

Monitoring, Evaluating, and Reporting PEPFAR's Essential Survey Indicators for Orphans and Vulnerable Children Programs

Enumerator Manual Template

March 2018



Monitoring, Evaluating, and Reporting PEPFAR's Essential Survey Indicators for Orphans and Vulnerable Children Programs

Enumerator Manual Template

March 2018

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, North Carolina 27516
Phone: +1 919-445-9350 | Fax: +1 919-445-9353
Email: measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government.
MS-18-130
ISBN: 978-1-64232-019-0



ACKNOWLEDGMENTS

This template was prepared by Lisa Marie Albert and Lisa Parker, both of MEASURE Evaluation, Palladium.

We thank the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) for their support of this work. We thank Christine Fu, Senior Research and Evaluation Advisor at USAID in Washington, DC, for helping to review the template. We thank Kristen Wares for her guidance as the MEASURE Evaluation Agreement Officer Representative at USAID.

We also thank Susan Settergren and Jenifer Chapman, MEASURE Evaluation, Palladium, for their technical input and reviews. We are grateful to the knowledge management team at MEASURE Evaluation, University of North Carolina at Chapel Hill, for editorial and production services.

Suggested citation:

MEASURE Evaluation. (2018). Monitoring, evaluating, and reporting PEPFAR's essential survey indicators for orphans and vulnerable children programs: Enumerator manual template. Chapel Hill, NC, USA: University of North Carolina.

Cover: Children play outside in a small village next to Lake Mutanda, in Kisoro District, Uganda.

Photo: Lisa Marie Albert, MEASURE Evaluation, Palladium

PREFACE

Instructions

MEASURE Evaluation developed this enumerator manual template for organizations collecting Monitoring, Evaluation, and Reporting (MER) Orphans and Vulnerable Children (OVC) Essential Survey Indicators (ESI) of the United States President's Emergency Plan for AIDS Relief (PEPFAR). This enumerator manual focuses on documenting the fieldwork procedures for data collection of the nine MER OVC ESI.

This template should be adjusted to meet the needs of the project implementing data collection. Instructions to the user are provided in ***bold italic font***. When general instructions are given in paragraph format, the first line of the paragraph is highlighted in yellow. Template instructions should eventually be deleted from the final supervisor manual document. Any normal font within the template is suggested text and should be updated and adapted to fit your study's specific needs.

This template assumes that the survey will be conducted using electronic tablets with paper questionnaires as backup in case of tablet failure.

Examples of the results of previous PEPFAR OVC MER ESI studies—tools, guidance documents, and frequently asked questions—can be found online at <https://ovcimpact.org>. Feel free to contact us through the website or at ovcimpact@thepalladiumgroup.com with any questions. Likewise, if you are interested in submitting your study documents for us to share on the ovcimpact.org site, please let us know.

Purpose

Enumerators implementing the PEPFAR OVC MER ESI questionnaire must follow the highest standards during data collection. To enable this, MEASURE Evaluation has developed a template enumerator manual. Groups wanting to implement the OVC MER ESI questionnaire may need to adapt this manual and materials to reflect the aims and design of the specific study. However, the structure of this manual for enumerators should be similar, regardless of study objectives or design. This enumerator manual aims to provide as much guidance as possible for prospective enumerators to implement the questionnaire.

This enumerator manual has three key objectives:

1. To familiarize participants with PEPFAR's expectations around how the OVC MER ESI questionnaire should be implemented
2. To ensure standard and routine application of child protection and research ethics safeguards
3. To reduce the burden on local and international researchers who want to implement the OVC MER ESI questionnaire

We hope that the manual and materials will reduce the level of effort needed to implement the tools and conduct your study.

Audience

This template enumerator manual has been developed for use by local and international investigators collecting the OVC MER ESI. The manual provides detailed guidance for enumerators who will administer the OVC MER ESI survey tools. With this manual, enumerators will learn about field procedures and will review each question in the two key sections of the questionnaire.

Structure

This template assumes that the survey will be conducted using electronic tablets with paper questionnaires as backup, in case of tablet failure.

Instructions to the user are provided in ***bold italic font***. Except for the preface, any normal font is suggested text and should be updated and altered to fit your study's specific needs.

For each section, we have outlined the information that is required, as well as issues to consider when developing your own supervisor manual. Where possible, we have included illustrative text and examples to improve clarity and further reduce the burden on investigators. Importantly, this document has been developed as a guide. Your own research questions and study design will determine the final outline and content of your study-specific enumerator manual.

