

# TRAINING FIELD STAFF FOR DHS SURVEYS



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MEASURE DHS is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. MEASURE DHS is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF Macro in Calverton, Maryland, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, the Program for Appropriate Technology in Health (PATH), Futures Institute, Camris International, and Blue Raster.

The main objectives of the MEASURE DHS program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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# **INTRODUCTION**

Interviewer and supervisor training has a very significant impact on the quality of DHS survey work and on the longer-term capabilities of the implementing organization. It constitutes one of the most important activities of a DHS survey.

This manual was produced as an aid for use in the design and implementation of field staff training for Demographic and Health Surveys (DHS). This document provides general guidelines for organizing and conducting the training of the field staff. The DHS Interviewer's and Supervisor's Manuals, which contain detailed discussion of specific elements of the questionnaire and fieldwork procedures, should also be used during training.

These guidelines are intended to establish a standard approach to DHS data collection, since variation in procedures may undermine the quality and comparability of the data across countries and across time within a country. However, the manual should be adapted to the specific needs and content of each survey.

## I. RECRUITMENT OF FIELDWORKERS

Highly motivated, well-trained field workers are essential for a successful survey. DHS utilizes a team approach to data collection. Usually, each DHS team is composed of a supervisor, field editor, and several interviewers. The selection of the field workers is the first step to obtaining high-quality data.

#### **CHARACTERISTICS OF FIELD STAFF**

The goal of the recruitment process is to identify the best possible candidates for the DHS field work. Here are a few of the characteristics to look for in potential candidates:

<u>Sex</u>	•	The standard DHS protocol strongly recommends that respondents be interviewed by a member of the same sex, so it is important to recruit the appropriate number of male and female candidates for field staff posi- tions.
	•	Field editors are generally female so that they can observe interviews with female respondents.
LANGUAGE ABILITIES	•	All candidates should be fluent in the language used for training as well as at least one (other) language into which the questionnaires have been translated (if more than one language is being used).
EDUCATIONAL BACKGROUND	•	Ideally, all candidates should have the equivalent of at least a secondary education. Interviewing can be repetitive work and extremely well- educated people may become bored after a few weeks or months.
	•	In most surveys, interviewers with no health background will collect the blood samples. In these cases, willingness to work with blood must be among the recruiting criteria for interviewers. In some surveys (e.g., those in which venous blood samples are to be collected), there may be a need to recruit health technicians or nurses.
PREVIOUS SURVEY EXPERIENCE	•	Previous survey experience is not necessary, although it is helpful for supervisors and field editors.
AVAILABILITY	•	Candidates must be available to work full time the entire period of field work. They should be willing to work on evenings and weekends and be able to stay away from their homes for extended periods of time.
PHYSICAL FITNESS	•	Field work is physically demanding and candidates should be able to walk long distances and carry questionnaires and other equipment.
<u>GOOD PERSONAL</u> <u>ATTRIBUTES</u>	•	Maturity, responsibility, a friendly and respectful attitude, appropriate appearance and demeanor, curiosity, attention to detail, and an interest in the survey are all qualities that a strong candidate will exhibit.

#### NUMBER OF CANDIDATES RECRUITED

- Before any recruiting begins, it is necessary to determine how many male and female interviewers are needed for each of the major languages in the country. This is done by reviewing the list of sampled clusters and deciding which language is the most widely spoken in each area.
- Survey organizers often think that if several languages—say A, B, and C—are spoken in a region, the team assigned to that area should consist of one interviewer who speaks A, one who speaks B and one who speaks C. However, this is inefficient because when the team is working in the area where everyone speaks A, the other two interviewers cannot work; the same problem occurs in the areas where B and C are spoken. Consequently, it is best to determine the distribution of clusters in that region by language. If 10% of the clusters speak A, 15% speak B, and 75% speak C, then it is best to comprise the team of only C speakers and to either use translators for the A and B clusters or to try to interview the people in those clusters using language C speakers or possibly some other language known by the interviewers and respondents.
- It is important to allow for extra field staff who can fill in for those who drop out or are dismissed during training. It is generally advised to hire and train at least 10 percent more people than are necessary for field work. Sex and language capabilities should be taken into account when determining the number of back-up interviewers.

#### RECRUITMENT

Permanent staff from the survey implementing organization are sometimes used in the survey. In most cases, however, the interviewing staff will be temporary employees who are hired for the duration of the survey. It is often useful for the positions to be advertised in newspapers or magazines or for announcements to be placed on bulletin boards in offices or universities. Word of mouth may also be an effective way of finding candidates.

Sometimes there is pressure to hire the friends or family members of influential people. Although this is not always detrimental, it can result in hiring unqualified staff. Consequently, it is useful to identify some minimum requirements, set some guidelines for the recruitment process, and appoint a committee of 3-4 people to screen applicants.

It is usually advisable to recruit on a regional or zonal basis. Although it may be easier to recruit the required number of field staff from the capital city, it is better to get at least some from the regions. Respondents often know when interviewers are not local, even if they speak the local language. Staff who live in the capital may tend to feel more sophisticated than the residents of the areas where they will be working. It also helps to have 1-2 team members who know the local area and perhaps even can help solicit support from local officials. There must also be a subjective component to the interview process in order to evaluate some less quantitative characteristics. The field staff will spend most of their work time alone and will have to use their judgment on a daily basis. Candidates must indicate they have the maturity to handle the problems that arise in the field. In addition, interviewers must approach strangers and conduct interviews with people from a variety of backgrounds. The interviewers' dress and demeanor should allow them to fit into the communities in which they will be interviewing.

Documenting the process will assist the survey coordinators in making a final decision on the selection of candidates and will allow them to justify their decisions in case they are questioned later.

#### **CANDIDATE ASSESSMENT SCREENING**

Ideally, the application process for interviewers should include an application form, a written test and an interview. Standardization of the selection process will help in identifying the best candidates and will also provide a evidence if there is pressure to hire an individual who does not have the proper skills or qualifications.

**APPLICATION FORM** Ask each candidate to fill out an application form (see box, Recruitment Form 1). This form should be used to obtain basic information about each candidate. It also allows evaluation of the legibility of their handwriting and their ability to follow basic instructions.

Each applicant should complete a short test (see box, Recruitment Form 2). The goal of the test is to check the candidate's attention to detail and ability to do simple arithmetic.

**PERSONAL INTERVIEW** All applicants should be informed of the goals of the survey, the conditions of the job, compensation, etc. This information may be conveyed during a personal interview, or, to save time, to a group of applicants. Then, each candidate should be spoken with individually (see box, Recruitment Form 3). The recruiters should record their impressions of each candidate on a separate piece of paper (with emphasis on the characteristics listed above). This evaluation should be attached to the application form and test.

#### Speaking ability

**TEST** 

On the application form, each candidate has indicated the languages he/she knows and has assessed his/her proficiency in each language. All field staff should be fluent in the language of training and at least one of the languages to be used in the survey. If at all possible, conduct part of the interview in each of the languages for which the applicant is being considered to work in.

Recruitment Form 1 Application Form for Field Staff [Country] Demographic and Health Survey	
1. Full name:	-
2. Address:	-
3. Telephone:	
4. Age:	
<ul> <li>5. Sex:</li> <li>6. Highest grade of school completed:</li> </ul>	
7. Employment:	
Current	
Previous	
8. Have you ever worked on a household survey before? If yes, which ones?	
9. Language ability: Write the names of all languages you know and rate your speaking and read using the following: Limited=1; Good=2; Excellent=3	ling ability
Language     Speaking Ability     Reading Ability     Office use onl	y
<ul> <li>10. Do you have any health conditions that may limit your ability to work outdoors, walk distanc ry things? If yes, please explain.</li> <li>11. Are your willing to work in the field for the next [2, 6] months?</li> </ul>	es, or car-
11. Are you willing to work in the field for the next [3-6] months?	

Recruitment Form 2
Sample Test for Applicants for Field Staff [Country] Demographic and Health Survey
[Country] Demographic and Health Survey
Full name of applicant:
<ol> <li>A woman has given birth to three sons and two daughters. One son died and the other sons and daughters are alive.</li> <li>How many sons does she have now?</li> <li>How many living children does she have now?</li> </ol>
<ul> <li>2) You ask a woman how old she is now, but she says she does not know. However, she tells you that she has a son who is 12 years old now, and that she was approximately 15 years old when she gave birth to that son. How old is she now?</li> <li>What year could she have been born in? (Tick one box)</li> <li>□1973 □1976 □1979 □1983 □1989 □1992 □None of these years</li> </ul>
3) The table below gives the ages of various persons
Person (name)         A         B         C         D         E         F         G         H         I         J         K           Age         3         5         10         6         9         12         15         14         17         2         11
List the people who are under age 5 List the people who are under age 10
List the people who are age 15 or above
<ul> <li>4) Imagine you are interviewing a woman who has given birth to two sons and one daughter. They have all gotten married and moved away from home. Please answer the questions for this woman. Follow all instructions.</li> </ul>
201. Have you ever given birth?
Yes $\Box \rightarrow ASK$ QUESTION 202
No $\Box \rightarrow$ GO TO QUESTION 206
202. Do you have any sons or daughters to whom you have given birth who are now living with you?
Yes $\Box \rightarrow ASK$ QUESTION 203
No $\Box \rightarrow$ GO TO QUESTION 204
203. How many sons live with you? And how many daughters live with you?
204. Do you have any sons or daughters to whom you have given birth who do not live with you?
Yes $\Box \rightarrow ASK$ QUESTION 205
No $\Box \rightarrow$ GO TO QUESTION 206
205. How many sons do not live with you? And how many daughters do not live with you?
206. INTERVIEWER: WRITE THE TOTAL NUMBER OF CHILDREN SHE HAS GIVEN BIRTH TO:

#### Reading out loud

Ask the applicant to read a section of the questionnaire (the introduction statement in the individual questionnaire, for example) out loud in all of the questionnaire languages they claim to know. Give the candidate a score of 0 (not able to read at all) to 5 (able to read everything fluidly) for each language that he/she reads.

Interviewer role-playing is another testing strategy. The candidate is given a piece of paper with 3-4 questions that have been taken from the question-naire, including instructions, and must ask the questions and record the answers given by the "respondent". This kind of test will allow an evaluation of the candidate's 1) ability to read and understand directions, 2) neatness of handwriting, 3) attention to detail, 4) language abilities.

Standardize the selection of candidates by asking them the same questions. The questions may be typed up on a sheet of paper with space left for the recruiters' comments. If one sheet is used for each candidate, the recruiters' comments can be saved for future reference.

It is important to discuss with each applicant the expected level of pay for the work and the hours per day and days per week to be worked. Omission of these issues can result in wastage of time and money if candidates drop out after the training because they don't like the conditions of work.

#### Recruitment Form 3 Items to Discuss in Personal Interview with Applicants for Field Staff

Name of applicant:

- Language ability: 1) talk in the language for a few minutes and 2) ask the candidate to read aloud several questions written in the language and then provide answers.
- Daily schedule: Ask if she/he is willing to work in the evenings and weekends.
- **Place of work:** Ask if there are parts of the country in which she/he is not willing to work. If a candidate is likely to be posted to a certain part of the country (based on language ability, for example), be sure to mention this.
- **Duration of survey:** Explain that the job will take [3-6] months to complete, including training. Ask if she/he will be available for the whole time. In cases where a candidate is proposing to take a leave of absence from a permanent job, ask the candidate to submit a letter from their employer stating they will be given a leave of absence for the required dates.
- **Physical fitness:** Is the candidate physically able to handle the job, including extensive walking and carrying equipment?
- **Pay levels:** Explain salary and per diem levels and any other benefits and conditions of service. Ask if this is acceptable. Explain that she/he needs to consider this before accepting any offer to come for training.
- **Reason for wanting job:** Ask the candidate why she/he wants the job. Discuss how this experience can help her/him achieve future goals.

# II. ADMINISTRATIVE ASPECTS OF FIELD STAFF TRAINING

#### TRAINERS

	Senior host-country staff will be in charge of conducting the training of DHS field staff, assisted by Macro DHS staff wherever appropriate and feasible. A separate training of trainers should be held when the senior survey staff have not had previous training experience or when there are multiple training courses in separate locations. In many cases, the training for the pretest will develop the skills of trainers for the main survey.	
DHS recommends the following:	• At least two full-time trainers should be assigned per class. Both trainers should attend the training course at all times, to ensure uniformity of instruction.	
	• One trainer should be designated to be responsible for the anthropometric (height and weight measurement) training.	
	• One trainer should also be designated as responsible for the training on taking blood samples for anemia and/or HIV testing.	
	• One senior staff person, who is not directly involved in the training course, should be responsible for the administrative and logistical tasks during the training period. This allows the trainers to focus exclusively on the course.	
	• Team supervisors may make presentations on specific topics or discuss problems they noticed while observing practice interviews.	
	• Outside lecturers can provide in-depth information on selected topics, e.g.:	
	1) Family planning methods	
	<ul> <li>Discuss all methods in the contraceptive use table</li> <li>Explain different types of delivery systems</li> <li>Discuss most commonly used brands of pills and condoms</li> </ul>	
	2) Maternal and child health	
	<ul> <li>Types of health service personnel and delivery points</li> <li>Current and recent health promotion campaigns</li> <li>Focus topics such as nutrition and malaria</li> <li>Vaccination types and schedules</li> <li>Common treatments for diarrhea, respiratory infection, and malaria</li> </ul>	
	3) Anemia and HIV	
	<ul> <li> Presentations on modes of HIV transmission, programs to re- duce HIV and anemia in the country</li> <li> For those taking blood samples: discussion of consent proce- dures and demonstration/practice of testing procedures</li> </ul>	
	<ul><li>4) Malaria</li><li> Discuss malaria prevention and treatment programs</li></ul>	

- -- Discuss malaria prevention and treatment programs -- Show brands of bed nets and discuss ways to identify them

#### **TRAINING DURATION**

The duration of training will depend on the number of trainees, length of the questionnaire, number of working hours per day, etc. The schedule should be flexible enough to allow for a few extra days in case trainers decide that field workers are not yet ready to begin actual data collection.

