39-52.

goal of the field trial was to identify culturally meaningful ways to promote the use of ORS or SSS (sugar-salt solution) during all episodes of diarrhea in children. Key informant interviews were conducted at the beginning to identify local definitions of diarrhea and local treatments. Using the methodology described in the RAP manual, Herman and Bentley reported the following results:

The types of diarrhea as well as the types of remedies were characterized as either "hot" or "cold." These perceived humoral qualities created an obstacle to the use of ORS and SSS because the ingredients of these solutions include salt (which is humorly hot) and sugar (which is humorly cold). Combining these ingredients in the same solution would make it inappropriate for either hot or cold types of diarrhea. Salt was also considered an irritant and therefore harmful to the gut during diarrhea.

The researchers carefully explored the details of the taxonomy and of local remedies in search of a solution to this problem.... Detailed case histories revealed that while the perceived type of diarrhea usually determined the type of action taken, mothers and other caretakers were quite pragmatic. If the remedy for one type of diarrhea was not effective, they would entertain a second (or third) diagnosis and administer a different remedy.[11]

Ordering Information

International Nutrition Foundation
P.O. Box 500
Charles Street Station
Boston, MA 02114-0500
Telephone 1-617-227-8747
Fax 1-617-227-9504

Available for $10 plus postage and handling. There is a discount for citizens of developing countries.
Full-text version of document also available at following website:
http://www.unu.edu/unupress/food/foodnutrition.html

[11] Bentley ME; Herman E. "To Improve the Household Management of Diarrhea". *Practicing Anthropology.* 18(3); 1996: 15-19.

3) Participatory Hygiene and Sanitation Transformation Series (PHAST) Step-by-step Guide: A Participatory Approach for the Control of Diarrhoeal Disease

Sara Wood, Ron Sawyer, Mayling Simpson-Hebert, WHO/EOS, 1998, 126 pages. Available in English.

Purpose

The main objectives of this guide are to:

- provide those working in water supply and sanitation with a new model for changing hygiene behavior;
- provide those involved in the prevention of cholera and other diarrheal diseases with a tool for empowering communities to eliminate such water- and sanitation-related diseases; and
- provide community workers with methods that can lead to community management of water and sanitation facilities.

This guide is based on methodology taught in the PHAST and SARAR programs.

After training, the guide is meant to serve as a reminder of how to facilitate each activity.

SARAR stands for Self-esteem, Associative strengths, Resourcefulness, Action-planning, and Responsibility. It was created in the 1970s by Lyra Srinivasan and worked on throughout the 1980s to develop participatory activities that would increase the self-esteem of individuals and community groups and help them to acquire the skills to contribute effectively to decision making and planning for meaningful change.

PHAST stands for Participatory Hygiene and Sanitation Transformation Series. It is a joint program of WHO and the UNDP/World Bank Water and Sanitation Program, which began as a pilot study in four African countries in 1993 to test the use of participatory methods for promoting hygiene behaviors, sanitation improvements, and community management of water and sanitation facilities. An additional objective of PHAST is to prevent diarrheal disease. To achieve its goals, the program uses participatory methods that demonstrate the relationship between sanitation and health status, increase the self-esteem of community workers, and empower the community to plan environmental improvements and to own and operate water and sanitation facilities.

Organization of the manual

PHAST step-by-step guide is organized into three parts:

Part I—Introduction to PHAST provides an overview of the guide and an explanation of its purpose. Also included are instructions on how to use the guide, a discussion of some necessary background concepts, and some important points about how to be a facilitator.

Seven steps to community planning for the prevention of diarrheal disease:

The first five steps provide guidelines for taking the community group through the process of developing a plan to prevent diarrheal diseases by improving water supply, hygiene behaviors, and sanitation.
The sixth and seventh steps involve monitoring and evaluation. The information gained from these activities is used to determine whether the plan has been successful.

Step: Overall Objective	Included Activities & Topics Covered
1. Problem identification	Community stories Health problems in our community
2. Problem Analysis	Mapping water and sanitation in our community Good and bad hygiene behaviors Investigating community practices
3. Planning for solutions	Blocking the spread of disease Selecting the barriers Tasks of men and women in the community
4. Selecting options	Choosing sanitation improvements Choosing improved hygiene behaviors Taking time for questions
5. Planning for new facilities and behavior change	Planning for change Planning who does what Identifying what might go wrong
6. Planning for monitoring and evaluation	Preparing to check our progress
7. Participatory evaluation	Checking our progress

Part II—Step-by-Step Activities includes a user's guide with seven steps to community planning for the prevention of diarrheal disease. Each step includes one to four activities and aims at achieving one overall objective. Instructions on how to facilitate, a statement of its purpose, and information about the time and materials needed are explained for each activity.

Part III—Making a toolkit. This section provides guidelines for PHAST facilitators, program managers, and artists to make a toolkit. A toolkit is the set of materials (e.g., drawings) used as visual aids for facilitating activities. Participatory toolkits are also discussed, and guidance is given for making different types for diarrheal disease.

Time and personnel required

This manual is designed to be used by community health workers who have received training in either PHAST or SARAR.

An artist is also required to draw pictures used in the activities. It is recommended that the artist be a member or neighbor of the community or ethnic group with which you will be working.

As discussed above, the guide is divided into steps that are broken down into activities that are meant to be followed in order. The manual notes that working through the entire guide could take from two weeks to six months, depending on the pace of the community group. Considering the time needed to select group participants, the minimal time required for using this guidebook is likely to be one and a half to two months, not accounting for the additional time it will take to complete the PHAST or SARAR training.

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General information about PHAST and its training programs can be obtained from:

Department of Operational Support in Environmental Health
World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

Chapter 12: Nutrition

Overview of Manuals on Nutrition

Title of manual	1) *A Guide to Qualitative Research for Improving Breastfeeding Practice,* Manoff/Wellstart. 1996, 168 pages.	2) *Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding*, AED, 1997, 325 pages.	3) *Community Assessment of Natural Food Sources of Vitamin A*: *Guidelines for an Ethnographic Protocol*, International Nutrition Foundation, 1997, 139 pages.
Type of manual	Menu of methods	Can be used as step-by-step integrated protocol or menu of methods	Step-by-step integrated protocol
Topics covered*			
• Breastfeeding	+++	+	—
• Complementary foods & weaning	+	+++	—
• Sources of micronutrients	+	+	+++
Time to carry out study	6 months if conducting all phases	3-6 months	6-8 weeks
Expertise to lead research team	University-level social science or nutrition training, or extensive field experience	Graduate-level social science or nutrition training	Graduate-level social science or nutrition training
Languages	English, French	English, French, Spanish	English

***Key to topics covered**

— Topic not covered at all
+ Topic mentioned, but not discussed
++ Topic discussed in moderate detail
+++ Topic discussed in great detail, completely

Introduction

One in four children in the developing world suffers from malnutrition, contributing to half of all childhood deaths. Malnutrition and infectious disease are intimately related, since malnutrition causes a child to be more susceptible to infectious diseases such as diarrhea, malaria, measles, and pneumonia. The resulting illness places a child at greater risk for becoming further malnourished as the disease depletes the child's nutritional stores while suppressing his/her appetite.