Enumerator Manual

Monitoring Outcomes of ***Insert Project Name***

Serving Orphans and Vulnerable Children

Insert name and mailing address of your organization

Principal Investigators:
Insert names of principal investigators



Insert
Your
Logo
Here

CONTENTS

ACKNOWLEDGMENTS.....	i
TABLES.....	4
FIGURES.....	4
ABBREVIATIONS	5
1. INTRODUCTION	6
1.1 Problem Statement	6
1.2 Literature Review and Study Rationale.....	6
1.3 Description of OVC Project Included in the Study	6
1.4. Study Objectives.....	7
1.5 Outcome Measures	7
2. STUDY DESIGN AND SAMPLING STRATEGY	10
2.1 Overview	10
2.2 Study Population	10
2.3 Questionnaire.....	11
3. DATA COLLECTION TEAM	11
3.1 Supervisor’s Role	12
3.2 Enumerator’s Role.....	12
4. PROTECTING RESEARCH PARTICIPANTS.....	13
4.1 The Belmont Report	13
4.2 Applying the Belmont Principles: Informed Consent and Confidentially	13
5. CONDUCTING THE INTERVIEW	14
5.1 Translations	14
5.2 General Guidance.....	15
5.3 Procedures for Locating and Recruiting Survey Participants.....	15
5.4 Approaching the Household and Obtaining Informed Consent	15
5.5 Ensuring Privacy	16
5.6 Asking Questions	17
5.7 Reducing Nonresponse	17
5.8 Probing	19
5.9 Interviewing Instructions on the Questionnaire	20

5.10 Recording Responses on Tablets.....	21
5.11 Recording Responses on Paper Questionnaires	21
5.11 Correcting Mistakes on the Questionnaire (Tablet)	22
5.12 Correcting Mistakes on the Questionnaire (Paper-based)	22
5.13 Following Instructions on the Questionnaire.....	23
5.14 Flagging Issues to Be Discussed with the Field Supervisor	24
6. INSTRUCTIONS FOR QUESTIONNAIRE MODULES.....	24
6.1 Module A: Cover Sheet	25
6.2 Module B: Informed Consent.....	26
6.3 Module C: Caregiver Questionnaire	27
6.4 Module D: Child Questionnaire (0–4 years)	29
6.5 Module E: Child Questionnaire (5–17 years)	33
7. CONCLUSION	36
APPENDIX 1: Survey Questionnaires.....	37
APPENDIX 2: Consent Forms.....	37
APPENDIX 3: Confidentiality Agreement for Study Team Members	37

TABLES

Table 1. PEPFAR MER Essential Survey Indicators for OVC Programs (MEASURE Evaluation, 2015)	7
Table 2. Supplemental indicators	10
Table 3. Instructions for Caregiver Questionnaire	27
Table 4. Instructions for Child Questionnaire (0-4 years)	31
Table 5. Instructions for Child Questionnaire (5-17 years)	35

FIGURES

Figure 1. Child Questionnaire (0-4 years)	30
Figure 2. Instructions on measuring a child's mid-upper arm circumference	32
Figure 3. Child Questionnaire (5-17 years)	34

Update the contents, table, figures, and appendices to reflect exactly what is included in your project's final enumerator manual.

ABBREVIATIONS

ESI	Essential Survey Indicators
MER	monitoring, evaluation, and reporting
MUAC	mid-upper arm circumference
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development

1. INTRODUCTION

1.1 Problem Statement

This manual serves as the Enumerator Manual for ***Insert study name***, which is monitoring the Monitoring, Evaluation, and Reporting (MER) Orphans and Vulnerable Children (OVC) Essential Survey Indicators (ESI) of the United States President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR has invested considerable resources in OVC programs, but to date, outcomes of these investments as measured by well-being of OVC and their households have not been studied systematically or on a large scale. The purpose of this study is to collect outcomes monitoring data for ***insert name of project(s) and country*** in order to support evidence-informed strategy, programming, and resource allocation by ***insert country name*** stakeholders (***list out country stakeholders***) and to contribute to a global PEPFAR-wide evidence base on the effectiveness of PEPFAR OVC programming.

1.2 Literature Review and Study Rationale

The HIV epidemic has exacted a terrible toll on children and their families and has contributed to an increase in the number of OVC worldwide. During the 30 years of the global HIV epidemic, an estimated 17 million children have lost one or both parents due to HIV/AIDS (UNAIDS, 2010).