	In class training on question- naires	Height and weight measure- ment	Anemia and HIV testing	Field practice	Supervisor/ field editor training	Total length of training
Pretest	10 days	2 days	2 days	2 days of practice and discussion	NA	~ 2-3 weeks
Main survey	2-3 weeks	2 days	3 days	3-4 days of practice and discussion	1 day	~ 4-5 weeks

#### **TRAINING SCHEDULE**

- Training should last no more than 8 hours per day (preferably 6-7 hours) in class.
- Begin each class on time. Take attendance every morning and keep track of late arrivals.
- Break every one and a half to two hours.
- Trainers should meet for at least one-half hour at the end of each day to evaluate the day's work and plan activities for the next day.
- Trainers will also be expected to work after hours to correct tests and edit practice questionnaires, which should be returned to the trainees the following day and discussed.

#### SIZE OF TRAINING CLASS

• In general, the smaller the number of trainees, the better. DHS recommends training no more than 50 trainees in a class. If a larger number is to be trained, two or more separate training sessions may be organized in separate rooms at the same venue, provided that enough good trainers are available. In order to maximize standardization of instruction, it may be preferable to keep all of the participants together for lectures, and then split them into smaller working groups.

- DHS does not recommend multiple training sites; however, if training must be conducted at different sites simultaneously, it is important to establish reliable and frequent contact between the sites. This will maximize uniformity in answering questions that arise during the course of training.
- To allow for attrition, it is advisable to train more persons than are ultimately needed for field work. A general rule is to train 10 percent more candidates than will be selected. This ratio should be higher if several languages are used or if there are other reasons why interviewers cannot be shifted between teams.
- Those trainees who are not selected as field workers may be assigned other duties for which they are qualified. For example, those who are not selected as supervisors may be quailed to be interviewers, and those who are not selected as interviewers may have the necessary qualifications to fit an office position.
- In addition to the field staff, senior data processing staff (Programmer, Data Processing Supervisor, Office Editor) should receive detailed instruction on the questionnaires. The easiest way to accomplish this is to include them in the classroom sessions of the interviewers' training course. They can later spend 1-2 days briefing the data entry staff on the questionnaires immediately before the data processing operation begins. If PDAs are being used, senior data processing staff will already be thoroughly familiar with the questionnaires and will instead, be assisting in the training.

#### LOCATION OF TRAINING

- It is best to hold the training in a residential site so that trainees are a captive audience. Getting to the classroom in the morning is easier, and participants have more time to study and practice with other participants in the evening.
- The venue should have a large room for plenary sessions and smaller rooms if there are multiple classes being trained.
- The venue must have electricity, ample light, good food, comfortable seating for all participants, preferably at tables or desks.
- Schools and universities are not good training venues if a delay in the survey schedule may result in these venues becoming unavailable.
- The venue must be booked well in advance.

## MATERIALS FOR TRAINING

MATERIALS FOR INTERVIEWERS	
Item	Quantity per Interviewer
Interviewers' Manual	1
Questionnaires	<ul><li>1-2 in main training language</li><li>8–10 of each in interview languages</li></ul>
Blue ball point pens	2
Interviewer Assignment Sheet	1
Briefcase/backpack (optional)	1

ADDITIONAL MATERIALS FOR SUPERVISORS AND FIELD EDITORS		
Item	Quantity per Supervisor/Field Editor	
Supervisor's and Field Editor's Manual	1	
Supervisor Assignment Sheet	1	
Interviewer tracking sheet	1	
Anemia referral form	1	
Blood sample transmittal form (for HIV testing)	1	
Maps and household listing forms	1-2 examples for the supervisors/editors training	
Red ball point pens	2	

TEACHING MATERIALS	
Item	Comments
Blackboard and chalk (colored, if possible)	
Flip chart or large sheets of paper	
Large felt marking pens	
<ul> <li>Overhead projector (if available)</li> <li>Screen</li> <li>Transparencies of each page of questionnaire</li> <li>Colored transparency pens</li> </ul>	If overhead not available, use enlargements of questionnaire pages.

Measuring boards	1-2 per team
Scales	1-2 per team
Anemia (and HIV) testing supplies	See Anemia Testing Manual
Salt testing kits	
Samples of additional fieldwork materials	See below

#### ADDITIONAL MATERIALS FOR FIELDWORK

Vaccinations cards (samples of all types used in country)

ORS packets (samples of all types used in country)

Vitamin A capsules

Iron capsules

Zinc tablets

Deworming medication

Malaria drugs (if applicable)

The best training aid is, of course, the trainer. Trainers should be well-informed about the survey in general and should have studied the questionnaires and manuals in detail. An unprepared trainer can have disastrous results on both the quality of the data and the morale of the field staff.

# III. CONTENT OF THE TRAINING COURSE

#### HOW TO BUILD MORALE

	Active involvement in the training process is a good way to motivate inter- viewers. Trust and positive reinforcement are key to creating an effective learning environment. Here are some ideas that may create such an environ- ment:
Get to know the par- ticipants	Begin training with introductions or a mixer. Ask trainees to wear nametags the first couple of days and learn their names as quickly as possible.
<i>Stress the importance of the survey</i>	Explain to interviewers why the survey is needed. Discuss how the data col- lected in previous DHS surveys in that country or other countries were used and show copies of previous DHS reports.
Ask questions	Trainers should regularly call on those trainees who seem less attentive, but should take care not to embarrass individual trainees.
Encourage trainees to ask questions	Trainers should reinforce good questions with praise and should be careful not to show disappointment or frustration at bad questions. Slower trainees may eventually become the best interviewers.
Occasionally, ask a train- ee to read aloud	Having a trainee read an important part of the Interviewer's Manual to the class can encourage participation and vary the presentation. Change readers every few minutes to vary the voice and give others a chance to participate.
Avoid pointing out individual trainees' errors in front of the class	Errors can be brought to the attention of the group without mentioning the individual who made them.
Emphasize cooperation	While it should be made clear that trainees are competing for a limited num- ber of positions, it is still important for trainers to emphasize the need for teamwork and cooperation.
Be willing to accept criticism	If a candidate happens to point out a particular shortcoming of the question- naire or method of presentation, don't get defensive.
Do something special for the participants	Issuing certificates of course completion, holding a party at the end of train- ing, and printing T-shirts, vests, briefcases, etc. with the survey name are all ways of improving morale and creating a sense of unity and purpose.
Put the survey in the spotlight	Invite a high official to open the training course. Arrange for coverage of the survey in the news media (this has the two-fold effect of improving morale of field staff and facilitating cooperation of communities and respondents).

One of the primary objectives of training is to promote a sense of enthusiasm and pride among the prospective field staff. The best work is accomplished by those who care about what they are doing, feel that their work is important, and sense that they are respected by their superiors.

#### **TECHNIQUES OF TRAINING**

Mock interview	•	In a mock interview, one trainee interviews another. "Respondents" need not answer truthfully, if they do not want to. It is often useful to do mock interviews in groups of three or four so that two participants can observe the interview and take notes of the problems that occur. When the first in- terview in a group is finished, interviewers can rotate so that all members of the group get a chance to practice.		
	•	Trainers should move from group to group, listening to parts of each inter- view and making note of any problems or errors. These should be dis- cussed section by section with the whole class.		
	•	Make mock interviews a regular activity. Trainees will gain practice in reading and administering the questionnaire and trainers will have an opportunity to assess participants' understanding and skills development.		
	•	Interviewers should have lots of practice in all of the languages in which they will be working.		
DEMONSTRATION INTERVIEW	•	This is an interview (or part of an interview) conducted either by a trainer or a supervisor in front of the class. The benefit of this exercise is to show how a good and efficient interview is conducted. Demonstration inter- views are particularly useful early in training to show trainees what the process of interviewing is like.		
	•	Demonstration interviews can also be used to give examples of how to probe for ages and dates, how to handle an uncooperative respondent or how to tactfully get rid of unwanted listeners at an interview, or any aspect of filling in the questionnaire with which trainees are having particular difficulty.		
	•	Trainees can record in their own questionnaires the answers given during demonstration interviews. After discussing the interview, the trainer should then review the correct answers with the trainees.		
FRONT-OF-CLASS INTERVIEW	•	In this approach a trainee comes to the front of the class to do an interview or partial interview. Respondents can be selected from among the trainers or trainees.		
	•	The rest of the class should listen and either fill in their own question- naires or make notes to give feedback after the completion of the inter- view.		
	٠	This approach allows trainers to check whether trainees notice the errors		

*DHS strongly recommends an active training style. A variety of teaching methods should be used, with* 

an emphasis on supervised practice.

For the above exercises, it is useful to assign different characteristics to the 'respondent' to ensure that trainees have practice covering different parts of the questionnaire and are exposed to different situations. Below are some examples of combinations of respondent characteristics to use in these exercises. Before the interview begins, the 'respondent' may want to jot down the names and birth dates of her 'children' to ensure reasonably consistent answers:

3 9	Currently married 3 births, 1 in the last 5 years Never used contraception	Currently married No live births, but pregnant Never used contraception
۸	Single No births Never used contraception	Currently married 3 births, none in the last 5 years Sterilized
1	Separated birth in the last 5 years Jsed to use pill	Currently married 2 births, currently breastfeeding Used to use periodic abstinence
1	Single birth in the last 5 years Current user of condom	Divorced 4 births, none in the last 5 years Sterilized

If photocopies of the vaccination card are available, the 'respondent' can fill one to show to the 'interviewer'. The cards should be attached to the questionnaire so that the trainer can check that the dates were copied correctly.

- Find women who are willing to be interviewed in front of the class or in small groups of trainees. These respondents may be found among employees of the institution carrying out the survey. They should be told that they do not need to answer questions truthfully. Make sure that the trainees are aware of this.
- This exercise simulates a real interview because the respondent does not know in advance what specific questions will be asked and the trainees will be exposed to common interviewing problems.

DEMONSTRATION INTERVIEW WITH REAL RESPONDENT

Practicing Anthropometric	•	Demonstrate proper weighing and measuring techniques in front of the entire class. Ask trainees to follow along in their interviewer's manuals.		
<u>MEASUREMENTS</u>		Trainees should split into teams to practice. Team members who are ob- serving the measurer and assistant should read the directions step-by- step in the manual and provide feedback on their observations. Rotate roles so that all get practice.		
	٠	Arrange practice sessions at nearby kindergartens and health facilities. Two half-days of practice are normally sufficient. Each participant should have experience measuring children lying down (under age two).		
<u>Anemia and HIV</u> <u>testing</u>	•	Trainees need to practice anemia testing and taking blood samples for HIV testing on each other in the classroom as well as during field practice (refer to the Anemia and HIV Testing Manuals for details).		
TRAINING FOR THE OPTIONAL DOMESTIC VIOLENCE MODULE	•	In countries implementing the Domestic Violence module, a special ses- sion should be arranged, preferably with a guest lecturer, to review how to select only one woman per household and the importance of ensuring privacy, as well as referral options for respondents in need of assistance.		

#### FIELD PRACTICE

Practice interviewing is perhaps the most significant part of interviewer training. In an actual interview situation, the trainee will become aware of the issues she does not understand. The supervisors and trainers will be able to identify those sections of the questionnaire where trainees are making mistakes. Towards the end of the training session, several days should be set aside for practice in the field.

Field practice should be conducted at the end of the training period so ٠ Scheduling that participants benefit from administering the entire questionnaire including anthropometric measurements and anemia testing. A minimum of two whole days should be devoted to field practice. For each day of field practice, spend the following day in the classroom reviewing questionnaires and discussing problems. Location The areas selected for field practice should be as close to the training site as possible and should contain a sufficient number of eligible respondents likely to be at home so that all trainees have practice. It is helpful to schedule field practice in both rural and urban areas. ٠ If the questionnaire has been translated into more than one language, it is helpful to select sites for practice where these languages are spoken so that all versions of the questionnaire can be practiced. Field practice cannot be conducted in an area selected for the actual survey.