Children are particularly susceptible to malnutrition during the transition from breastfeeding to solid foods. Consequently, nutritious complementary foods and improved complementary feeding practices could greatly reduce a child's chances of becoming malnourished.

Effective behavioral interventions to improve children's nutritional status include:

- *Breastfeeding*: By promoting exclusive breastfeeding for about six months, health professionals are attempting to minimize the potential for malnutrition by discouraging the use of less nutritious infant formulas and traditional infant foods. Often infant formulas are made with contaminated water, increasing an infant's exposure to unhealthy pathogens that may cause disease. Breastfeeding provides a protective benefit to the infant through the consumption of maternal antibodies that aid the young infant in fighting disease that may lead to malnutrition. Child spacing is another benefit of breastfeeding.
- *Improved feeding practices*: Characteristics of improved feeding practices include providing adequate amounts of food; diverse foods including necessary energy, proteins, and micronutrients; and hygienic foods. Encouraging household care givers to provide clean, healthy foods in adequate servings to a child is a priority behavior in decreasing childhood malnutrition. Also, encouraging sick children to eat, especially when they have a depressed appetite, may decrease their risk of becoming malnourished.
- *Micronutrient supplements*: Health care providers and care givers may provide micronutrients for a malnourished or ill child. Supplements may also be particularly beneficial in reducing malnutrition in areas that lack natural food sources of specific vitamins. Specific, recommended nutritional supplements include adequate vitamin A intake for vulnerable groups, iron-folate supplements for pregnant women, and consumption of iodized salt by all families.

Nutritionists and medical anthropologists historically have expressed great interest in understanding the cultural, behavioral, and environmental factors contributing to malnutrition in differing populations. During the past 10 years, several organizations concerned with nutrition and public health have incorporated these qualitative research methods into comprehensive manuals relating to specific areas of public health interest.

Overview of the manuals

Each of the three qualitative research manuals focuses on different nutrition behaviors, yet provides complete and detailed protocols for carrying out research on the specified topic area. For example, *A Guide to Qualitative Research for Improving Breastfeeding Practice* focuses

on improving breastfeeding practices, while *Designing by Dialogue* focuses on weaning foods and practices. Each includes some limited information pertaining to the other behavior/ topic. *Community Assessment of Natural Food Sources of Vitamin A* is the most focused of the three manuals, devoted to micronutrient intake, specifically of vitamin A. Each manual includes similar methodologies that have been tested extensively in diverse geographic locations.

Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program, funded by the U.S. Agency for International Development (USAID) Office of Health and Nutrition, prepared *A Guide to Qualitative Research for Improving Breastfeeding Practice*. The manual includes behavioral issues and methodology for planning, collecting, analyzing, and using qualitative research to improve breastfeeding practices.

Designing by Dialogue incorporates the results of more than 15 years of research on infant and child feeding projects and includes all aspects of infant and child nutrition. This manual was produced by the Support for Analysis and Research in Africa (SARA) project at the Academy for Educational Development (AED) with support from the USAID Bureau for Africa's Health and Human Resources Analysis for Africa (HHRAA) project.

Community Assessment of Natural Food Sources of Vitamin A, created by members of the International Union of Nutritional Sciences (IUNS), encompasses all aspects of identifying vitamin A deficiency in a population as well as identifying indigenous food sources of the micronutrient.

These manuals do not cover all recommended nutrition-related behaviors, such as iron-folate supplementation for pregnant women and consumption of iodized salt by families, but these topics could easily be addressed by using the qualitative research designs described in the manuals.

1) A Guide to Qualitative Research for Improving Breastfeeding Practices

Michael Favin and Carol Baume, The Manoff Group and Wellstart International, 1996, 168 pages. Available in English and French: *Un Guide d'Activités de Recherche Qualitatif Pour Améliorer les Pratiques d'Allaitement Maternel*

Purpose

This guide was produced by The Manoff Group in conjunction with Wellstart International's Expanded Promotion of Breastfeeding (EPB) program. The purpose of the manual is to enable researchers to develop a formative research plan focusing on breastfeeding practices and, consequently, a comprehensive behavior change strategy for achieving improvements in maternal and child health. Specifically, the focus of the research is to investigate the social context of breastfeeding in families and communities. The manual helps planners to answer the following questions:

- What are current breastfeeding and child feeding practices?
- Why do people do what they do?
- What useful (health-promotive) changes in behavior are feasible?
- What are the best ways to promote and support these changes in practices?

The resulting comprehensive strategies to improve breastfeeding practices may encompass communication activities, legislation, law enforcement and regulation, day care, hospital norms, health worker training, etc.

Organization of the manual

The manual is organized into three chapters:

Chapter One - Breastfeeding: Behavioral Issues. This chapter provides an extensive discussion of breastfeeding behaviors, which Wellstart representatives have found are often over-simplified or misunderstood. This first chapter describes what prior studies have learned concerning the core behaviors that comprise "optimal breastfeeding" as well as other key concepts, summarizes the technical background for each, and cites examples from around the world of the variation in practices. It also includes some methodological comments on how to conduct research on particular behaviors.

This section of the manual serves as a foundation for determining the scope of the research and specific research questions, and provides insight into some of the methodological issues. An experienced researcher could take the technical information provided in this section and design the research.

Chapter Two - Conducting the Formative Research. This chapter provides an implementation guide and examples of research instruments that were developed and used by the Manoff

Group. A step-by-step introduction permits the less experienced researcher to understand the overall process of conducting formative research, from reviewing existing information to planning to review of basic methods. It includes a well-elaborated section on using "TIPS" (Trials of Improved Practices).

Chapter Three - Formulating a Project Strategy. This chapter provides a brief section on formulating breastfeeding promotion strategies based on research findings.

Appendices. Five appendices are included:

- Appendix A provides summaries of formative research studies on breastfeeding conducted in Uganda, Malawi, Rwanda, Kazakhstan, Senegal, Nigeria, and Nicaragua.
- Appendix B includes examples of sample research designs used in each of the formative research studies. The research designs are clearly illustrated in tables with headings such as "Methods," "Geographic/Ethnic Representation," and "Population Segments." For example, in Bazega Province, Burkina Faso, a cross-sectional survey was conducted in eight villages where the program was most active, including a representative sample from each community.
- Appendix C, "Sample Research Methods and Topics," includes a concise table of the methods and principal topics in the formative research of various projects.
- Appendix D includes a variety of sample question guides used in various studies on breastfeeding including examples of in-depth interview guides for various populations, focus group guides for various populations, and trials of improved practices (TIPS) interview guides.
- The final appendix, E, includes "strategy grids," or tables, of general behavior change and communication-component strategies used in Bolivia and Nigeria.

Time and personnel required

The entire protocol would take up to six months to complete, but the authors recommend adapting the protocol to specific circumstances. The research director should be involved in overseeing the research and participating in research activities such as interviewing. The manual recommends two to three people per research team. The level of expertise is not explicitly indicated, but experience with qualitative research is recommended for all team members.