Insert country-specific information on number of orphans in country, how many orphaned by HIV/AIDS, how many children have HIV, etc. Include references. It is also recommended to include any country data that could eventually be compared with the MER indicators from references such as DHS, MICS, etc. This will be needed for report writing and may save time if it is included in the protocol.

Since its inception in 2003, PEPFAR has partnered with the Government of ***insert country*** to strengthen services for OVC. In 2014, PEPFAR introduced a standardized set of outcome indicators for its OVC programs referred to as MER OVC ESI. These outcome indicators reflect internationally-accepted developmental milestones and ways that OVC programs gain from and contribute to broader HIV and child protection responses.

In ***insert country name***, the PEPFAR team has requested the assistance of the USAID project, ***insert name of your organization***, to help fulfill this PEPFAR reporting requirement. ***Insert name of your organization***, in partnership with its subcontractor, ***insert name of subcontractor***, will conduct a study to collect the MER OVC ESI data using a standardized survey methodology and tools that MEASURE Evaluation previously developed on behalf of PEPFAR for this purpose (see *Collecting PEPFAR Essential Survey Indicators: A Supplement to the OVC Survey Tools*) (MEASURE Evaluation, 2015).

1.3 Description of OVC Project Included in the Study

Insert paragraph describing the OVC project(s) included in study.

This description should include how long the project has been in operation, the services provided, geographical coverage, and the number of beneficiaries.

If the MER OVC ESI will be collected from more than one project, consider including a table to identify the differences, including whether they overlap geographically or are in mutually exclusive geographic areas. If there will be multiple surveys (one for each project), include the methodology for each survey. Update text based on which survey round is being conducted.

1.4. Study Objectives

The overall objective of the study is to monitor the well-being of children who are served by ***insert name of OVC project*** in ***insert country name***. This outcome monitoring survey is being conducted to fulfill a PEPFAR global reporting requirement that aims to measure and track progress of PEPFAR-supported OVC programs. The current study will serve as the first-round of data collection for ***insert name of project(s)***.

The study is designed to answer the question: *What is the health and well-being of child participants in PEPFAR-funded OVC project/s in insert country name?* The current study will assess the health and well-being among child beneficiaries currently enrolled in ***insert project name*** at ***insert point in time study is being held***.

1.5 Outcome Measures

The set of interventions delivered to members of households enrolled in the ***insert project name*** are expected to lead to improved well-being and health of children under age 18 and their households. Well-being and health will be measured through the nine OVC MER ESI shown in Table 1.

Update column 3 in Table 2 according to the project(s) services.

Table 1. PEPFAR MER Essential Survey Indicators for OVC programs (MEASURE Evaluation, 2015)

No.	Outcome Indicator	Rationale for Inclusion	<i>Insert project name</i> Program Component That Contributes to the Indicator
Health			
OVC_SICK	Percent of children (ages 0–17 years) too sick to participate in daily activities	PEPFAR OVC programs support critical linkages to health services and treatment, aiming to reduce the number of sick children and improve functional well-being.	Curative measures for minor ailments such as diarrhea diseases, upper respiratory diseases. Sexuality education, sexually transmitted infection (STI) assessment and syndromic management for sexually active adolescents. Referrals to the facilities for treatment of moderate to major health problems.
OVC_HIVST	Percent of children (ages 0–17 years) whose primary caregiver knows the child's HIV status	If a child's HIV status is unknown to her/his caregiver, the child will not have access to life-saving care, treatment, and support interventions.	Health education on preventable diseases, personal and environmental hygiene, keying into programs; immunization, deworming, and other maternal and child health programs; HIV/AIDS education (with targeted testing). Referrals to the facilities for treatment of moderate to major health problems.
Nutrition			