Organization	• For efficiency, in the field practice sessions, trainees should interview whatever households are available, without worrying about callbacks.
	• It is usually easiest to organize trainees into teams, with trainers or supervisors to accompany each team.
	• All training staff should observe as many interviews as possible. This will allow them to give participants individual feedback and also use interviewer performance as a basis for making decisions about field staff.
	• During the first field practice day, trainees should just concentrate on conducting interviews with eligible women or men (after completing the household schedule).
	• During the second field practice day, height and weight measurement, anemia testing, and taking blood samples for HIV of eligible individuals in visited households should be practiced in addition to interviewing. Use of maps and field forms can also be added in order to gradually approximate actual field demands. Supervisors and editors, if they have been selected already, should edit completed questionnaires and give them to senior survey staff to check.
Feedback	• Time should be allocated for classroom discussion following field prac- tice interview sessions to answer questions and discuss problems.
	• An especially important part of practice interviewing is that the trainees receive feedback on their performance. It is very important that this be done so that errors or faulty techniques are corrected before they become ingrained habits. During the training period, time must be allocated for discussing interviews and edited questionnaires with each trainee.
	• If there are many interviewer candidates, ask them to exchange question- naires for editing. Then supervisors and training staff can review the edit- ing and lead team discussions of problems. This exercise helps identify candidates for field editor positions and also allows supervisors and senior staff to identify misconceptions among the interviewer candidates.
	Agenda for Interviewer Training
GENERAL GUIDELINES	The illustrative agenda given in Appendix 1 shows how a typical DHS train- ing course may be scheduled. Note that the agenda describes morning and afternoon sessions. The local cultural and logistical setting will determine the particular daily routine, but keep in mind the following:
	• Training days more than 8 hours in length are counterproductive. Mid- morning and mid-afternoon breaks are recommended.
	• Certain parts of the questionnaire, by their very nature and length, require more time than others.

- The sections covered later in the course will generally require less time than sections presented earlier simply because the trainees will have become familiar with the fundamentals of questionnaire administration, i.e., skip patterns, consistency checking, etc.
- Whenever possible, training that involves physical activities (e.g. mock interviews, field practice, etc.) should be scheduled later in the day when the trainees' energy and attention may be reduced.
- Survey organizers should budget for two extra days in the training schedule to allow for delays or extra training.
- Five to six full days should be scheduled for anthropometry, HIV and anemia training.
- In order to find adequate numbers of mother/child pairs for practice, organize trips to nearby nursery schools and/or clinics.
- If anthropometric measurements, anemia testing and other biomarkers are implemented by health technicians who will not be conducting interviews, they should be trained in a separate classroom, but should join the interviewer trainees for field practice exercises.

**DATA QUALITY** Inform interviewers that their performance will be monitored for quality throughout field work, that supervisors will periodically spot-check house-holds, and that field editors will review all completed questionnaires. Intentional data manipulation will result in immediate dismissal and the interviewers should know that the senior staff can and will detect data manipulation if it occurs. This can be demonstrated by charts showing displacement of ages or birth dates (see discussion of field check tables in Appendix 3).

**HOMEWORK** Outside of the formal training hours, it will be useful to assign some light homework. Homework assignments may include:

- 1. Reading from the relevant sections of the Interviewer's Manual before they are covered in class
- 2. Practice interviewing friends, family or other participants.

#### SEXUAL HARASSMENT

During the interviewer training, it is important to define sexual harassment and to establish that harassment is not appropriate behavior and will not be tolerated on the survey. Sexual harassment is any unwelcome words or actions of a sexual nature or based on sex that (1) create an intimidating, hostile, or offensive working environment or (2) the submission to or rejection of which affects the target's employment status or conditions.

#### ANTHROPOMETRY/HIV ANEMIA TESTING TRAINING

If the implementing organization has a policy on sexual harassment, it is worthwhile to discuss these policies with them before the training and then have the implementing organization staff present the policies to the group. If the implementing agency has no policy on sexual harassment, then the training must lay out expectations for behaviors, a process for receiving and reviewing complaints, and disciplinary actions for perpetrators of sexual harassment.

Some important points:

- Sexual harassment is a form of violence. It is about power and intimidation, not sexual attraction.
- Sexual harassment is typically thought of in terms of behaviors by a man towards a woman. However, women may also sexually harass men, men may sexually harass other men, and women may sexually harass other women.
- Sexual harassment can be perpetrated by a supervisor towards an employee, by an employee towards a supervisor, or between co-workers.
- It does not matter whether the harasser intends to intimidate or offend anyone. What is important is the effect the behavior has on the person being harassed.

A useful teaching method may be to ask the class to name examples of sexual harassment and then discuss them. Here are some examples of harassing behaviors:

- Sexual or gender-based jokes or teasing;
- Requesting sexual favors;
- Pressure for dates;
- Telling lies or spreading rumors about a person's personal or sex life;
- Unwelcome hugging, touching, or kissing;
- Patting, stroking, grabbing, or pinching;
- Forced fondling, rape, or attempted rape.<sup>1</sup>

#### **EVALUATION AND TESTING OF TRAINEES**

**TESTS** 

Administering tests to the trainees is useful for several reasons. They can serve as a teaching tool to motivate trainees to study the material and to help trainers understand trainees' level of comprehension. Tests also emphasize important issues for the class to review. The tests should not be too complicated. Appendix 2 provides sample test questions.

Trainers should keep records of test scores and performance on practice interviews, since it is sometimes necessary to have some objective criteria on which to base the dismissal of candidates.

<sup>&</sup>lt;sup>1</sup> Adapted from: Minnesota Advocates for Human Rights, Stop Violence Against Women project.

#### TESTING AND EVALUATION TECHNIQUES

• After collecting tests or quizzes, review the questions one by one.

- Grade tests immediately, so they can be returned to trainees the following day.
- It is useful to make intentional errors on selected pages of the questionnaire (especially the tables) and ask trainees to find and describe the errors. This method is particularly effective in identifying individuals to serve as field editors. However, these tests are also more difficult to grade.
- Trainers should keep in mind that tests are not always a good measure of trainees' abilities. They can be somewhat arbitrary or subject to the individual's comfort level with the predominant language used in the training. Ultimately, decisions on hiring interviewers should be based on observation of the trainees' performance during class sessions and field practice in addition to their test scores.

PERSONAL EVALUATION

## **IV. SUPERVISOR AND FIELD EDITOR TRAINING**

#### THE CANDIDATES

People who serve as interviewers for the pretest are often good candidates for supervisors in the main survey. In some cases, supervisors may be selected from those participating in the general field staff training. This selection should be based, as much as is possible, on objective criteria (see section on Evaluating and Testing of Trainees).

#### LOGISTICS

## If supervisors are identified prior to the general field staff training, they **SCHEDULE** should receive several days of specialized training before the general field staff training course begins. If they are selected from those participating in the general field staff training, then 1-2 days should be set aside towards the end of the training to work with the supervisors. If the survey includes field editors, they are usually selected from the pool of field staff trainees and should join the supervisors for the specialized training on how to observe interviews, how to edit questionnaires, and how to organize completed questionnaires for transport to headquarters, assuming paper questionnaires are used. If possible, it is helpful to train the supervisors and field editors before the final day of field practice so as to simulate as closely as possible the conditions of the actual field work. This also allows trainers to check the work of the supervisors and field editors. The Supervisor's and Editor's Manual will be the focus of the supervisor and MATERIALS field editor training. Make up and discuss some examples of questionnaire pages with errors (especially the birth history). Supervisors and field editors can be asked to find the errors and then told how to mark them. **CONTENT OF TRAINING COURSE** In addition to the topics covered for interviewers, supervisors should receive additional instruction in the following areas: Sample implementation and map reading, including a visit to a sample ٠ segment to practice reading the map and locating selected households. How to observe interviews, edit questionnaires, and give feedback to ٠ staff. Principles of, and strategies for, data quality monitoring.

• Team leadership, maintaining team morale, dealing with problems, etc.

#### **EVALUATION**

Giving supervisors and field editors a brief test (consisting, for example, of questionnaires with errors) is a good way to evaluate their ability to find errors and deal with them appropriately. If possible, on the final day of field practice, interviewers should be organized into teams each with a supervisor [and field editor]. Trainers can then observe the performance of supervisors [and field editors] in the field. Completed questionnaires should be edited during the field practice or immediately thereafter and then given to trainers to review that evening.

#### **ROLE OF SUPERVISORS DURING INTERVIEWER TRAINING**

An advantage of having previously identified supervisors is that they can assist during the general field staff training. This will be an opportunity for the supervisors to gain experience, in addition to establishing their leadership in the survey.

- Supervisors may assist with the mock interviews, supervising each group in turn, and with the practice interviews in the field.
- Supervisors should help edit questionnaires and be a resource for the trainers.
- It is helpful for the trainers to call on supervisors to participate from time to time in order to identify them as leaders.
- Some supervisors may be used to give demonstration interviews.



# V. FIELDWORK SUPERVISION

Training does not end when fieldwork is launched. Interviewers need close supervision, especially in the first few days of field work. Very often, interviewers have not had enough practice with problems frequently encountered in the field. Supervisors and field editors will need to work together to identify interviewers who require extra assistance or retraining.

#### SUPERVISION OF EARLY FIELDWORK

<u>Logistics</u>	Unless logistics and language/ethnic variations do not allow, all of the field teams should start work in the capital city to allow for maximum supervi- sion, at least for a few days. If this is not feasible, senior staff should arrange to visit each team at least once within the first week of fieldwork. If serious problems are evident, it may be necessary to recall one or more teams for further training.
OBSERVATION OF INTERVIEWS	Each interviewer should be observed during the first two days of field work. To accomplish this, supervisors, field editors, and senior staff will have to sit in on interviews and give immediate feedback to interviewers. They should not interrupt during the interview, but rather save their comments and give feedback to the interviewer after the interview is over. In addition, throughout the course of the fieldwork, field editors should observe at least one interview per day.
EDITING QUESTIONNAIRES	When paper questionnaires are used, DHS procedures call for thoroughly ed- iting all completed questionnaires within a day of the interview or at least be- fore the team leaves the sample cluster; this is particularly important during the first few days of fieldwork. Supervisors and field editors should share the task to ensure that all questionnaires are thoroughly scrutinized and all errors are tactfully discussed with the interviewer.
DAILY TEAM MEETINGS	Setting aside half an hour a day for a team meeting can be a valuable mecha- nism for discussing problems, setting schedules and reviewing rules. Such meetings allow team members to air grievances and can serve to avert poten- tially bigger problems.
<u>Re-interviews</u>	In most DHS surveys, one of the supervisor's responsibilities is to conduct re-interviews with approximately 5 percent of the households covered in the survey. The supervisor only fills the first few columns of the household questionnaire, with the list of people, their relationship, residence status, age, and sex. He or she should try to visit the household on the same day as the interview so that any visitors who stayed in the household the night before the interview can still be contacted.
	The purpose of the re-interviews is to ensure that interviewers are visiting the selected households and that they do not intentionally leave out eligible household members or misreport their ages so as to reduce their workload. The supervisor should compare the re-interview questionnaire with the orig- inal questionnaire and discuss any discrepancies with the interviewer. If the interviewer has missed any eligible respondents, an interviewer of the ap- propriate gender must return to the household to conduct the interview.

#### **QUALITY CONTROL TEAM**

In many DHS surveys—especially those with fewer local languages—it is advisable to train 1-2 quality-control teams to work in the field for the entire duration of the field work, circulating among all teams. Their job is to observe interviewers, review edited questionnaires and conduct re-interviews.

#### **MONITORING DATA QUALITY WITH FIELD-CHECK TABLES**

Data quality is closely linked to the performance of interviewers and their supervisors with respect to the identification of selected households and eligible respondents as well as the accurate completion of the questionnaires. The teams' performance should be monitored closely throughout fieldwork.

- Field-check tables are one way of monitoring data quality while the field work is still in progress. They are tabulations of data which are produced periodically by the data processing chief in order to monitor the performance of each team separately. Each table focuses on an important aspect of data quality. Appendix 3 contains a detailed description of each table.
- These tables help maintain an ongoing link between teams in the field and senior staff at survey headquarters. Use of these tabulations is crucial during early field work when there is still time to arrange for retraining field staff or re-interviewing problem sample segments. If the data from a team show problems, it may be useful to run the field-check tables by individual interviewer to see whether the problems are teamwide or restricted to one or two team members.

#### LIMITATIONS OF FIELD-CHECK TABLES

- During the very early stages of fieldwork, when quality control is especially important, not enough questionnaires have been completed to generate field-check tables for each team. One option is to produce fieldcheck tables for all interviewers after the first few days of fieldwork. This is another reason to begin fieldwork in a geographically-restricted area. After approximately 100 questionnaires have been completed tables can be run and feedback given to all of the teams as a group.
- Field-check tables should never be used as a substitute for the fieldwork supervision methods listed in the preceding section.