Experiences with use of this manual

The Expanded Promotion of Breastfeeding (EPB) methodology has been applied in Uganda, Malawi, Rwanda, Kazakhstan, Senegal, Nigeria, and Nicaragua, resulting in the creation of the manual. The manual includes extensive sections in the appendices concerning the results of formative research studies on breastfeeding. For example, Appendix A describes some of the results from the formative research in Senegal:

> The study examined breastfeeding and its social and economic context. Among all ethnic groups, breastfeeding is highly valued. Almost all women

> breastfeed, most for an adequate length of time. Although these practices need to be supported and maintained, others should be discouraged: giving of prelacteal foods, discarding of colostrum, delay in initiating breastfeeding, giving of water, giving of liquids or food before four and six months of age, and abrupt weaning.

Other topics for which formative research was conducted in various countries include maternal diet, weaning diet, cessation of breastfeeding, national breastfeeding policies, training of health care providers, and communication strategies.

Ordering Information

Source 1:

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Web site http://ourworld.compuserve.com/homepages/manoffgroup

2) Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding

Kate Dickin, Marcia Griffiths, and Ellen Piwoz, Academy for Educational Development, 1997, 325 pages. Available in English, Spanish, and French: *Planifier par le Dialogue: Un guide sur les Méthodes Consultatives de Recherche pour Améliorer la Nutrition du Jeune Enfant*

Purpose

While recognizing that many of the causes of malnutrition are environmentally or economically precipitated, (such as insufficient food available to the family, inadequate health services, and an unhealthy environment), the manual provides information on behaviors that care givers and health providers may adopt to minimize the risk of child malnutrition. The behaviors include:

- food preparation and serving behavior etiquette;
- food hygiene practices;
- home health care and feeding during illness; and
- parent-child interactions and the role of feeding in the socialization of the child.

The manual reviews optimal breastfeeding and complementary feeding practices and common feeding problems encountered throughout the world. While the approach and some of the subject matter is the same as that contained in *A Guide to Qualitative Research for Improving Breastfeeding Practices*, described in the preceding pages. *Designing by Dialogue* emphasizes the consultative research approach whereby researchers interact with specific families to identify key household behaviors that could affect a child's nutrition. The researchers work to identify feasible improvements in feeding practices and implement them through trials of improved practices (TIPs) or household trials methodology. After identifying the most successful improved practices, the researchers work to develop methods to promote these practices throughout the population. The research methods and approach described in this manual are the same as those recommended by WHO for adaptation of the nutrition components of the protocols and materials for Integrated Management of Childhood Illnesses (IMCI).

Organization of the manual

The manual consists of 10 chapters. The first two chapters provide an overview of the consultative research approach, including the trials of improved practices (TIPS) methodology, and current experiences from child feeding programs. The next seven chapters, organized into the three phases of the research process including design, analysis, and interpretation, cover the following topics:

Phase I: Reviewing existing information and designing the research

This section of the protocol, chapters 3 and 4, involves identification of key concepts and research questions and design of the intended research. This phase encourages the reader to define objectives, list relevant topics, and identify sources of information. Following these tasks, the manual recommends a review of related documents and key informant interviews with knowledgeable people. This phase also discusses specific decisions to consider in designing and planning the research including the type of research design and logistics for fieldwork.

Phase II: Formative research methods

As *Designing by Dialogue* describes, the second phase (chapters 5–7), "addresses implementation of research activities from the development of question guides, through training and data collection, to initial analysis of results." Methods include exploratory methods, such as in-depth interviews, observations, and recipe trials, trials of improved practices (TIPS), focus group discussions (FGDs), and key informant interviews. Each chapter includes details on the preparation, implementation, and analysis of the methods. Specifically, tasks for each method include sampling, developing research guides, training the team, collecting the data, analyzing the results, and writing summary reports. The attachments to the chapter in this phase include examples of methods used in various countries.

Phase III: Building a bridge from research to action

This phase of the protocol, chapters 8 and 9, discusses methods to translate results into policy and programmatic action. This phase covers the synthesis and presentation of research findings for strategy formulation for programs, with an emphasis on nutrition communication programs. The attachment in Chapter 8 includes examples of final recommendations for programs in Cameroon and Indonesia.

Training - Chapter 10: Adapting the Approach for Use in Training

This section of the manual includes Chapter 10, where the focus is on using the research process as a training tool to sensitize workers who implement nutrition improvement programs. This section provides background information, such as experiences from recent current child feeding programs, as well as a section on training health workers to provide nutritional education to families.

Designing by Dialogue also includes a Bibliography and three appendices that consist of several blank worksheets, question guides and similar useful forms, and guidelines for the dietary analysis during TIPs.

Time and personnel required

The research process may take from three to six months to complete, depending on the number of methods included. The manual is designed primarily for people planning large-scale programs to improve young child nutrition, but lists others who may benefit from

using it, including researchers, nutrition communicators, and/or educators and trainers of nutrition counselors. To carry out the research approach described, the implementing team should include at least one person with expertise in each of the areas of nutrition, research, and communications. The manual does not assume the team has prior experience with qualitative research.

Experiences with use of this manual

Some of the research findings from applications of the various methodologies in this manual may be found in reports by AED:

Improving Feeding Practices During Childhood Illness and Convalescence: Lessons Learned in Africa

This paper, intended as a resource document for funding agencies and program managers and policy-makers in Africa, provides information on research design, results, costs, conclusions, and recommendations of several feeding programs in various countries in Africa. The purposes of the paper, as described by the author, include "to review the available literature on feeding practices during childhood illness and convalescence in Africa, to summarize information on the design, results, and costs of programs to improve child feeding practices in eight African countries, and to provide recommendations for future educational efforts to improve child feeding during childhood illness and convalescence on the continent."

The Time to Act: Women's Nutrition and Its Consequences for Child Survival and Reproductive Health in Africa.

This report discusses the causes of undernutrition in women and provides seven recommendations for improving women's nutrition. The paper demonstrates the need for interventions to improve female nutrition and is intended for individuals interested in policy, planning, or implementation of activities to improve female nutritional status.

Two consultative research training guides based on the *Designing by Dialogue Program Planner's Guide* have been developed.

The Social Science and Medicine Africa Network (SOMA-Net), in collaboration with the SANA and SARA projects, has developed and tested a trainers' guide in English for a two and one-half week participatory learning course based on Designing by Dialogue. This guide, entitled *Designing by Dialogue: Consultative Research to Improve Young Child Feeding, a Training Guide* presents a systematic approach to utilizing consultative research methods to develop infant feeding recommendations and strategies, and teaches participants how to develop and write proposals for this type of research.

The BASICS Project, in collaboration with SARA and SANA has developed a similar course and trainer's guide in English and French that is specifically oriented towards the adaptation of the IMCI feeding recommendations. This training guide, *Using Consultative Research to Adapt the IMCI Feeding Recommendations: A Training Guide* consists of 7 modules which describe, in a practical, step-by-step manner, the planning and implementation of consulta-

tive research to locally adapt the feeding recommendations of the IMCI. Participatory adult education techniques are utilized in this guide, which include small group brainstorming sessions; role-playing; and supporting handouts using pertinent Africa-based examples to illustrate the key themes and approaches.