No.	Outcome Indicator	Rationale for Inclusion	<i>Insert project name</i> Program Component That Contributes to the Indicator
OVC_NUT	Percent of children (ages 6–59 months) who are undernourished <i>For this indicator, the enumerator will obtain measurement of mid-upper arm circumference (MUAC) for children ages 6–59 months. It is the only indicator whose measurement requires direct interaction with a child.</i>	Nutrition is a critical factor in reducing infant mortality and builds a strong foundation for a child's health, growth, and development.	Nutritional assessment and counseling, with provision of food supplementation for households in dire need. Collaboration with extended family and community on provision of food supplies to indigent households. Food demonstration. Referral to health programs in the community for nutritional support.
Early Childhood Development			
OVC_STIM	Percent of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age	Early childhood cognitive, social, and physical stimulation is essential for promotion of long-term learning, growth, and health.	Kids' club activities: recreational activities; football tournaments, debates, quiz competition, life skills training, indoor games, etc. Caregivers' forum.
Legal Rights			
OVC_BCERT	Percent of children (ages 0–17 years) who have a birth certificate	Ensuring children access to basic legal rights, such as birth certificates, enables them to access other essential services and opportunities, including health, education, legal services, and legal employment when they grow older.	Establishment/strengthening of child protection committees (CPCs) in the community. Facilitation of obtainment of birth certificates.
Education			
OVC_SCHATT	Percent of children (ages 5–17 years) regularly attending school	Despite being important in their own right, efforts to keep children in school have positive impacts on HIV prevention.	Enrollment into public schools for formal education and monitoring for regular attendance. Collaboration with school authorities and parent–teacher associations (PTAs) for waivers on fees. Organization of after-school lessons. Collaboration with community on scholarship programs for educationally disadvantaged children, e.g., physically challenged.

No.	Outcome Indicator	Rationale for Inclusion	<i>Insert project name</i> Program Component That Contributes to the Indicator
OVC_PROG	Percent of children (ages 5–17 years) who progressed in school during the past year	Studies in many countries have linked higher education levels with increased AIDS awareness and knowledge, higher rates of contraceptive use, and greater communication regarding HIV prevention among partners.	Enrollment into public schools for formal education and monitoring for regular attendance. Collaboration with school authorities and PTAs for waivers on fees. Organization of after-school lessons. Collaboration with community on scholarship programs for educationally disadvantaged children, e.g. physically challenged.
Attitudes about Child Punishment			
OVC_CP	Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school	Reducing harsh physical discipline, violence, and abuse against children is a PEPFAR priority. Perceptions of physical discipline have been linked to actual use of physical discipline against children.	Establishment/Strengthening of Child Protection Committees (CPCs) in the community Referrals to state social welfare departments on cases of abuse, assault, molestation, violence, and neglect.
Household Economic Well-being and Resilience			
OVC_MONEY	Percent of households able to access money to pay for unexpected household expenses	The key goal of household economic strengthening programs is to improve household's resilience to economic shocks, such as unexpected household expenses. Child well-being is assumed to be affected by the household's resilience to economic shocks.	Establishment/strengthening of village savings and loan association (VSLA) groups. Training on income-generating activities, financial management, and development of business plan with appropriate monitoring. Linkage to microfinance initiatives, cooperatives, and organizations for soft loans.

These indicators were vetted and selected by PEPFAR OVC program and strategic information technical leaders in 2014. Several criteria were applied in selecting the MER indicators. For example, only indicators that are amenable to change in a two-year period were selected. Additionally, indicators had to be relevant across the various countries where PEPFAR provides OVC program support. All selection criteria and the indicator reference sheets that define the indicators can be found in the MEASURE Evaluation guidance developed for the surveys (MEASURE Evaluation, 2015).

Describe in a paragraph any additional country-specific indicators being measured in the study and insert additional details in a table such as Table 2.

Table 2. Supplemental indicators

No.	Additional Indicator	Rationale for Inclusion
S.1		
S.2		

2. STUDY DESIGN AND SAMPLING STRATEGY

2.1 Overview

Provide a detailed description of the study design and methodological approach of your study. Please refer to the MER OVC Essential Survey Indicators Frequently Asked Questions (FAQs) document (MEASURE, 2017) for recommended study designs. An example paragraph is given below.

In order to survey a manageable number of household participants to estimate the health and well-being of the larger population, the survey design will use a cross-sectional study using two-stage cluster sampling for administering a household survey using electronic tablets. Primary sampling units (PSUs) will be villages and secondary sampling units (SSUs) will be households. A 33x15 design will be used, randomly selecting 33 villages using probability proportionate to size. Within each selected PSU, a random sample of 15 SSUs (households) will be selected.

2.2 Study Population

List and describe the study populations: caregivers and children ages 0-17 years. A sample description is given below.

Primary caregivers of children 0–17 years of age living in the selected households will be interviewed about themselves, the household, and the children residing in the household. All children under age 18 who slept within the household on the night before the interview are considered eligible.