### **CONTINUING SUPERVISION OF FIELDWORK**

It is important to keep monitoring interviewer performance throughout the duration of the fieldwork. Both the supervisor and the field editor should continue to observe interviews until the end of fieldwork. Senior staff should also observe as many interviews as possible when they visit teams.

# APPENDIX 1 ILLUSTRATIVE TRAINING AGENDA

Note: This agenda assumes that paper questionnaires are being used, that there is a Man's Survey, and that interviewers will be trained to do anemia testing and take samples for HIV testing. When PDAs are used in place of paper questionnaires, they are generally introduced after review of the questionnaire on paper. When additional modules that are not part of the core questionnaire such as Maternal Mortality or Domestic Violence, are included in the survey, additional training days will most likely be required. When training on the Domestic Violence module, there are several ethical and methodological points to be emphasized with interviewers (see DHS Domestic Violence module).

DAY	MORNING	AFTERNOON		
<u>Day 1</u> Introduction and	Opening ceremony. Introductions.	Introduction of questionnaires and manuals.		
overview of project	Objectives of the survey brief overview	Description of the sample and eligibility criteria.		
	the DHS, general organization, period of performance, role of interviewers and supervisors, importance of interviewers.	General section-by-section explanation questionnaires.		
	Administrative matters, rate and timing of payment, survey regulations including policy on sexual harassment.	Techniques of interviewing (Interviewer's Manual Section II).		
	Overview of project, including brief de- scription of pretest, data processing, analysis (Interviewer's Manual Section I).			
	Importance of survey results.			
<u>Day 2</u> General techniques and	Fieldwork procedures, contacting house- holds, response codes, making callbacks (In- terviewer's Manual Section III).	How to record answers on the question- naire and how to correct errors (Inter- viewers' Manual Section IV).		
procedures; Household Questionnaire	Quick demonstration interview.	Presentation of the Household Schedule (Interviewers' Manual Section V).		
Questionnin		Explanation of the cover page of the Household Questionnaire, informed con- sent, and household schedule; handling of eligibility criteria; examples.		
<u>Day 3</u> General	Review Household Questionnaire sched- ule of members.	Practice in groups (mock interviews) fill- ing in the Household Questionnaire.		
techniques and procedures; Household	Discussion of birth certificates/birth reg- istration procedures.			
Questionnaire	Detailed explanation of water and sanita- tion codes and housing materials (Inter- viewers' Manual Section V).			
	Conclude Household Questionnaire, ex- cluding salt testing, height, weight, ane- mia, and HIV testing at this time.			

		1		
Day 4 Woman's Questionnaire Sections 1-2	<ul><li>Explanation of Cover Page, informed consent and Section 1 of the Women's Questionnaire (Interviewers' Manual Section VI A and B).</li><li>Detailed discussion of how to collect age data and use of age/date conversion charts, consistency checking, etc.</li></ul>	<ul><li>Explanation of Section 2 of the Women's Questionnaire (Interviewers' Manual Section VI C).</li><li>Detailed discussion section 2 including training on use of calendar for recording births, pregnancies, and pregnancy terminations.</li></ul>		
	Examples.	Examples.		
	Mock interviews in groups, covering Section 1.	Mock interviews in groups, covering Section 2.		
	Discussion of Section 1 group practice. Solutions to problems.			
Day 5 Section 2 cont.,	Discussion of group practice on Section 2.	Explanation of Section 3 (Interviewers' Manual Section VI D)		
Section 3	Solutions to problems.	Examples.		
	Lecture on human reproduction in rela- tion to methods of family planning.	Front-of-class practice of Sections 1-3.		
<u>Day 6</u> Section 3 cont., Section 4	Mock interviews on Section 3 and review of practice. Introduction to Section 4 (Interviewers' Manual Section VI E).	Explanation of Section 4. Front-of-class practice on Section 4. Mock interviews on Section 4		
Day 7 Section 5	Lecture on national child health initia- tives as they relate to topics covered in questionnaire. Explanation of Section 5 including use of immunization cards (Interviewers' Manu-	Mock interviews on Section 5. Test on Household Questionnaire and Woman's Questionnaire Sections 1-5.		
	al Section VI F).			
	Front-of-class practice on Section 5.			
<u>Day 8</u>	Review of answers to test.	Mock interviews on Sections 6-7.		
Sections 6-7	Explanation of Sections 6-7 (Interview- ers' Manual Sections VI G-H); examples.			
<u>Day 9</u> Section 8	Lecture on HIV, focusing on modes of transmission and treatment programs.	Mock interviews on Section 8.		
	Explanation of Section 8 (Interviewers' Manual Section VI I).			
<u>Day 10</u> Sections 9-10	Explanation of Sections 9-10 (Interview- ers' Manual Sections VI J-K).	Mock interviews on Sections 9-10 Test.		

<u>Day 11</u> Man's Ques- tionnaire	UVERVIEW OF WIAD'S UPESHODDAIRE NITH-	
<u>Day 12</u> Local languages	Discussion of local language versions in small groups. Mock interviews with local language ver- sions of Household Questionnaires.	Mock interviews with Individual Ques- tionnaires.
Day 13 Field practice (Questionnaires only)	Field practice in pairs (preferably one mor trainee together), with all trainers and supe suitable respondents. Each trainee to do at least two interviews. Supervisors to edit questionnaires in the fi	ervisors observing and assisting in finding
Day 14 Field practice review, discussion of forms and editing	Discussion of previous day's practice. Trainers and supervisors to review prob- lems, errors, and observations made dur- ing field practice. Trainers to return edited questionnaires to supervisors, who in turn will discuss with each trainee individually.	Explanation of Control Forms. How to handle households with no eligible women or with more than one eligible woman. Test that emphasizes catching errors in completed questionnaires. Prospective field editors identified by senior staff.
<u>Day 15</u> Biomarker training	Overview of biomarkers used in the survey. Introduce participants to each step in the process of taking biomarkers: identifying eligible respondents, consent process, using questionnaires and barcode labels, and the actual mechanics of taking blood. Detailed explanation of how to identify eligible respondents using the Height, Weight, Anemia and HIV testing section of the Household Questionnaire. Explain ethics of informed consent, demonstrate and practice informed consent process.	Detailed explanation of how to use the Household Questionnaire to record re- sults of the consent process and the tests, and proper use of barcodes. Front of class demonstration of anemia and HIV testing. Theoretical training in anemia and HIV. Review of Anemia and HIV Testing Field Manual.
<u>Day 16</u> Biomarker training	Practical training and practice in measur- ing anemia and taking samples for HIV testing.	Continued practical training and practice in measuring anemia and getting samples for HIV testing.

Day 19 Biomarker trainingPractice with height and weight and anemia testing on children at a clinic or preschool.Explain principles of and demonstrate disposal of biohazardous waste.Day 20 Supervisor/ field editor trainingTraining of supervisors and editors (see Part IV of this document).Continuation of training of supervisors and editors.Day 21 Field practice (including biomarkers)Field practice in teams with height and weight measurement and anemia and HIV testing included, use of maps, use of Supervisor's Assignment Sheets and trainees using Interviewer's Assignment Sheets.Administrative matters.Day 22 Administrative and field-check tables.Discussion of field practice. Review of any persistent problems. Discussion of methods of data quality monitoring—field editing, spot-checking, and field-check tables.Administrative matters.Day 23 Administrative and logistical issuesTrainees informed of final team composi- tion. Logistics of main survey fieldwork.Meeting of senior field staff, data pro- cessing chief, supervisors, and drivers to go over preparations for main survey work (see Part V of this document).			1		
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	0	Logistics of main survey fieldwork.			
Procedures for monitoring sample im- plementation and data quality, use and timing of field-check tables.		Interviewers leave.	plementation and data quality, use and		

## **APPENDIX 2 SAMPLE TEST QUESTIONS**

#### **TIPS FOR TESTING**

- Keep tests relatively short.
- Avoid essay or short answer questions.
- Consider giving brief quizzes (2-4 questions) once or twice a week.
- Give the correct answers immediately after collecting the tests.
- Return corrected quizzes/tests the following day and review any problems.

#### **OTHER TESTING TECHNIQUES**

- Give a birth history table with mistakes and ask participants to edit.
   Mistakes could include:
  - 1) an inconsistency between birth date and age,
  - 2) a birth interval of less than 7 months,
  - 3) age at death recorded as 1 year, and
  - 4) missing answers to questions such as 213 or 221. This is a particularly good exercise for field editors and supervisors.
- Ask trainees to copy the dates from a sample vaccination card to the vaccination table. Include some inconsistent dates on the card and ask the trainees to identify these inconsistencies.
- Provide information for the calendar and ask participants to fill in.

	QUESTIONS AND FILTERS	CODING CATEGORIES			
1	Who qualifies to answer the <u>Household</u> Questionnaire?	ANY ADULT PERSON WHO IS THERE WHEN YOU VISIT			
2	Who should be listed on the Household Questionnaire: (ANSWER EACH ONE)			<u>YES</u>	<u>NO</u>
	a)The 14-year old niece of the head of the household who lives in the household during the week and returns to her village each weekend?	a) NIECE		1	2
	b)A cousin of the head of the household who came to visit yesterday, spent the night, but will return to his home this evening?	b) COUSIN		1	2
	<ul> <li>c) The housemaid who comes to the house at 7 every morning and stays all day?</li> <li>d) The woman's husband who is the head of the household who works in town and comes home once a month and did not spend the previous night in the household.</li> </ul>	,			2 2
3	You are reviewing a household questionnaire that you just completed and you see that the 18-year old son, John, who is listed on Line 05 has '2' circled in Column (5) since he does not usually live there and a '2' circled in Column (6) because he did not stay there last night. What do you do?	MAKE A NOTE IN MARGIN			
4	Suppose you made a mistake and now you want to change the answer to '05'. Show how you would do this.	YEARS			
5	Fill in the ages of the following people:	IN YEARS			
	A woman born in August 1986				
	A man who says he doesn't know his age, but he was born in July 1948				
	A child who was born in October 2000				
	A man who was born in December 1977				
6	For each person listed below, fill columns (16) and (17) for education: <u>LEVEL:</u> 1 = PRIMARY 2 = SECONDARY 3 = HIGHER 8 = DON'T KNOW	Has (NAME) ever attended school?	What is the highest level o school (NAME) has attend What is the highest grade (NAME) completed at that level?		nded? e
	<u>GRADE:</u> 00 = LESS THAN 1 YEAR COMPLETED	(16)	(1	7)	
	98 = DON'T KNOW	Y N	LEVEL	GRA	DE
	A woman who finished her third year in university.	1 2 GO TO 20			
	A man who attended primary school, but never completed first grade.	1 2 GO TO 20			
	A child who is currently in the third grade.	1 2 GO TO 20 ◀			

	QUESTIONS AND FILTERS	CODING CATEGORIES				
1	Who qualifies to answer the <u>Household</u> Questionnaire?	ANY ADULT PERSON WHO IS THERE WHEN YOU VISIT1 ANY HOUSEHOLD MEMBER WHO IS 15 OR OLDER2 IF NO ONE IS HOME AFTER 3 CALL-BACKS, YOU CAN INTERVIEW THE NEIGHBOR3				
2	Who should be listed on the Household Questionnaire: (ANSWER EACH ONE)		<u>YES NO</u>			
	a) The 14-year old niece of the head of the household who lives in the household during the week and returns to her village each weekend?	a) NIECE				
	b) A cousin of the head of the household who came to visit yesterday, spent the night, but will return to his home this evening?	b) COUSIN				
	c) The housemaid who comes to the house at 7 every morning and stays all day?	c) MAID		1 (2)		
	d) The woman's husband who is the head of the household who works in town and comes home once a month and did not spend the previous night in the household.	d) HUSBAND		1 (2)		
3	You are reviewing a household questionnaire that you just completed and you see that the 18-year old son, John, who is listed on Line 05 has '2' circled in Column (5) since he does not usually live there and a '2' circled in Column (6) because he did not stay there last night. What do you do?	MAKE A NOTE IN MARGIN				
4	Suppose you made a mistake and now you want to change the answer to '05'. Show how you would do this.	YEARS				
5	Fill in the ages of the following people:	IN YEARS				
	A woman born in August 1986	2 3				
	A man who says he doesn't know his age, but he was born in July 1948		6 1			
	A child who was born in October 2000	0 8				
	A man who was born in December 1977		3 1			
6	For each person listed below, fill columns (16) and (17) for education: <u>LEVEL:</u> 1 = PRIMARY 2 = SECONDARY 3 = HIGHER 8 = DON'T KNOW	Has (NAME) ever attended school?	What is the hig school (NAME) What is the hig (NAME) comple level?	has attended? hest grade		
	GRADE:	(16)	(1	7)		
	00 = LESS THAN 1 YEAR COMPLETED 98 = DON'T KNOW	Y N	LEVEL	GRADE		
	A woman who finished her third year in university.		3	0 3		
	A man who attended primary school, but never completed first grade.		1	00		
	A child who is currently in the third grade.	1 2 0 TO 2 20	1	0 2		