Ordering Information

1. *Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding/Planifier par le Dialogue: Un guide sur les Méthodes Consultatives de Recherche pour Améliorer la Nutrition du Jeune Enfant*

   SARA (Price $35 including shipping and handling; both versions are free to African individuals and institutions)
   Academy for Educational Development
   1825 Connecticut Avenue NW
   Washington, DC 20009
   Telephone 1-202-884-8700
   Fax 1-202-884-8701
   E-mail saramail@aed.org
   Web site http://www.info.usaid.gov/regions/afr/hhraa/child.htm#subtopics

2. *Improving Feeding Practices During Childhood Illness and Convalescence: Lessons Learned in Africa*, Ellen Piwoz, 1994, 32 pages.
   SARA (Price $7 including shipping and handling; free to African individuals and institutions)
   Same contact information as above in #1

3. *The Time to Act: Women's Nutrition and Its Consequences for Child Survival and Reproductive Health in Africa/Le Moment d'Agir: Nutrition de la Femme et ses Consequences pour la Survie de l'Enfant et la Santé reproductive en Afrique.* Jean Baker, Luann Martin, Ellen Piwoz, 1996, 36 pages.
   SARA (Price $7 including shipping and handling; both versions free to African individuals and institutions)
   Same contact information as above in #1

4. *Designing by Dialogue: Consultative Research to Improve Young Child Feeding, a Training Guide*
   SOMANET/SANA, multiple authors, 1999, 80 pages.
   SARA/SANA (Price $25 including shipping and handling; free to African individuals and institutions)
   Same contact information as above in #1

5. *Using Consultative Research to Adapt the IMCI Feeding Recommendations: A Training Guide/ La Recherche Consultative en vue d'adapter les Conseils alimentaires dans la PCIME au Contexte local: Guide de formation*. Maty Ndiaye Sy, Micheline K. Ntiru, 1999, 120 pages. Available for $25 including shipping and handling; both versions free to African individuals and institutions

   BASICS Information Center
   Suite 300, 1600 Wilson Boulevard
   Arlington, VA 22209
   Telephone 1-703-3126800
   Fax 1-703-3126900
   E-mail wwwinfo@basics.org
   Web site http://www.basics.org

3) Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol

Lauren Blum, Pertti Pelto, Gretel Pelto and Harriet Kuhnlein, International Nutrition Foundation, 1997, 139 pages. Available in English.

Purpose

The Community Assessment of Natural Food Sources of Vitamin A is a comprehensive manual that follows the FES methodology approach. It describes methods of assessing vitamin A deficiencies in a population and identifies indigenous food sources that contain this micronutrient. Designed for professionals (such as program managers, anthropologists, social scientists, field nutritionist, and other researchers) interested in food-related health problems, the central goals of the manual are to:

- identify significant sources of pre-formed vitamin A and carotene-rich food in the context of the local food system;
- describe patterns of food consumption especially for vitamin A-containing food, particularly with respect to infants, young children, and women of reproductive age;
- identify cultural beliefs that influence food choice and consumption patterns;
- identify cultural, ecological and socioeconomic factors that constrain or facilitate consumption of vitamin A; and
- describe the community explanation and understanding of vitamin A deficiency diseases and symptoms.

The manual focuses on addressing a specific set of pre-determined questions, much like the "Programme Manager's Questions" section of the FES manuals. The questions of interest during the pre-tests included information on identifying and acquiring vitamin A-rich foods, cultural beliefs surrounding the foods, and community perceptions of the signs and symptoms of vitamin A deficiency.

Organization of the manual

The manual consists of an introduction, a protocol, information on managing a project, useful appendices, and various data forms. It is divided into two main parts, "The Protocol" and "Managing the Project." "The Protocol" includes detailed information regarding research questions addressed, overview of research design and timing, field activities, and report preparation. Part II includes information on personnel organization, administrative preparation, and information on methods and managing data. The manual also includes 31 data forms, found throughout the main chapters, for methods such as free lists, rank order, pile sorts, ratings, 24-hour recalls, and case studies.

The manual contains 13 appendices that include information ranging from "Some Reminders about Data-Gathering: Do's and Don'ts" (Appendix 3) to examples from previous studies.

The appendices also include useful technical information, such as the vitamin A content of common foods, use of microcomputers, and a glossary of technical terms.

Time and personnel required

Much like the FES, the research protocol is intended to be completed within six to eight weeks. The entire protocol can be completed by a field team of three people in this period. A timeline of activities is portrayed in the table below:

Community Assessment of Natural Food Sources of Vitamin A Timetable for the Protocol

	Week							
	1	2	3	4	5	6	7	8
Set-up and Background Data	■	■						
Community Food System Data Tables	■	■	■	■	■	■	■	■
Key-Informant Interviews		■	■	■	■	■	■	■
Household Food List	■	■						
Market Surveys		■	■				■	■
Mother-Respondent Interviews			■	■	■	■		
Interpretation and Report							■	■

Although the research is intended to be carried out by experienced health professionals, interviewers without university training can use standardized methods to collect and analyze data. Moreover, the manual provides a framework for training the field team. A pre-study training workshop, with step-by-step instruction on data collection, ensures that interviewers fully understand the purposes and procedures, and that they record data accurately.

Experiences with use of this manual

Applications of the vitamin A manual, such as background information on vitamin A, information on the development of the protocol, and detailed information on the pre-tests are included in the companion book, *Culture, Environment, and Food to Prevent Vitamin A Deficiency,* Harriet V. Kuhnlein and Gretel H. Pelto, (eds.), 1997, 220 pages. The manual was rigorously pre-tested in a variety of locations, including Peru, Niger, China, India, and the Philippines. The authors of this book state, "Ethnographic research tools and their testing in a broad range of cultures and environments in five developing countries are outlined, as are the findings from this work...describing the suitability and generalizability of the research tools, the data generated, practical applications, and directions for policy."

Ordering Information

For both the manual and *Culture, Environment, and Food to Prevent Vitamin A Deficiency* (ISBN 0 9635522 7 9).

Source 1:

(Price $20 plus postage and handling for the manual; $12 plus postage and handling for the book; there is a discount for citizens of developing countries)
International Nutrition Foundation (INF)
Charles Street Station
P.O. Box 500
Boston, MA 0214-0500
Telephone 1-617- 2278747
Fax 1-617-2279504

Source 2:

IDRC Books, International Development Research Centre (Price $20 for both manual and book)
PO Box 8500, Ottawa, ON
Canada K1G 3H9
Telephone 1-613-236-6163, ext. 2075
Fax 1-613-563-2476
E-mail pub@idrc.ca
Web site http://www.idrc.ca/books/index.html

Full-text version of both document also available at following website:
http://www.unu.edu/unupress/food/foodnutrition.html