05

	QUESTIONS AND FILTERS						CODING CATEGORIES			
1	RECOR		ME.							[]
								HOUR		
								MINUTES		
2	Mark wh		informatic TH OF BI	on for each person RTH YEAR	is consist OF BIRTH		stent: \GE		CONSISTENT INC	ONSISTENT
	KESSY		12		1966		43	KESSY	1	2
	CLINTO	N	10		1980		28	CLINTON	1	2
	JOHN		03		1985		24	JOHN	1	2
	MUSA		08		1959		49	MUSA	1	2
3 What should you do if you find out during the woman's interview that the respondent is 14 years old?								WRITE '14 THE COVE POLITELY E YOUR SUF	WITH THE INTERVIEN YEARS OLD AT THE R PAGE XCUSE YOURSELF A PERVISOR WHAT TO TERVIEW AND CHAN	TOP OF 1 ND ASK DO2
								COPY HER A	E HOUSEHOLD SCH GE FROM THE HOU E AND CONTINUE	SEHOLD
4		e a womar in Questio		that her child died the right.	d when he	was 11 and a	half months	How old was (N PROBE: How r RECORD DAY	NAME) when he/she died many months old was (NA S IF LESS THAN 1 MON ESS THAN TWO YEARS	AME)? ITH;
								DAYS	1	
								MONTHS	2	
								YEARS	3	
5				has 1 child, Matthe by died a few hou					the also gave birth to a the birth history:	a baby girl in
212		213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
was you (firs bab	t/next)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	ls (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births be- tween (NAME OF PREVIOUS BIRTH) and (NAME), in- cluding any children who died after birth?
01		SING 1 MULT 2	BOY 1 GIRL . 2	MONTH	YES1 NO2 ↓ 220	AGE IN YEARS	YES 1 NO 2	LINE NUMBER	DAYS 1 MONTHS 2 YEARS 3	
02		SING 1 MULT 2	BOY 1 GIRL . 2	MONTH	YES1 NO2 220	AGE IN YEARS	YES 1 NO 2	LINE NUMBER	DAYS1 MONTHS2 YEARS3	YES1 ADD BIRTH NO2 NEXT BIRTH

# Test #2 [COUNTRY] Demographic and Health Survey NAME\_\_\_\_\_

# Test #2 [COUNTRY] Demographic and Health Survey

## ANSWER KEY

	QUESTIONS AND FILTERS							CODING CATEGORIES			
1	RECOR	D THE TIN	ME.					HOUR		. [ ] ] ]	
							MINUTES				
2	Mark wh		informatic <b>DNTH OF</b>	on for each person BIRTH YEA	is consist		stent: AGE		CONSISTENT INC		
	KESSY		12		1966		43	KESSY	1	$\left( 2 \right)$	
	CLINTO	N	10		1980		28	CLINTON	$\bigcirc$	2	
	JOHN		03		1985		24	JOHN	(1)	2	
	MUSA		08		1959		49	MUSA	1	$\left( 2 \right)$	
З		iould you c I years old		ind out during the	woman's i	nterview that t	he respond-	WRITE '14 THE COVE	WITH THE INTERVIE YEARS OLD AT THE R PAGE XCUSE YOURSELF A	TOP OF	
								END THE IN AGE IN TH	PERVISOR WHAT TO TERVIEW AND CHAN IE HOUSEHOLD SCH AGE FROM THE HOU	NGE HER	
									E AND CONTINUE		
4	4       Suppose a woman tells you that her child died when he was 11 and a half months old. Fill in Question 220 on the right.       220 IF DEAD:         4       How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)?         7       RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.         7       DAYS									AME)? ITH; ;; OR YEARS.	
5				has 1 child, Matthe					the also gave birth to a	a baby girl in	
212		213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
was your	/next) /?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	ls (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births be- tween (NAME OF PREVIOUS BIRTH) and (NAME), in- cluding any children who died after birth?	
01 <b>Ma</b>	tthew	SING	BOY . GIRL . 2	MONTH04 YEAR 1987	YES NO2 ↓ 220	AGE IN YEARS	YES 1 NO2	LINE NUMBER	DAYS1 MONTHS2 YEARS3		
02 Baby		SING	BOY 1 GIRL 😧	MONTH 111 YEAR 1988	YES1 NO 220	AGE IN YEARS	YES 1 NO 2	LINE NUMBER (GO TO 221)	DAYS	YES1 ADD BIRTH NO2 NEXT BIRTH	

# Test #3 [COUNTRY] Demographic and Health Survey NAME\_\_\_\_\_\_

				1	2	
INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. ALL MONTHS SHOULD BE FILLED IN.	2	12 DEC 11 NOV 10 OCT 09 SEP 08 AUG	01 02 03 04 05			2
INFORMATION TO BE CODED FOR EACH COLUMN COL. 1: <u>BIRTHS. PREGNANCIES. CONTRACEPTIVE USE</u> B BIRTHS P PREGNANCIES T TERMINATIONS	0 0	07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB	06 07 08 09 10 11			0 0 9
0 NO METHOD 1 FEMALE STERILIZATION	_	01 JAN	12			
2 MALE STERILIZATION 3 PILL 4 IUD 5 INJECTABLES 6 IMPLANTS, NORPLANT 7 MALE CONDOM 8 FEMALE CONDOM 9 DIAPHRAGM J FOAMJELLY K LACTATIONAL AMENORRHEA METHOD L RHYTHM METHOD M WITHDRAWAL X OTHER	0 0	12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	13 14 15 16 17 18 19 20 21 22 23 24			2 0 0 8
COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE 0 INFREQUENT SEX/HUSBAND AWAY 1 BECAME PREGNANT WHILE USING 2 WANTED TO BECOME PREGNANT 3 HUSBAND/PARTNER DISAPPROVED 4 WANTED MORE EFFECTIVE METHOD 5 SIDE EFFECTS/HEALTH CONCERNS 6 LACK OF ACCESS/TOO FAR 7 COSTS TOO MUCH 8 INCONVENIENT TO USE F UP TO GOD/FATALISTIC A DIFFICULT TO GET PREGNANT/MENOPAUSAL D MARITAL DISSOLUTION/SEPARATION			25 26 27 28 29 30 31 32 33 34 35 36			2 0 0 7
X OTHER(SPECIFY) Z DON'T KNOW Fill in the calendar with this infor- mation: Assume your data of interview is in Nevember, 2000	0 0	12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	37 38 39 40 41 42 43 44 45 46 47 48			2 0 0 6
Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, occurred in July 2008, after 9 months of pregnancy. She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method. After Florence's birth, she did not use any method for 3 months, then she used the pill for 6 months. She	2 0 0 5	12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	49 50 51 52 53 54 55 56 57 58 59 60			2 0 0 5
stopped because she found it was hard to remember to take a pill every day. She and her husband used with- drawal but unfortunately she got pregnant with John. Before becoming pregnant with Florence, she did not use family planning.	2 0 0 4	12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	61 62 63 64 65 66 67 68 69 70 71 72			2 0 0 4

# Test #3 [COUNTRY] Demographic and Health Survey

# ANSWER KEY

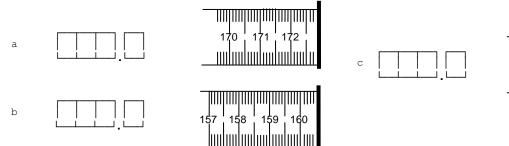
		12 DEC	01	1	2		
INSTRUCTIONS:		11 NOV	02	5		1	
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.		10 OCT	03	٩.		1	
ALL MONTHS SHOULD BE FILLED IN.		09 SEP	04			1	
	2		05	Ń		2	
NFORMATION TO BE CODED FOR EACH COLUMN	0		06	(		0	
COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE	0		07			Ő	
B BIRTHS	9		08			9	
P PREGNANCIES		04 APR	09				
T TERMINATIONS		03 MAR	10				
		02 FEB	11				
0 NO METHOD		01 JAN	12	5			
1 FEMALE STERILISATION		010/11	12	Ŭ		L	
2 MALE STERILISATION		12 DEC	13	0		<u>г</u>	
3 PILL		11 NOV	14	7			
4 IUD 5 INJECTABLES		10 OCT	15	<u>۲</u>			
6 IMPLANTS, NORPLANT		09 SEP	16				
7 MALE CONDOM	2		17	0		2	
8 FEMALE CONDOM	0		18	B		0	<b>T</b> . I
9 DIAPHRAGM	Ő		19	P		ŏ	John
J FOAM/JELLY	8		20	P		8	
K LACTATIONAL AMENORRHOEA METHOD	0	04 APR	20	P			
L RHYTHM METHOD		04 AFR 03 MAR	22	P			
M WITHDRAWAL		02 FEB	23	P			
X OTHER		02 I LD 01 JAN	23	P			
(SPECIFY)		UT JAIN	24		1	L	
	_	12 DEC	25	Р			
COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE		12 DEC 11 NOV	25 26	P P		1	
0 INFREQUENT SEX/HUSBAND AWAY		10 OCT	26 27	P M	1	1	
1 BECAME PREGNANT WHILE USING		09 SEP	27		-	1	
2 WANTED TO BECOME PREGNANT	2	09 SLF 08 AUG	20	4		2	
3 HUSBAND/PARTNER DISAPPROVED	0		30			0	
4 WANTED MORE EFFECTIVE METHOD	0		31			0	
5 SIDE EFFECTS/HEALTH CONCERNS 6 LACK OF ACCESS/TOO FAR	7		32			7	
7 COSTS TOO MUCH	'	04 APR	33			ľ.	
8 INCONVENIENT TO USE		03 MAR	34				
F UP TO GOD/FATALISTIC		02 FEB	35				
A DIFFICULT TO GET PREGNANT/MENOPAUSAL		01 JAN	36				
D MARITAL DISSOLUTION/SEPARATION		010/11	00			L	
		12 DEC	37				
X OTHER(SPECIFY)		12 DEC 11 NOV	38			1	
(SPECIEY)				<b>⊢−−</b> +−			
			39				
Z DON'T KNOW		10 OCT					
	2	10 OCT 09 SEP	39 40 41			2	
	2	10 OCT 09 SEP 08 AUG	40			2	
	0	10 OCT 09 SEP 08 AUG 07 JUL	40 41 42			0	
		10 OCT 09 SEP 08 AUG 07 JUL 06 JUN	40 41 42 43			0 0	
Z DON'T KNOW	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY	40 41 42 43 44			0	
Z DON'T KNOW	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR	40 41 42 43 44 45			0 0	
Z DON'T KNOW	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR	40 41 42 43 44 45 46		8	0 0	
Z DON'T KNOW	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB	40 41 42 43 44 45 46 47		8	0 0	
Z DON'T KNOW Fill in the calendar with this infor- mation:	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR	40 41 42 43 44 45 46		8	0 0	
Z DON'T KNOW Fill in the calendar with this infor- mation:	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB	40 41 42 43 44 45 46 47		8	0 0	
Z DON'T KNOW Fill in the calendar with this infor- mation:	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	40 41 42 43 44 45 46 47 48		8	0 0	
Z DON'T KNOW Fill in the calendar with this infor- mation: Assume your date of interview is in November, 2009.	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV	40 41 42 43 44 45 46 47 48 49		8	0 0	
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC	40 41 42 43 44 45 46 47 48 49 50		8	0 0	
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John,	0 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP	40 41 42 43 44 45 46 47 48 49 50 51	3 ( ) (	8	0 0	
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John,	0 6	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP	40 41 42 43 44 45 46 47 48 49 50 51 52	3 ( ) ) 3	8	0 6	
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, beccurred in July 2008, after 9 months of pregnancy.	0 6	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG	40 41 42 43 44 45 46 47 48 49 50 51 52 53	3 ( ) ) ) 3 0	8	0 6	
Z       DON'T KNOW         Fill in the calendar with this infor- mation:         Assume your date of interview is in November, 2009.         Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy.         She is currently using injectables, which she started	0 6 2 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	3 ( ) ) 3 0 0	8	0 6 2 0	Floren
<b><u>Fill in the calendar with this infor-</u></b> <u><b>mation</b>:</u> Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy.	0 6 2 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 OCT 10 SEP 08 AUG 07 JUL 06 JUN	40 41 42 43 44 45 46 47 48 50 51 52 53 54 55	3 ( ) 3 0 0 0	8	0 6 6 2 0 0	Floren
Z       DON'T KNOW         Fill in the calendar with this infor- mation:         Assume your date of interview is in November, 2009.         Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, beccurred in July 2008, after 9 months of pregnancy.         She is currently using injectables, which she started using 5 months after John was born. Immediately after	0 6 2 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 OCT 10 SEP 08 AUG 07 JUL 06 JUN 05 MAY	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56	3 ( 3 3 0 0 0 8	8	0 6 6 2 0 0	Floren
<b><u>Fill in the calendar with this infor-</u></b> <u><b>mation</b>:</u> Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy.	0 6 2 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 OCT 10 OCT 10 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57	3 ( 3 0 0 0 8 P	8	0 6 6 2 0 0	Floren
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy. She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.	0 0 6	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58	3 ( ) 3 0 0 0 0 8 P P	8	0 6 6 2 0 0	Floren
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy. She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.	0 0 6	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	3 ( ) 3 0 0 0 0 8 P P P	8	0 6 6 2 0 0	Floren
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, beccurred in July 2008, after 9 months of pregnancy. She is currently using injectables, which she started using 5 months after John was born. Immediately afte John's birth, she did not use any method. After Florence's birth, she did not use any method for nonths, then she used the pill for 6 months. She	0 0 6 2 0 0 5 3	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	3 ( ) 3 0 0 0 0 8 P P P	8	0 6 6 2 0 0	Floren
<b>Fill in the calendar with this infor-</b> <b>mation</b> : Assume your date of interview is in November, 2009. Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, bccurred in July 2008, after 9 months of pregnancy. She is currently using injectables, which she started using 5 months after John was born. Immediately afte John's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember	0 0 6 2 0 5 3 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	3 ( ) 3 0 0 0 0 0 8 P P P P	8	0 6 6 2 0 0	Floren
Z       DON'T KNOW         Fill in the calendar with this infor- mation:         Assume your date of interview is in November, 2009.         Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy.         She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.         After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember to ake a pill every day. She and her husband used with-	0 0 6 2 0 5 3 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 60 61	3 ( ) 3 0 0 0 8 P P P P P P P P	8	0 6 6 2 0 0	Floren
Z       DON'T KNOW         Fill in the calendar with this infor- mation:         Assume your date of interview is in November, 2009.         Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, bccurred in July 2008, after 9 months of pregnancy.         She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.         After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember take a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.	0 0 6 2 0 5 3 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62	3 ( ) 3 0 0 0 8 P P P P P P P P	8	0 6 6 2 0 0	Floren
<ul> <li>Z DON'T KNOW</li> <li>Fill in the calendar with this infor- mation:</li> <li>Assume your date of interview is in November, 2009.</li> <li>Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, bccurred in July 2008, after 9 months of pregnancy.</li> <li>She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.</li> <li>After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember to ake a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.</li> </ul>	0 0 6 2 0 5 3 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	3 ( ) 3 0 0 0 8 P P P P P P P P	8	0 6 6 2 0 0	Floren
<ul> <li>Z DON'T KNOW</li> <li>Fill in the calendar with this infor- mation:</li> <li>Assume your date of interview is in November, 2009.</li> <li>Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, bccurred in July 2008, after 9 months of pregnancy.</li> <li>She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.</li> <li>After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember to ake a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.</li> </ul>	0 0 6 0 5 3 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64	3 ( ) 3 0 0 0 8 P P P P P P P P P	8	0 0 6 2 0 0 5 5	Floren
<ul> <li>Z DON'T KNOW</li> <li>Fill in the calendar with this infor- mation:</li> <li>Assume your date of interview is in November, 2009.</li> <li>Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, bccurred in July 2008, after 9 months of pregnancy.</li> <li>She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.</li> <li>After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember to ake a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.</li> </ul>	0 0 6 2 0 0 5 3 0 2	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 OCT 09 SEP 08 AUG	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65	3 ( ) 3 0 0 0 8 P P P P P P P P P	8	0 0 6 2 0 0 5 5	Floren
<ul> <li>Z DON'T KNOW</li> <li>Fill in the calendar with this infor- mation:</li> <li>Assume your date of interview is in November, 2009.</li> <li>Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, becurred in July 2008, after 9 months of pregnancy.</li> <li>She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.</li> <li>After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember take a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.</li> </ul>	0 0 6 2 0 5 3 2 0 2 0 2 0	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 OCT 109 SEP 08 AUG 07 JUL	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	3 ( ) 3 0 0 0 8 P P P P P P P P P	8	0 0 6 2 0 0 5 5	Floren
<ul> <li>Z DON'T KNOW</li> <li>Fill in the calendar with this infor- mation:</li> <li>Assume your date of interview is in November, 2009.</li> <li>Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, occurred in July 2008, after 9 months of pregnancy.</li> <li>She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.</li> <li>After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember take a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.</li> </ul>	0 0 6 2 0 5 5 3 0 2 0 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 03 MAR 02 FEB 01 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 OCT 10 SEP 08 AUG 07 JUL 06 JUN	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67	3 ( ) 3 0 0 0 8 P P P P P P P P P	8	0 0 6 2 0 0 5 5 2 0 0 5	Floren
	0 0 6 2 0 5 5 3 0 2 0 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 10 SEP 03 MAR 02 FEB 01 JAN	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68	3 ( ) 3 0 0 0 8 P P P P P P P P P	8	0 0 6 2 0 0 5 5 2 0 0 5	Floren
<ul> <li>Z DON'T KNOW</li> <li>Fill in the calendar with this infor- mation:</li> <li>Assume your date of interview is in November, 2009.</li> <li>Your respondent had a baby, Florence, born in May 2005, after a full-term pregnancy. Her last birth, John, occurred in July 2008, after 9 months of pregnancy.</li> <li>She is currently using injectables, which she started using 5 months after John was born. Immediately after John's birth, she did not use any method.</li> <li>After Florence's birth, she did not use any method for months, then she used the pill for 6 months. She stopped because she found it was hard to remember take a pill every day. She and her husband used withdrawal but unfortunately she got pregnant with John.</li> </ul>	0 0 6 2 0 5 5 3 0 2 0 0 5	10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN 12 DEC 11 NOV 10 OCT 09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 12 DEC 11 NOV 10 OCT 09 SEP 01 JAN	40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69	3 ( ) 3 0 0 0 8 P P P P P P P P P	8	0 0 6 2 0 0 5 5 2 0 0 5	Floren