Overview of Reproductive Health Manuals

Title of manual	1) *Rapid Assessment Procedures (RAP): Ethnographic Methods to Investigate Women's Health.* Gittelsohn, J. et al., 1998, 196 pages.	2) *The Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members,* Helitzer-Allen D. & Allen H. 1994, 74 pages.	3) *Assessing Safe Motherhood in the Community: A Guide to Formative Research,* Nachbar, N. et al., 1998, 140 pages.	4) *HIV/AIDS RAP: Rapid Anthropological Approaches for Studying AIDS Related Beliefs, Attitudes, and Behaviors,* Scrimshaw, SCM., 1991, 288 pages.	5) *AIDSCAP Evaluation Tools Module I: Introduction to AIDSCAP Evaluation,* FHI, 1993, 41 pages.	6) *Tools to Assess Family Planning Counseling: A Compendium of Field-Tested Survey Instruments,* JHU/CCP, 1995, 94 pages.
Type of manual	Menu of methods	Menu of methods	Intervention development guide	Menu of methods	Step-by-step integrated protocol	Intervention development guide
Topics covered*						
• Safe motherhood	++	—	+++	—	—	—
• STDs/RTIs	++	+++	—	+	+	—
• HIV/AIDS	++	+	—	+++	+++	—
• Family planning	++	—	—	—	—	+++
Time to carry out study	7-10 weeks	at least 3 months	Depends upon scope of research	2-6 months	1-2 months	Depends upon scope of research
Expertise to lead research team	Graduate-level social science or public health					
Languages	English	English	English	English	English	English

***Key to topics covered** — Topic not covered at all + Topic mentioned, but not discussed ++ Topic discussed in moderate detail +++ Topic discussed in great detail, completely

Introduction

In September 1994, the International Conference on Population and Development (ICPD) in Cairo, Egypt, heralded a new conceptualization of reproductive health. A resulting publication, the United Nations "Programme of Action," defined reproductive health as "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes." This definition expands the traditional definition of reproductive health from specifically family planning and contraception to include:

- family planning counseling, information, and services;
- education and services for pre-natal care, safe delivery, and post-natal care, including nutrition and breastfeeding;
- infant and women's health care;
- management of the consequences of unsafe abortion;
- prevention and treatment of infertility;
- treatment of reproductive tract infections and sexually transmitted diseases, including HIV/AIDS; and
- information and counseling on human sexuality, reproductive health, and responsible parenthood.

This new formulation of reproductive health results is a complex and multi-faceted agenda for qualitative research. On the one hand, the research agenda relates to community acceptance and use of interventions for each individual component (e.g., demand and use of contraceptives). On the other hand, research is needed on how best to integrate services and how to maintain the effectiveness of previously independent interventions and programs after they are integrated.

Overview of the Manuals

Rapid Assessment Procedures (RAP): Ethnographic Methods to Investigate Women's Health is useful for project managers, practitioners, grassroots activists, and researchers who are interested in understanding cultural characteristics likely to influence community responses to program activities dealing with any type of women's health problem. This manual is unique in that it supports the use of both qualitative and quantitative methods of data collection. It provides manual and computerized options for data management and analysis. The limitations of the manual include costly training and required site visits. In addition, the units included in the manual take a very long time to complete.

The Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members is beneficial to program managers who are interested in improving the STD services provided through programs such as a national Ministry of Health, state or local health department, non-governmental organization, or private provider. The manual targets those who want to conduct research without outside assistance.

Assessing Safe Motherhood in the Community: A Guide to Formative Research will be of benefit to investigators who are interested in working with program managers to design formative research on the community aspects of safe motherhood. The *Guide* is directed at researchers who already have a working knowledge of qualitative research methods. It does not include a finalized research plan or set of data collection instruments. Instead, it aims to provide investigators with essential information that is needed to plan their own research and develop their own data collection protocols. No formal training in formative research is provided in this manual.

Three of the manuals focus on conducting research within the field of HIV/AIDS. The *HIV/AIDS RAP: Rapid Anthropological Approaches for Studying AIDS Related Beliefs, Attitudes, and Behaviours* will benefit trained social scientists who are familiar with a specific culture and interested in conducting research (within that culture) that will ultimately enable them to design and evaluate HIV/AIDS health education programs and/or develop HIV/AIDS prevention and control materials. This manual provides guidance for conducting qualitative research on HIV/AIDS that is to be combined with quantitative research results. The disadvantage of this manual is that it is not yet available. Another HIV/AIDS manual, *AIDSCAP Evaluation Tools Module I: Introduction to AIDSCAP Evaluation,* provides step-by-step guidelines for project designers, managers, field staff, and donors to evaluate HIV/AIDS prevention projects. The objective is to make improvements by understanding a community's knowledge and beliefs about HIV/AIDS by using focus groups.

The last manuals discussed in this chapter is a publication of the Center for Communications Programs (CCP) at the Johns Hopkins School of Public Health that focuses on evaluating and improving family planning services. *Tools to Assess Family Planning Counseling: A Compendium of Field-Tested Survey Instruments* introduces tools to evaluate information, education, and communication (IEC) between a family planning provider and client during a clinic visit. Guidelines are given for improving existing services by assessing the strengths and weaknesses of the family planning providers who counsel clients.

Another CCP document, *Qualitative Research for Family Planning Programs in Africa,* describes the results of qualitative family planning research from six countries in Africa and 75 individual interviews. It illustrates the importance of including qualitative methods such as focus group discussions and in-depth interviews in family planning research. A description and ordering information are presented at the end of the chapter.

1) Rapid Assessment Procedures (RAP): Ethnographic Methods to Investigate Women's Health

Joel Gittelsohn, Pertti Pelto, Margaret Bentley, Karabi Bhattacharyya, and Joan Jensen, 1998, 196 pages. Available in English.

Purpose

Rapid Assessment Procedures (RAP): Ethnographic Methods to Investigate Women's Health was adapted from a protocol for the Ford Foundation/India Project titled "Building Social Science Research for Women's Reproductive Health in India." A companion book, *Listening to Women Talk about Their Health: Issues and Evidence from India*, discusses the experience of using the protocol and strategies to incorporate the findings into program goals.

The manual is useful for project managers of governmental and non-governmental organizations, practitioners, grassroots activists, and researchers. Its objectives are to identify:

- the local belief systems and terminology by which women label and interpret their health problems;
- the specific physical signs and symptoms that women focus on when evaluating their own health problems;
- those features that women perceive to cause, directly or indirectly, women's health problems;
- signs, symptoms, and beliefs associated with them that prompt women to seek treatment from health centers and/or other medical practitioners;
- other related beliefs and knowledge among women regarding home remedies and other aspects of home management of women's health problems; and
- economic, political, geographical, social, and cultural impediments that delay or prevent women from seeking appropriate care for health problems.

Specifically, the companion book states:

> The empirical research studies reported in this volume have focused on eliciting women's health concerns from their own perspective. These studies have relied extensively on the use of qualitative, ethnographic research methods to provide insights into women's health beliefs, their fears and concerns and their health-seeking behaviors. The focus has been on listening to women. The research was conducted by academics and by field-based, non-governmental organizations providing health services to poor urban, rural and tribal communities.

The manual's strengths include supporting the use of qualitative and quantitative methods of data collection, providing manual and computerized options for data managing and analyzing, and emphasizing the development of a qualitative database that can become an expanding resource for an organization. An additional aspect of this RAP, an area in which it differs

from other manuals, is that it addresses a wide range of women's health problems, rather that focusing on a specific disease or cluster of related illnesses.