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**1.** Find the errors in the following birth history. List each error on the back of the paper, according to the name of the births. **Be specific**; for example, "For NAME, Q.XXX should be 1, not 2". Do not make up information, but use information that is given. Check for skip errors, items omitted, and inconsistencies.

			he names of all yo BIRTHS IN 212. 1	-			0		
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	ls (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births be- tween (NAME OF PREVIOUS BIRTH) and (NAME), in- cluding any children who died after birth?
01 <i>Susan</i>	SING.	BOY 1 GIRL.2	MONTH04	YES(1 NO2	AGE IN YEARS	YES 1 NO		DAYS1 MONTHS2 YEARS3	
			1 9 8 9	220			(NEXT BIRTH)		
<sup>02</sup> Richard	SING(1) MULT 2	BOY 1 GIRL.(2)	MONTH01 YEAR 1996	YES(1) NO2 J 220	AGE IN YEARS	YES(1) NO2	LINE NUMBER	DAYS1 MONTHS2 YEARS3	YES ADD BIRTH NO NEXT BIRTH
03 <i>John</i>	SING(1 MULT 2	BOY 1 GIRL 2	MONTH03 YEAR 1993	YES(1) NO2 220	AGE IN YEARS	YES(1) NO2	LINE NUMBER	DAYS 1 MONTHS 2 YEARS 3	YES ADD BIRTH NO
04 <b>Aasha</b>	SING 1 MULT 2	BOY 1 GIRL.2	MONTH0 9 YEAR 2 0 0 1	YES(1 NO2 220	AGE IN YEARS 08	YES(1) NO2	LINE NUMBER	DAYS1 MONTHS2 YEARS3	YES1 ADD BIRTH NO2 NEXT BIRTH
05 <b>Aamina</b>	SING 1 MULT.	BOY1 GIRL	MONTH09 YEAR 2001	YES1 NO	AGE IN YEARS 08	YES 1 NO 2	LINE NUMBER	DAYS1 MONTHS2 YEARS3 0 1	YES ADD BIRTH NO NEXT BIRTH

2. Write the heights in the boxes on the left:



Answer Key for Test #4

- 1. Find the mistakes:
  - Susan's line number in HH (Q. 219) should be '00'
  - Richard's sex should be boy.
  - John and Richard's order should be reversed, i.e., draw an arrow and make Richard 03 and John 02.
  - John's sex is blank. In Q. 214, '1' should be circled.
  - Aasha's Q. 213 is blank. '2' should be circled since she is a twin.
  - Amina and Aasha should be reversed since Aasha is still alive and they are twins. Correct the numbers so Amina becomes 04 and Aasha 05. Draw an arrow.
  - Q. 217 should NOT be filled in for Amina since she is dead.
  - Q. 220 for Amina has no unit circled.
  - Q. 220 (Amina) should never be in years. Probe for months

Extra: Q. 221 for Richard should be '1' since John was born between Susan and Richard.

#### 2. Height

- a) 172.8
- b) 160.5 (Do not count off is answer is 0.1cm higher or lower)
- c) 080.6

#### **ADDITIONAL SAMPLE TEST QUESTIONS**

1) What do you do if the originally selected household has moved away and another household is living in their dwelling? (Circle one)

Find the originally selected household.	1
Interview the household that is there.	2
Skip that household completely	3
Substitute another household.	

2) Who is eligible for interview with the Woman's Questionnaire?

	YES	NO
The 50-year-old female head of household.	1	2
A 15-year old girl, a neighbor, who spent last night in the household	1	2
A 20-year-old nanny who comes to the house every day to look after		
the children	1	2
A female relative from another village who temporarily is living with		
the family and will celebrate her $50^{\text{th}}$ birthday at the end of the week.	1	2

3) What do you do if you list a person in the household schedule and then you find out that he is doesn't usually stay there and he did not sleep in the household the night before? (Circle one)

Make a note in the margin1	
Tell the supervisor4	-
Inform the respondent that you represent the statistics office	
and that it is important to obtain accurate data	,
Delete this person by drawing a line through the row	
and renumber all subsequent listings4	-

4) What do you do if an eligible woman is at a neighbor's home at the time you complete the Household Questionnaire? (Circle one)

Interview all other eligible respondents and leave
Make an appointment to return when the woman will be home2
Try to find the woman
Substitute another woman of eligible age4

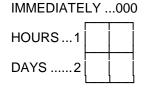
5) Which of the following should be included in the birth history:

	YES	NO
A stillborn baby	1	2
A child born the day before the survey	1	2
A child adopted by the respondent	1	2
A baby boy who died after 1 day	1	2

6) What do you record in Question 220 if a woman says that her child died when he was two weeks old? (After probing, the woman still can not give a more precise age at death in days.)

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	ls (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING1 MULT2	BOY 1 GIRL . 2	MONTH	YES1 NO2 ↓ 220	AGE IN YEARS	YES 1 NO 2	LINE NUMBER	DAYS 1 MONTHS 2 YEARS 3	

- 7) What do you write in Question 220 if a women states that her child died when he was one year old?
- 8) Does it count as periodic abstinence if a woman does not have sex during a certain period of the month because she or her husband did not feel like it?
- **9)** How do you record the answer if a woman tells you that she first put (NAME) to the breast 36 hours after his birth?



- **10**) Before beginning Section 4 (Pregnancy and Postnatal Care), you must fill in the line number, name and survival status of each birth in the 5 years preceding the survey. If a woman had twins, should they be considered as one birth, or separate births?
- **11**) After the respondent has stated that she would choose to have three children in her whole life, she gives the following response to Question 713: "At least one of each, God willing." Record her response below:

713	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER	
		OTHER 96 (SPECIFY)	

**12**) In response to Question 811, a woman says that she teaches history at the local high school and she sells vegetables at the local market on the weekends. Record her response:

811	What is your occupation, that is, what kind of work do you mainly do?	

13) When asked Question 806, the respondent says: "Unfortunately, my husband is unemployed. He has been out of work since his taxi broke down last year." You write:

806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN What is your husband's/partner's occupation? That is, what kind of work does he mainly do?	FORMERLY MARRIED/ LIVING WITH A MAN What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?		
-----	--	---	--	--

14) In response to Question 709 a woman says: "My sister got very fat after she began taking pills, and my cousin told me that IUDs give you bad cramps. That's why I've decided not to use contraception." Record her response below:

709	CHECK 702A AND 702B:		NOT MARRIEDA	
	WANTS TO HAVE A/ANOTHER CHILD	WANTS NO MORE/ NONE You have said you do not want to have any (more) children.	FERTILITY-RELATED REASONS NOT HAVING SEXB INFREQUENT SEXC MENOPAUSAL/HYSTERECTOMYD CAN'T GET PREGNANTE NOT MENSTRUATED SINCE LAST BIRTHF	
	Can you tell me why you are not using a method to prevent preg- nancy?	Can you tell me why you are not using a method to prevent preg- nancy?	BREASTFEEDINGG UP TO GODH	
			OPPOSITION TO USE RESPONDENT OPPOSEDI HUSBAND OPPOSEDJ OTHERS OPPOSEDK RELIGIOUS PROHIBITIONL LACK OF KNOWLEDGE KNOWS NO METHODM KNOWS NO SOURCEN METHOD-RELATED REASONS SIDE EFFECTS/HEALTH CONCERNS.O LACK OF ACCESS/TOO FARP COSTS TOO MUCHQ PREFERRED METHOD NOT AVAILABLER NO METHOD AVAILABLES INCONVENIENT TO USET INTERFERES WITH BODY'S NORMAL PROCESSESU OTHER96 (SPECIFY) DON'T KNOW	

### **Answer Key**

- 1) 2
- 2) 2, 1, 2, 1 3) 4
- 3) 4 4) 2
- 4) 2
- 5) 2, 1, 2, 1
- 6) Circle '1' for days and write "14" in the top two boxes
- 7) This is a tricky question. In fact, nothing should be recorded yet. The interviewer is first expected to probe to determine the exact age at death <u>in months.</u>
- 8) No
- 9) Circle '2' for days and write "01" in the bottom two boxes allotted for days
- 10) two births
- 11) 01 boys, 01 girls, 01 either
- 12) High school teacher
- 13) Taxi driver
- 14) 52 (fear of side effects)



## APPENDIX 3 FIELD-CHECK TABLES

#### **PRODUCING THE FIELD-CHECK TABLES**

- The data processing staff will be responsible for producing field-check tables approximately every two weeks, with the first set produced when data from 200-300 households are available.
- Field-check tables are designed to flag indicators that appear to be lower or higher than anticipated. Survey organizers will need to set parameters for some tables, e.g., expected number of eligible women per household.
- Field-check tables are usually produced on the entire dataset available at the time. However, survey organizers may want to produce tables only for data processed since the previous set of tables or for a specific period of fieldwork. This will give a better idea as to the quality of the most recent data collected by the teams.
- While it is acceptable to run a few more tables than the ones described here, it is important that the total number not exceed 15 tables. If too many tables are run, quick analysis and feedback is not possible.

#### **REPORTING THE FINDINGS FROM THE FIELD-CHECK TABLES**

Senior survey staff, fieldwork coordinators, data processing staff and the DHS country representative will work together to interpret the tables and identify problems. If data collection problems are discovered at the team level, it may be useful to produce individual-level tabulations to investigate whether problems are team-wide or restricted to one or two of the team members. Immediate action should be taken to address problems, either by contacting the team supervisor by telephone or by visiting the team to review the findings. In cases of serious problems, a brief written report should be produced detailing the teams with problems and what actions were taken.

#### FEEDBACK TO INTERVIEWING TEAMS

The supervisors of teams whose data indicate serious problems in data collection should be told immediately (through the field coordinator) of the specific problems observed. The supervisors are then responsible for reviewing with the interviewers and field editor the relevant sections of the questionnaire or procedures that are associated with each problem. If the problem is severe and does not cease after team members have been notified, it may be necessary to halt the data collection for either retraining or dismissal of team members. If the field-check tables show high-quality data for a team, then this positive feedback also should be conveyed to the team in the field.

Effective use of these tables is the only means by which certain data collection errors can be detected in time to remedy the problems in the field. Trainers, senior field staff, the data processing chief, supervisors, and field editors should meet *during the training period* to discuss the field-check tables.

#### **INTERPRETING THE FIELD-CHECK TABLES**

The following tables are based on hypothetical results from the household and women's questionnaires. If the survey includes a man's questionnaire, Tables 2, 3, and 4 should be produced separately for women and men.

#### TABLE FC-1: HOUSEHOLD RESPONSE RATES

Serious biases can be introduced to the data when a significant proportion of the sampled households are, for whatever reason, not interviewed. The level of household "non-response" needs to be kept low (no greater than 5 percent) so that the results from the DHS survey are representative of the country as a whole, and not only of those households that are convenient to find and interview. Field-check Table 1 monitors the performance of field workers in terms of non-response to the household questionnaire.

					Resu	lt of house	hold interviev	V				
Team	Completed (1)	HH present, no resp. (2)	House- hold absent (3)	Post- poned (4)	Refused (5)	Dwell- ing vacant (6)	Dwelling destroyed (7)	Dwelling not found (8)	Other (9)	Total	Num- ber	House- hold response rate (%)
Team 1	97.0	0.0	0.5	0.6	1.3	0.4	0.1	0.1	0.0	100.0	325	98.0
Team 2	96.5	1.0	0.0	1.0	0.9	0.0	0.5	0.1	0.0	100.0	365	97.0
Team 3	87.7	2.3	0.0	3.0	6.0	0.1	0.2	0.7	0.0	100.0	347	88.0
Team 4	98.2	0.2	0.2	0.7	0.2	0.0	0.3	0.0	0.2	100.0	352	98.9
All teams	94.8	0.9	0.2	1.3	2.1	0.1	0.3	0.2	0.1	100.0	1389	95.4

**Interpretation:** In this hypothetical example, notice that the overall rate of response is about 95 percent, which is considered marginally acceptable. Notice also that Team 3 has particular problems, especially with refusals. This evidence suggests that members of Team 3 are probably not following the DHS procedures for contacting household respondents, establishing rapport, etc. as described in the Interviewer's Manual. This may be the result of inadequate emphasis placed on these issues during training, failure by the supervisor to adequately establish community support for the survey, or perhaps because supervisors were placing unrealistic time limits on the interviewers.

#### TABLE FC-2: ELIGIBLE WOMEN PER HOUSEHOLD

One way for interviewers to reduce their workload is to deliberately omit eligible women from the household or to estimate their ages to be either above or below the cutoff ages for eligibility (15-49). Table FC-2 monitors the number of eligible women per household.

		Url	ban			Ru	ral	
Team	Number of completed households	Number of <i>de facto</i> eligible women in those HHs	Mean num- ber of <i>de</i> <i>facto</i> eligi- ble women per HH	Target not met	Number of completed households	Number of <i>de facto</i> eligible women in those HHs	Mean num- ber of <i>de</i> <i>facto</i> eligi- ble women per HH	Target not met
Team 1	46	65	1.41		86	73	0.85	0.8
Team 2	40 172	243	1.41		214	225	1.05	0.0
Team 3	139	158	1.14	1.14	82	119	1.05	
Team 4	197	236	1.20		120	112	0.93	0.9
Team 5	116	131	1.13	1.13	161	190	1.18	
All teams	670	833	1.24		663	719	1.08	

en per HH. Country-managers should provide data processors with the country-specific targets. Example: XDHS sample was drawn based on the expectation of finding 1.46 women per HH in urban areas and 1.24 women per HH in

rural areas. Targets for this table are for teams to find at least 1.17 women per HH (80% of 1.46) in urban areas and 0.99 women per HH (80% of 1.24) in rural areas.

> Interpretation: In this example, the sample was drawn based on the expectation of finding 1.46 women per household in urban areas and 1.24 women per household in rural areas. Targets for this table are for teams to find at least 1.17 women per household (80% of 1.46) in urban areas and 0.99 women per household (80% of 1.24) in rural areas. Notice that overall, the average numbers of women per household (1.24 in urban and 1.08 in rural) are only slightly lower than expected but within the range of acceptability. However, Teams 1 and 4 are not meeting the minimum number in urban areas and Teams 3 and 5 are not meeting the minimum number in rural areas. Survey organizers should review field check tables on age displacement (FC-4) to see if these teams are pushing women to be younger than the cutoff age of 15. They should also ask the supervisors on these teams to conduct some reinterviews to see if interviewers are deliberately omitting eligible women.

> In countries with Man's Surveys, this table should be produced for eligible men as well.

#### TABLE FC-3: ELIGIBLE WOMAN RESPONSE RATES

As with household response rates, an individual response rate of less than 95 percent is undesirable. FC-3 monitors non-response among eligible women.

				Result of indiv	idual interview			
					Partial			
	Completed	Not at home	Postponed	Refused	interview	Other	Total	Number
Team	(1)	(2)	(3)	(4)	(5)	(6)		
Team 1	96.8	2.5	0.4	0.0	0.3	0.0	100.0	350
Team 2	97.2	1.5	0.1	1.0	0.0	0.2	100.0	373
Team 3	90.1	8.3	0.1	1.5	0.0	0.0	100.0	321
Team 4	99.4	0.2	0.1	0.3	0.0	0.0	100.0	380
All teams	95.9	3.1	0.2	0.7	0.1	0.0	100.0	1424

**Interpretation:** In this example, serious lapses in field procedures among members of Team 3 are evident. Notice in particular, the large percentage of women who were not at home among Team 3 respondents. This strongly suggests that the interviewers are not taking time for return visits.

#### TABLE FC-4: AGE DISPLACEMENT

Collection of age information in the household schedule must be done accurately and honestly to obtain a representative sample of women. Sometimes these data are manipulated by the interviewer in order to conduct fewer individual interviews. Field-check Table 3 indicates whether interviewers are intentionally displacing the ages of young women so as to be ineligible.

Table FC-4 A Number of all interviewer te	l women 12		sted in the	household	schedule b	y single ye	ars of age	and age rat	io 15/14 accordi	ing to
					A	ge of wome	en			
Team	12	13	14	15	16	17	18	Total	Age ratio (women 15/ women 14)	Target not met
Team 1	10	11	11	8	8	7	9	64	0.73	0.73
Team 2	11	11	12	9	8	10	7	68	0.75	0.78
Team 3	12	12	11	13	11	11	9	79	1.18	-
Team 4	12	16	13	5	6	8	7	67	0.38	0.38
All teams	45	50	47	35	33	36	32	278	0.74	0.74

**Interpretation:** In this example, there is a deficit of women 15 years old, compared with women 14. Normally, one would expect roughly equal numbers of women at these ages and therefore the age ratios should be near 1.0. It appears that members of three teams in this example are "pushing" significant numbers of women aged 15 across the eligibility boundary to age 14 so that they will not have to interview them. This is a serious lapse in field procedures.

#### TABLE FC-5: CHILDREN EVER BORN

Another way for interviewers to reduce their workload is to omit children born to interviewed women. Field-check Table 5 tracks the mean number of children born to women.

		npleted interview, total r ding to interviewer team		ver born (CEB),
Team	Number of all women with a completed interview (1)	Total number of children ever born (2)	Mean CEB (3)=(2)/(1)	Target not met
Team 1	396	1,069	2.70	
Team 2	450	1,206	2.68	
Team 3	400	722	1.81	1.8
Team 4	385	982	2.55	
All teams	1,631	3,979	2.44	

**Interpretation:** In this example, the mean CEB from a previous source was 2.91, so the target was 2.91\*0.75 = 2.2. Notice that Team 3 has a very low level of CEB. Unless there is an obvious explanation (e.g., the team is working in low-fertility areas), the Team 3 supervisor should be alerted and the team should receive extra visits to observe interviews and check questionnaires.

#### TABLE FC-6: BIRTH DISPLACEMENT

Some interviewers <u>intentionally displace</u> the birth dates of children from the fourth or fifth year to the sixth year before the year of the survey, so as to decrease the length and difficulty of their assigned interviewing task. This practice seriously undermines the quality of the data. Field-check Table 6 measures the performance of interviewers regarding displacement of births from calendar years after the January 2004 cutoff date to before the cutoff date. If significant displacement has occurred, the birth year ratio will be found much lower than 100, which is the observed ratio when a smooth change in the number of births is observed from the year before the cutoff (2003) to the year after the cutoff (2005).

FC-6 Birth	displacen	nent												
Number of	births sinc	e [2004]	by year of	f birth and	l birth yea	r ratio [2	004/2003	], accordi	ng to inter	rviewer te	am (base	d on birth	s of all women)	)
					Y	ear of bir	th						Birth year	
											Miss-		ratio	Target
Team	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	ing	Total	(2004/2003)	not met
Team 1	48	46	52	47	35	38	36	36	35	15	0	388	0.74	0.74
Team 2	40	37	47	45	38	41	33	27	37	12	1	358	0.84	-
Team 3	36	47	41	50	28	31	30	35	31	13	1	343	0.56	0.56
Team 4	45	43	51	51	26	49	33	43	28	14	1	384	0.51	0.51
All teams	169	173	191	193	127	159	132	141	131	54	3	1,473	0.66	0.72

**Interpretation**: In this example, a clear case of intentional displacement is evident for Teams 4 and 5, and a less certain case in Team 1. This represents a serious lapse in performance, which needs to be communicated immediately to the field. If further birth date manipulation occurs, dismissal may be the only recourse. (If individual-level tabulations identify that the problem is restricted to only some of the team members, the interviewers who are doing well may be reassigned to other teams, or be kept in some other capacity.)

#### TABLE FC-7: COMPLETENESS OF DATE/AGE INFORMATION FOR BIRTHS

One of the main objectives of the survey is to estimate mortality rates for different age groups of children. This is why data are collected on the age at death of deceased children. Interviewers are required to record at least an approximate age at death for all deceased children. Field-check Table 7 monitors the performance of interviewers regarding birth date completeness. The table is divided into two parts, one for surviving and one for deceased children, since information about deceased children is typically less complete.