The limitations of the manual include costly training conducted by a social scientist, centralized workshops, and required site visits that are expensive. Because the manual is long, some NGOs have reported running out of time before completing all of the units.

Organization of the manual

The manual is organized into four sections.

Section 1—Overview of the Protocol includes objectives, guidelines for use, discussion of site selection, and sampling guidelines.

Section 2—Protocol Procedures is organized into three discrete parts:

Part 1—Training Exercises presents eight training exercises that are meant to be conducted during an initial one- to two-week training period.
Part 2—Data Collection discusses main exercises that have been designed to be conducted after the trainer has left. The techniques will require a period of five-10 weeks, depending on the resources the organization is interested in devoting to the information gathering process.
Part 3—Applying Data to Programs is divided into three units that provide guidelines for using the information that has been collected to a) develop a health communication strategy for women, b) improve services provided to women, and c) disseminate findings to a larger audience.

Section 3—Appendices include teaching materials for a social scientist trainer to use and guidelines for performing computer analysis of qualitative data.

Section 4—Blank Data Collection and Data Analysis Forms.

The manual contains many charts and tables that clearly illustrate the use of the forms for gathering and analyzing data. In addition, many sample data collection forms are illustrated with corresponding explanations of their use and analysis.

Time and personnel required

The research team should include one project manager, one trainer, and two or three research assistants/data collectors. Additional needs might call for a typist or data entry clerk who is familiar with a word processing program. All staff should be familiar with the local language and fluent in English (since the protocol currently is only available in English). Interviews with key informants, small community-based samples of women, and public and private health care providers yield the most data.

According to the manual, seven to ten weeks are required to complete both the training and data collection components of this protocol. Through experience with its use, however, many

researchers have found that this time period can be significantly greater, depending on the resources available for analysis. The in-depth interviews, focus groups, and unstructured observations generate a great deal of data, but are very time-consuming to write up.

Experiences with use of this manual

The manual was developed and refined from experiences the authors had working with NGOs and academic organizations in India. NGOs, inexperienced in formative, qualitative research methods, wanted to learn how to collect, manage, and analyze information about women's reproductive health that could be used in planning and implementing intervention programs and shared with others.

Experience in India indicates that within one year, research teams with no previous qualitative research experience have generated substantial information on women's health. In addition, after reviewing how several NGOs in India used the manual, the authors state, "Unlike many other manuals, the emphasis is as much on transfer of methodology as it is on collecting a particular set of data."

Ordering Information

a) *Rapid Assessment Procedures (RAP): Ethnographic Methods to Investigate Women's Health*
International Nutrition Foundation
P.O. Box 500
Charles Street Station
Boston, MA 02114-0500
Tel 1-617-227-8747
Fax 1-617-227-9504

b) *Listening to Women Talk about Their Health*
Joel Gittelsohn, Margaret Bentley, Pertti Pelto, Moni Nag, Saroj Pachauri, Abigail Harrison, Laura Landman, New Delhi: Har-Anand Publications (Under the auspices of the Ford Foundation), 1994, 240 pages.

Source 1:
Dr. Joel Gittelsohn ($15 + $5 handling)
Department of International Health, Department of Human Nutrition
Johns Hopkins University, School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland USA 21205
E-mail jgittels@jhsph.edu
Check only Make payable to "Johns Hopkins University"

Source 2:

Renuka Agarwal (Rs. 400)
Ford Foundation
55 Lodi Estate
New Delhi, India
Fax 011 91 11 4627147
E-mail ragarwal@fordfound.org

2) The Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members

Deborah L. Helitzer-Allen and Hubert A. Allen, Jr., 1994, 74 pages plus 47-page Table of Guides. Available in English.

The Steps in the Targeted Intervention Research Process:

1. Form a technical advisory group (TAG)
2. Define local programmatic questions
3. Match local programmatic questions to the guides
4. Make strategic decisions concerning research focus
5. Select the research site(s)
6. Develop a budget
7. Select and train the field research assistants
8. Implement the research (gain access in the field, establish the research team, begin data collection)
9. Conduct data reduction and analysis
10. Write final report
11. Write spin-offs

Purpose

This manual is for sexually transmitted illnesses (STI) program managers/personnel who are interested in conducting targeted intervention research (TIR) to understand the community perspective on STIs to:

- Improve existing STI services,
- Develop communication programs to increase demand,
- Improve preventive and treatment seeking behavior, and
- Improve patient-provider communication.

The STI program in question might be within a national Ministry of Health, state or local health department, non-governmental organization, or institution within the private sector.

The manual enables program managers to organize a social science research team that will be able to conduct the appropriate research without outside assistance. Provided are guidelines for organizing, conducting, analyzing, and using the research.

Because program staff are directly involved in targeted intervention research, they will have access to the results and use their new understanding to create effective and sustainable STI services. The following programmatic questions can be answered by using the instruments in the TIR manual:

1. How can you maximize the community's use of existing STI services?
2. How can you better communicate with patients and the community about STIs, services, and prevention?
3. How can you increase knowledge, demand, distribution, and correct use of condoms?

Organization of the manual

The TIR manual is organized in three parts:

Part 1 consists of eight chapters:

1. Introduction and informed consent
2. Research management
3. Methods
4. Description of the guides
5. Field procedures for data management
6. Analysis
7. Preparing the report
8. Programmatic application

Part 2 contains two appendices with biomedical information on the most common STIs, as seen from the syndromic perspective, and additional information for users of the manual.

Part 3 provides 10 research guides to be used to collect the data in the field.

The manual itself is a comprehensive and well-organized guide to carrying out research on sexually transmitted illnesses. Methods are covered in detail, including the nominal group technique, free-listing, interviewing, and taxonomic analysis. Question guides are provided to elicit the desired information, and instructions are included on how to manage and analyze data in the field. An outline of the process is portrayed in the following table:

The TIR approach is a work in progress. Two other manuals using the TIR approach have been developed: one on STIs that focuses on commercial sex workers (co-authored by D.L. Helitzer-Allen, A. Ghee, H.A. Allen, Jr.) and one on tuberculosis (co-authored by D.L. Helitzer-Allen and M. Rodieck).

Time and personnel required

The STD program manager is expected to be the principal investigator for this research. The manual gives specific details concerning the minimum staff required, which consists of a trained social scientist, typist, analyst, data clerk, a male and female research assistant for each community, and a male and female research assistant at each STD clinic. The manual

provides details concerning what skills the research team members need and how to train them. The time required varies according the scope of the research questions and the availability of resources, but an absolute minimum of several months is necessary.

Experiences with use of this manual

The manual has been successfully used in Malawi, Senegal, Ethiopia, and Zambia, among other countries. The research outlined in this manual has identified the stigma of an "STD room" in Ethiopian clinics and problems caused by lack of confidentiality in Senegal. Field tests of the manual have shown that the formative research yields rich, high-quality data that are useful to programs.

Field tests have also shown that finding program managers with sufficient skills to oversee TIR may be difficult. It may be advantageous to hire a technical leader with research skills and a program leader with public health programming expertise and knowledge of the local situation.

Ordering Information

Send $25 (includes postage and handling) to:

Deborah Helitzer, Sc.D., Director
Office of Evaluation, Center for Health Promotion
University of New Mexico, 251 Surge
Albuquerque, NM 87131-5311
Telephone: 1-505-272-4462

Ordering information for the manuals on commercial sex workers or tuberculosis can be obtained by contacting:

1. Deborah Helitzer as above; or
2. Gina Dallabetta, Associate Director,
Family Health International, HIV/AIDS Department
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201, U.S.A.
Telephone: 1-703-516-9779
Fax: 1-703-516-9781

3) Assessing Safe Motherhood in the Community: A Guide to Formative Research

Nancy Nachbar, Carol Baume, and Anjou Parekh, MotherCare/John Snow, Inc., 1998, 140 pages. Available in English.

Purpose

Assessing Safe Motherhood in the Community: A Guide to Formative Research is for investigators with experience in qualitative methods who will be designing formative research on community aspects of safe motherhood and for the program managers who will work with them. Safe motherhood is a large and complex area, with the potential to cover many topics related to normal and complicated pregnancies and deliveries. Instead of providing a specific protocol or set of instruments, the *Guide* helps researchers to develop their own studies and instruments by identifying key issues and research questions, providing a framework for looking at them, and providing systematic guidance for planning the research. It also provides suggestions for analysis and discusses how results translate into interventions.

Organization of the manual

The guide is well-organized and user-friendly. It is divided into six sections, followed by three appendices.

Section I—Background to the Problem suggests the importance of safe motherhood programs. Included is a brief, but informative discussion of maternal health and the many risk factors that influence maternal mortality and a discussion of peri-natal and newborn issues.

Section II—Safe Motherhood Framework: The Pathway to Survival presents a "Safe Motherhood Framework" titled the "Pathway to Survival." It is a structure for defining, selecting, and guiding the reader through the components of research that aim to improve maternal and newborn health and survival. Two basic complementary approaches are included in the Pathway to Survival, prevention and response to complications.

Section III—Planning an Assessment of the Community reviews the basic steps (in terms of their specific application) involved in planning a Safe Motherhood Community Assessment.

Section IV—Topic Modules contains modules that provide methods for obtaining information on knowledge, behaviors, attitudes, perceptions, and normative behavior relating to maternal and newborn care, which include the following topics:

- General health and self-care practices (including diet and nutrition)
- Care from providers
- Awareness of complications and their causes
- Decision making
- Barriers to care

- Quality of care
- Perceived severity of signs of complications
- Timing of actions taken

Section V—Analyzing the Data reviews the authors' suggestions about conducting ongoing analysis activities while in the field, coding text data, analyzing and displaying the data, and using the Pathway to Survival as an analysis tool.

Section VI—Translating Findings into Actions provides guidelines for conducting a five-step organizational process that will arrange information collected in a manner that will serve as a basis for designing effective interventions.

Appendices A, B, and C include information on related books, publications, journals, and Web sites. There is also a section on organizational resources, and a glossary of terms used throughout the manual is included.

Time and personnel required

The time necessary for an assessment varies greatly, depending on the scope of the research questions and availability of resources. The *Guide* may be used for an extremely focused research question as well as for broader topics. Since the *Guide* assumes that its users have a background in the methodology, researchers trained in qualitative methods are necessary. The *Guide* does not provide material for training personnel.

Ordering Information

John Snow, Inc.
1616 N. Fort Myer Drive
11th Floor
Arlington, VA 22209
Tel 1-703-528-7474
Fax 1-703-528-7480
E-mail mothercare_project@jsi.com
Web site http://www.jsi.com/intl/mothercare

4) HIV/AIDS Rapid Assessment Procedures (RAP): Rapid Anthropological Approaches for Studying AIDS-Related Beliefs, Attitudes, and Behaviours

Susan C.M. Scrimshaw, Manuel Carballo, Michael Carael, Laura Ramos, Richard G. Parker, (draft for preliminary circulation), 1991, 288 pages. Available in English.

Purpose

The HIV/AIDS RAP manual, developed by the WHO's Global Programme on AIDS (the precursor to UNAIDS), provides guidelines on collecting qualitative data for preventing and treating HIV/AIDS. Combined with quantitative research, results from the research outlined in the manual should provide a complete picture of HIV/AIDS in a community and its distinct sub-groups.

The purpose of the guidelines described in the manual is designed to collect information essential to the design and evaluation of health education programs and developing HIV/AIDS prevention and control materials. This manual will be of benefit to trained social scientists experienced in the culture being studied.

Techniques for collecting data on sexual behavior, other possible sources of transmission, knowledge, attitudes, beliefs, and practices include: formal and informal interviewing, informal conversation, observation and participant observation, personal diaries, and collecting data from secondary sources.

This manual is still in preparation at the time this Guide was published. A detailed description of it can be found in The AIDS Rapid Anthropological Assessment Procedures: A tool for health education planning and evaluation, by Scrimshaw et al., in *Health Education Quarterly*, 18(1): 111-123 (Spring 1991). The authors of the manual recommend that it be used by trained social scientists experienced in the culture being studied. They feel that health education and promotion programs will benefit from the quick, accurate information yielded by the research described in the manual.

Organization of the manual

The manual is organized in three main sections:

Section I (40 pages)—Main Text deals with using qualitative methods in AIDS research. It is organized into 11 units:

1. Introduction
2. Reasons for using anthropological methods
3. Reliability and validity of qualitative methods
4. Research methodologies

5. Use of secondary sources
6. Focus groups
7. In-depth interviews
8. Participant observation techniques
9. Selection, training, and supervision of field workers
10. Recording information
11. Data analysis, including such methods as content analysis, taxonomy, and cognitive mapping.

Section II (218 pages)—Guides provides guidelines for collecting data on specific topics. These guidelines have been designed to enable researchers to select topics relevant to their study population. Sexual behavior topics include cultural and religious principles related to marriage, extra-marital relations and pre-pubertal rites, coital frequency, the main forms of penetrative and nonpenetrative sex practiced, and traditional types of fertility control. The HIV/AIDS RAP manual has guidelines for investigating other possible modes of transmission, such as skin piercing practices and rituals that involve the exchange of blood. Guidelines are also provided for investigating people's knowledge, attitudes, beliefs, and practices regarding HIV/AIDS, such as people's perceptions of the causes of AIDS, what they know about symptoms and progression of the disease, and their reactions to the death of a neighbor or relative from AIDS.

Section III—Appendix I (30 pages) gives examples of possible topics and questions for focus groups and interviews. It is not intended as a complete list of inquiries to be strictly followed.

Time and personnel required

Short-term studies could take as little as three weeks of data gathering, but because of differing levels of openness in the study culture, research may take more than six months to complete. An assessment using this manual ideally requires personnel with previous experience in qualitative research and in the community of interest. Training sessions are necessary as well as constant supervision to ensure quality.

Ordering Information

Forthcoming from:

The United Nations University
Food, Nutrition and Development Programme
Harvard Center for Population Studies
9 Bow Street
Cambridge, MA 02138 USA

5) AIDSCAP Evaluation Tools Modules I: Introduction to AIDSCAP Evaluation

Patricia Bailey, Susan Hassig, Jan Hogle, Michele Villinski, Sharon Weir, and Leslie Young, 1993, 41 pages. Available in English.