Table FC-7L	Birth date report	ing: Living childro	en					
Percent distri	bution of survivir	ng births by compl	eteness of date/ag	e information b	y interviewer t	eam		
				LIVING CH	ILDREN			
			Completeness o	f reporting				
T	Year and month of	X I	Year of birth			NT 1.4	<b>T</b> ( 1	NT 1
Team	birth given	Year and age	only	Age only	Other	No data	Total	Number
Team 1	94.9	4.0	0.4	0.7	0.0	0.0	100.0	450
Team 2	96.9	1.5	0.4	0.4	0.4	0.2	100.0	453
Team 3	95.8	2.2	0.0	2.0	0.0	0.0	100.0	449
Team 4	72.5	11.2	6.7	4.5	2.2	2.9	100.0	448
All teams	90.1	4.7	1.9	1.9	0.7	0.8	100.0	1800

			DEAD CHIL	.DREN		
		Completeness	s of reporting			
Team	Month and year given	Year only	Month only	No data	Total	Number
Team 1	88.0	10.0	0.0	2.0	100.0	50
Team 2	95.7	4.3	0.0	0.0	100.0	47
Team 3	94.1	5.9	0.0	0.0	100.0	51
Team 4	69.2	19.2	1.9	9.7	100.0	52

**Interpretation**: In this example, the data from Team 4 are especially suspect—three percent of surviving births and 10 percent of deceased children are missing all information on birth date. Only 73 percent of surviving children and 69 percent of deceased children have both month and year of birth, compared to much better performance in the other teams. This is unacceptable, and points to a laxness on the part of the Team 4 field editor and supervisor, as well as the interviewers.

#### TABLE FC-8: HEAPING ON AGE AT DEATH

A common problem in the collection of data on age at death is "heaping" at 12 months of age. In other words, a large number of deaths are reported at 12 months relative to the number reported at months 9, 10, and 11, or at months 13, 14, and 15. Such heaping can result in the underestimation of the infant mortality rate (based on deaths in months 0-11) and overestimation of the child mortality rate (based on deaths in months 12-23 and years 2-4).

Heaping of deaths at 12 months of age is the result of two frequently encountered interviewing situations. The first situation occurs when respondents report age at death as "one year", even though the death may have occurred at 10 months, 16 months, etc. Some interviewers will record "1 year" (incorrectly) or (also incorrect) simply convert "1 year" to 12 months and record that without probing. The second situation in which heaping occurs is when a respondent initially reports that she does not the know the age but, when encouraged to recall the age, reports in terms of a preferred number of months (i.e., 12 rather than 11 or 13).

Field-check Table 8 monitors the performance of interviewers in two areas: recording age at death as "1 year," and "heaping" of age at death at 12 months.

#### "one year") and 12 months ratio, according to interviewer team. (Includes deaths for which a calendar period of death could not be assigned because of missing date of birth information. Deaths lacking age at death are not included. Based on births of all women) Age at death (in months) Total 8-16 12 months months (in-12 months cluding "1 ratio (includ-Reported Target Team 8 m. 9 m. 10 m. 11 m. 12 m. as "1 year" 13 m. 15 m. 16 m. year") ing "1 year")\* 14 m. not met Team 1 10 37 1.7 4 4 3 4 3 2 2 4 1 1.7 Team 2 20 12 5 2 4 5 2 1 3 2 56 1.4 7 Team 3 12 11 0 4 3.1 8 6 3 0 2 53 3.1 Team 4 10 8 4 3 2 5 3 2 4 3 44 14 48 36 19 12 16 25 8 5 11 10 190 1.9 1.9 Total

\* 12 months ratio = (deaths at 12 months + deaths reported at "1 year") / ((all deaths 8-16 m. + deaths reported at "1 year") / 9)

**Interpretation:** Notice that Team 3 is having problems with recording age at death as "1 year" and also with heaping at 12 months. This clearly indicates that members of these teams are not probing when necessary.

#### **TABLE FC-9: INFANT DEATHS**

Underreporting of births and deceased children seriously undermines data quality. Unfortunately, there is no certain way to determine whether an individual interviewer or team is omitting births of deceased children. This is because sampling fluctuations and genuine regional differences can produce differences among teams and individuals that are unrelated to data quality. Nevertheless, Field-check Table 9 is useful in determining whether gross underreporting of infant deaths is occurring.

#### FC-8: Age at death heaping

Number of deaths in the 15 years preceding the survey occurring at 8-16 months of age by reported months of age at death (including age at death reported as

				All birth	ns			Ratio	s
	Ag	ge at death in	months for	children who d	lied*	_			Ratio of
Team	<1 (1)	1-11 (2)	12+** (3)	Missing (4)	Total (5)	Still alive (6)	Total births (7)=(5+6)	Ratio of neonatal to infant (1)/(1+2)	infant death to total birth per thousan (1+2)/(7)
Team 1	7	13	15	4	39	564	603	0.35	0.033
Team 2	25	18	20	0	63	533	596	0.58	0.072
Team 3	24	15	19	1	59	547	606	0.62	0.064
Team 4	25	16	17	0	58	537	595	0.61	0.069

**Interpretation:** In this example, notice that results for Team 1 show that there are very few neonatal deaths (<1 month) relative to total infant deaths (<12 months) and that the ratio of infant deaths to total live births is small. Taken together, this strongly suggests that the members of Team 1 are failing to uncover childhood deaths. The case is strengthened by the fact that the shortfall of deaths among Team 1 members is in large part within the neonatal period, a period when omission of deaths is suspected. Also, if the infant deaths to total births ratio is substantially lower in one or more teams than in other teams (after accounting for the possible difference in sample segments), then omission of infant deaths is suspected. If omission is suspected, supervisors and field editors should be instructed to monitor individual interviewers to ensure that appropriate probing techniques and consistency checks are being employed.

#### TABLE FC-10: VACCINATION CARD COVERAGE

Previous experience has shown that some interviewers are often not effective at getting the respondent to produce the health card (for section 4B), even when the mother says that she has one for the child. This is especially true in cases when there are several children born since the cutoff date. Field-check Table 9 monitors interviewer performance in obtaining child health cards, once mothers have said that they have one for the child(ren).

U	2	e January 2004 who currently h and proportion of cards seen, by		percentage whose	e vaccina-
Team	Percentage of children reported to have a vac- cination card (1)	Percentage of children whose vaccination card was seen by the interviewer (2)	Proportion of cards seen (%) (2)/(1)	Number of children	Target not met
Team 1	64.4	59.7	92.7	235	-
Team 2	58.2	32.9	56.5	231	56.5
Team 3	59.7	57.4	96.1	240	-
Team 4	62.5	58.6	93.8	249	-
All teams	61.1	52.4	85.8	955	-

**Interpretation:** Notice in this example that Team 2 is doing much more poorly than other teams: interviewers were able to see the vaccination cards for only 57 percent of children whose mothers said they had a card. The percentage should exceed 90 percent. These findings indicate that some of the Team 2 interviewers are not placing enough importance on getting the card. The supervisor must be instructed to remind the interviewers that only as a last resort, should the interviewer concede that the card is unavailable.

#### TABLE FC-11: HEIGHT AND WEIGHT COVERAGE

Field-check Table 11C shows the results of height and weight measurement for children under five. A similar table will be produced for women (FC-11W) and if men are included, for men as well (FC-11M).

FC-11C He	FC-11C Height and weight: children										
Percent distribution of children under 5 eligible for height and weight by result of height and weight measurement and percentage of children measured who have out of range values or incomplete date of birth, according to interviewer team											
	R	esult of heigh	t and weight	measuremen			Among children measured				
	Measured	Child not present	Refused	Other	Missing	Total	Number of chil- dren < 5	H. and/or W. out of range (%)	Date of birth in- complete (%)		
Team	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
Team 1	97.2	1.5	0.0	0.0	1.3	100.0	1,883	0.7	0.6		
Team 2	93.2	0.8	0.5	0.0	5.5	100.0	1,297	2.9	1.2		
Team 3	88.9	0.3	0.0	0.0	10.8	100.0	1,612	3.5	2.1		
Team 4	97.7	0.9	0.0	0.0	1.4	100.0	1,660	0.7	0.4		
All teams	95.1	0.8	0.2	0.0	3.9	100.0	6,452	1.7	1.0		

**Interpretation:** In this example, Team 3 is failing to measure a sizeable percentage of children; only 89 percent are being measured. Moreover, among those children who were measured by the team, 6 percent either had a height and/or weight out of range or a date of birth that was incomplete. A visit to the team for some refresher training on anthropometric measurements and techniques for improving acceptance by respondents could help to improve the team's performance.

#### TABLE FC-12: ANEMIA TESTING COVERAGE

Field-check Table 12C shows the results of anemia testing for children under five. A similar table will be produced for women (FC-12W) and if men are included, for men as well (FC-12M).

#### FC-12C Anemia testing: children

Percent distribution of children 6-59 months eligible for anemia testing by result of anemia testing and percentage of children tested who have out of range values, according to interviewer team

		Result	t of anemia te		Number of chil-	Among children		
	Measured	Child not present	Refused	Other	Missing	Total	dren 6- 59 months	measured, ane- mia level out of range (%)*
Team	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Team 1	78.2	15.5	2.0	3.0	1.3	100.0	1,883	0.4
Team 2	90.2	0.8	7.5	0.5	1.0	100.0	1,297	0.3
Team 3	98.9	0.3	0.0	0.0	0.8	100.0	1,612	2.1
Team 4	98.7	0.9	0.0	0.0	0.4	100.0	1,660	5.1
All teams	90.3	5.0	2.5	0.9	1.3	100.0	6,452	1.7

**Interpretation:** The table shows that Team 1 is having difficulty with the anemia testing component. Their low coverage (78 percent) is mostly due to not making callbacks to find the children at home, but they also have a relatively high proportion falling in the "other" category (3 percent), perhaps due to lack of supplies or the child being ill. Team 2 has a high proportion of children for whom the parents refused the anemia testing (8 percent). Finally, Team 4 has a high proportion with out of range values. All three teams should be apprised of these results and given suggestions on how to improve their performance in the future.

#### TABLE FC-13: HIV BLOOD COLLECTION COVERAGE

If HIV testing is a component in the survey, it is important to track the response rates. Field-check Table 13W shows the results of blood sample collection for HIV testing for women age 15-49. A similar table will be produced for men (FC-13M).

_							
Гeam	Blood taken (1)	Not present (2)	Refused (3)	Other (4)	Missing (5)	Total (6)	Number of women (7)
Feam 1	92.9	4.1	1.1	0.8	1.1	100.0	795
Team 2	97.7	1.1	1.0	0.2	0.0	100.0	88
Team 3	90.6	3.3	1.3	3.5	1.3	100.0	75
Team 4	82.4	2.2	14.4	0.6	0.4	100.0	97

Percent distribution of women eligible for HIV testing by result of blood collection, according to interviewer team

FC-13W HIV blood collection: women

**Interpretation:** The refusal rate for Team 4 is much higher than for the other teams—14 percent. While it is important not to coerce women into giving a blood sample for HIV testing, there may be elements in the way Team 4 members are approaching respondents that results in lower acceptance. Some discussion about their approach and ways they might increase acceptance—

#### TABLE FC-14: MATERNAL MORTALITY MODULE

Although the DHS Maternal Mortality Module is an optional "add-on" to the survey, it is widely used. Field-check Table 14 provides data on three key elements of the module: (1) the proportion of a respondent's sisters who have died but for whom no age at death is given; (2) the proportion of sisters who died at age 12 or older but for whom there is no information as to whether the death should be classified as a pregnancy-related death; and (3) the proportion of sisters who died at age 12 and above for whom the timing of the death in terms of number of years ago is missing. The target values for the three elements are <2%, 0%, and 0%, respectively.

#### FC-14 Maternal mortality module

Number of deceased sisters and number and percentage for whom age at death is missing; number of sisters who died at age 12 years and above and number and percentage for whom information on death during pregnancy, during delivery or after delivery is missing, and for whom information on timing of death ("years ago") is missing, according to interviewer team

	Al	l deceased sis	sters		Sisters	who died at a	age 12+		Sisters who died at age 12+			
		Missing age at death Tar		Missing age at death Target			death during delivery, or	formation on g pregnancy, c after deliv- ry	Target	Missing information on "years ago" of death		Target
	Number	Number	%	not met in Col-	Number	Number	%	not met in Col-	Number	%	not met in Col-	
Team	(1)	(2)	(3)=(2/1)	umn (3)	(4)	(5)	(6)=(5/4)	umn (6)	(7)	(8)=(7/4)	umn (8)	
Team 1	447	8	1.8	-	145	0	0.0	-	1	0.7	0.7	
Team 2	572	14	2.4	2.4	175	1	0.6	0.6	0	0.0	-	
Team 3	491	32	6.5	6.5	151	2	1.3	1.3	1	0.7	0.7	
Team 4	647	4	0.6	-	215	0	0.0	-	0	0.0	-	
All teams	2,157	58	2.7	2.3	686	3	0.4	0.4	2	0.3	0.2	

**Interpretation:** In the example, Team 3 has a relatively high proportion of deceased sisters with missing age at death (7 percent). They also have the highest proportion of deceased sisters with no information as to whether the death occurred during pregnancy, delivery, or soon after delivery. A review of the maternal mortality table and how to fill it would be helpful.