Purpose

AIDSCAP's *Evaluation Tools Modules* offer practical, step-by-step methodological guidelines for use by project designers, managers, field staff and donors who evaluate HIV/AIDS prevention projects. Additionally, the methodology described in the manual may be useful to others working on similar (non-HIV/AIDS) projects. These modules assist the user in applying AIDSCAP's evaluation techniques to create interventions designed to meet reasonable objectives and appraise existing programs

This module describes AIDSCAP's evaluation strategy and discusses prevention indicators, outcome and impact evaluation, formative and process evaluation, and the advantages of using both qualitative and quantitative methods. The guide warns that focus group methodology "is not as simple as it may appear." This guide is not a training manual; it is "intended as an information resource to guide RAs [resident advisors] and project managers in planning appropriate data gathering methodologies for program evaluation." It is also recommended that techniques be adapted according to "the realities" of the research setting.

Organization of the manual

This manual is organized in 10 sections.

Sections 1-3 focus on the AIDSCAP approach. *Section 1* describes the rationale behind the development of the AIDSCAP's Evaluation Modules. *Section 2* defines "evaluation" and explains that from AIDSCAP's perspective, the goal of evaluation is to obtain information to enable policy makers, implementing staff, and managers to measure the effectiveness of strategies and interventions to prevent the sexual transmission of HIV as it is used. *Section 3* describes the AIDSCAP evaluation strategy from both the country and sub-project level. Also discussed are types of evaluation, baseline assessments, priority prevention indicators (PPIs), and management information system (MIS).

Section 4 provides a note on project design and *Section 5* discusses outcome and impact evaluation, including information about methods, and outcome and impact indicators such as HIV and STD incidence.

Section 6 addresses formative evaluation and *Section 7* discusses process evaluation and provides examples of process indicators.

Section 8 discusses reliability and validity of evaluation indicators and *Section 9* focuses on the use of multiple evaluation methods, including examples of multiple method use. Appen-

dices, covering references and bibliography, WHO/GPA's Priority Prevention Indicators (PPIs), and AIDSCAP Project Logical Framework Summary, are found in *Section 10*.

Examples and case studies in use of the manual

The guide discusses many aspects of planning and conducting focus groups and includes a detailed topic guide for the questionnaire and detailed examples of research and interventions from Thailand, Zaire, the United States, and Haiti.

Ordering Information

Free from the Internet:
http://resevoir.fhi.org/en/aids/aidscap/aidspubs/evaluation/intromod.html

Also available as CD-Rom or text manual:
Publisher Contact Information:
Website Mail
Family Health International
HIV/AIDS Department
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201 USA
Tel (703) 516-9779
Fax (703) 516-9781

6) Tools to Assess Family Planning Counseling: A Compendium of Field-Tested Survey Instruments from JHU/PCS Executive Summary

Young Mi Kim and Cheryl Lettenmaier, Center for Communication Programs, Johns Hopkins University, 1995, 94 pages. Available in English.

Purpose

This manual provides step-by-step guidelines for conducting research, using specified methodologies, on interpersonal communication (IPC) exchanges between clients and family planning health workers in a clinical setting to improve the quality of counseling services provided. The guidelines provided in this manual are developed with the idea that, to evaluate and improve family planning counseling, it is first necessary to assess the strengths and weaknesses of the service providers who counsel clients.

As stated in the manual, "the goal is to encourage program managers to assess the state of family planning counseling so that they can take the steps needed to enhance its quality." The four research instruments described provide program managers with essential information on:

- the quality of family planning counseling and interpersonal communication;
- the availability and use of informational materials during family planning consultations;
- the sources of information about and referral to family planning services; and
- the exposure of clients to specific mass media and clinic-based materials.

The authors state that the same set of assessment tools can serve in preliminary needs assessments for IEC interventions and materials, evaluation of the effectiveness of counseling training, and in the training, supervision, and monitoring of family planning counselors. These assessment tools have been used in Ghana, Kenya, Nigeria, and Zimbabwe.

Organization of the manual

The manual is organized into two parts:

Part I—Assessing Family Planning Counseling describes four field-tested research instruments known as "Tools to Assess Family Planning Counseling." These assessment tools are designed to elicit information essential to family planning program managers. They can be used to observe and interview new and continuing clients, interview service providers, and observe the study site. This chapter reports on the use and findings from the use of assessment tools in Ghana, Kenya, Nigeria, and Zimbabwe.

Part II—Model Research Manual includes actual research instruments and instructions on how to complete them. It will be of benefit to interviewers, observers, supervisors, and

trainers. Before they can be used, however, the instruments and instructions must be revised by programs managers/researchers to fit the needs of the project.

Time and personnel required

The recommended length for training for implementing the approach is 3-4 days. The process for observing and questioning each interaction takes about 60-90 minutes. So the overall time for the research will depend on how many interactions are observed. The number of interactions will also determine the length of the overall analysis.

Ordering Information

Available free to organizations and individuals working in developing countries; the cost for readers in developed countries is $5 per copy

Center Publications
Johns Hopkins Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202-4024 USA
Tel 1-410- 659-6300
Fax 1-410- 659-6266
E-mail webadmin@jhuccp.org
Web site http://www.jhuccp.org/centerpubs/howorder.stm (for order form. Full-text document is not available on the Internet)

Additional Resource:

Qualitative Research for Family Planning Programs in Africa

Adrienne Kols, compiler and editor. Center for Communication Programs, Johns Hopkins University, 1993, 63 pages. Available in English.

Purpose

Qualitative Research for Family Planning Programs in Africa is published as a part of an Occasional Paper Series of the Center for Communication Programs of Johns Hopkins School of Public Health (JHU/CCP). This report serves to disseminate results of field work and research conducted throughout Africa by the staff of JHU/CCP.

The objective of this report is to demonstrate the importance of qualitative research when conducting campaigns to promote family planning. The paper discusses how seven African projects used focus groups and in-depth interviews to design new family planning communication campaigns, evaluate ongoing programs, and explore suspected problem areas. The report presents case studies and findings from Burkina Faso, Cameroon, Côte d'Ivoire, The Gambia, Ghana, Kenya, and Nigeria.

Organization of report

The report is organized into nine chapters and an appendix.

The first chapter—an introduction—provides information on focus group and in-depth interview methodology; application of qualitative audience research in programs; steps in conducting qualitative research; and application of the methodology in the African countries.

Chapters 2 through 8 describe data collected within family planning qualitative research projects in Burkina Faso, Cameroon, Côte d'Ivoire, The Gambia, Ghana, Kenya, and Nigeria.

Chapter 9, "Lessons Learned," presents guidelines for conducting focus group discussions and in-depth interviews. These tips are based on field experience in Africa, and are presented in the form of questions and answers about qualitative research. The chapter discusses when to use focus groups and when to conduct in-depth interviews, how many focus group sessions to hold, composition of groups, selection of participants and moderators, and analysis of findings.

Ordering Information

Available free to organizations and individuals working in developing countries; the cost for readers in developed countries is $5 per copy

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