Outline the inclusion and exclusion criteria for each population group. Your inclusion criteria for households may be:

- **At least one household member is registered to receive services with the project**
- **At least one child under the age of 18 lives in the household.**

Your exclusion criteria may be:

- **No consent for caregiver participation given by caregiver**

Describe consideration for emancipated minors with children and child-headed households. Local country laws and IRB practices may determine whether or not emancipated minors may participate and whether they can consent for themselves (if they are the primary caregiver in the household), or if they need their own guardian to consent for them. Consider what approach would be needed if that minor's guardian is not available.

2.3 Questionnaire

Provide a general description of the survey tools, including any modifications made and how modifications will be made based on pilot testing. Mention which software is used if the survey is tablet-based. A sample description is given below.

Interviews will be conducted with caregivers using a questionnaire designed to capture responses that will be used to calculate the OVC MER ESI shown in Table 1 (MEASURE, 2015).

The study team made minor modifications to the standardized questionnaire to adapt it to the *insert country name* context. **List adaptations made here.**

This questionnaire and the consent forms were created in English and have been translated into *insert local language*. Responses to the questionnaire will be electronically recorded into *insert brand name* (e.g., Android) tablets which will be programmed using *insert software name and version*.

The questionnaire includes two key types of questions:

1. Questions to the caregiver about the household well-being and composition
2. Questions to the caregiver about all children ages 0–17 years living in the household

The questionnaire includes 5 sections:

- A. Cover Sheet
- B. Informed Consent
- C. Caregiver Questionnaire
- D. Child Questionnaire (0–4 years)
- E. Child Questionnaire (5–17 years)

In addition, the questionnaire includes:

List out any additional sections included based on your study

Caregivers are asked to list all children in their care, by age, to enable the data collector to know how many children will be interviewed. Enumerators will interview the primary caregiver about all children residing in the household. With caregiver consent, MUAC will be directly measured of all children between the ages of 6 and 59 months.

3. DATA COLLECTION TEAM

Edit the paragraphs below to describe the team that will conduct the survey. Update the number of enumerators and the number of teams in the paragraphs below to match your team makeup. Typically, data collection teams contain one data collection supervisor and four enumerators.

There will be a total of **30** fieldworkers distributed across **six** survey teams with **five** fieldworkers on each team. The fieldworkers are supervised by the field coordinator (FC).

The supervisor is the senior member of the field team. He/she is responsible for the well-being and safety of team members, as well as completion of assigned work and maintenance of data quality. The supervisor receives his/her assignments from, and reports to, the FC.

Field team composition is as follows:

- **Four** enumerators
- **One** supervisor

3.1 Supervisor's Role

Describe the supervisor's role, including specific responsibilities related to managing data uploads from tablets to a secure data repository. A sample description is given below.

Generally, the supervisor is both responsible for the proper conduct of the fieldwork and the quality of data collected. Each supervisor will oversee one team of four enumerators. The supervisor will work with the field coordination team and community health workers/community volunteers to coordinate household visits.

The supervisor's responsibilities can be grouped into five main points:

1. The organization and facilitation of the work of different teams under his/her responsibility
2. Management of tablets and paper questionnaires, tracking progress of the work assigned to his team, and assisting enumerators with troubleshooting tablet issues
3. Verification of data quality including:
 - a. Review of consent forms
 - b. Review of data entered in enumerator tablets to ensure proper data collection and verification of ranges, skip patterns, and neatly recorded responses
 - c. Review and sign off of enumerator control sheets
4. Debriefing the investigative team on the progress of his or her team's work
5. Securing and uploading of data from enumerator tablets to supervisor tablets, and then from supervisor tablet to a secure data repository

3.2 Enumerator's Role

Describe the enumerator's role, including specific responsibilities. A sample description is given below.

The enumerator's role is pivotal to the success of the MER survey and requires close adherence to procedures for conducting the interviews.

The enumerator's responsibilities include:

- Locating households assigned for interview and completing the cover sheet
- Explaining the MER OVC survey to the household and obtaining informed consent to participate in the survey and to measure MUAC of children ages 6–59 months. Identifying the primary caregiver respondent and determining eligibility.
- Interviewing the primary caregiver, including scheduling a time to return to the household if the caregiver was absent on the first visit
- Recording the caregiver's answers into the tablet or paper questionnaires (in case of tablet failure) accurately
- Taking MUAC of all children ages 6–59 months in the sample (with consent of caregiver)
- Submitting any paper questionnaires to the field supervisor and discussing issues with the field supervisor
- Tracking and reporting progress of interviews on control sheets

- Submitting all control sheets and signed consent forms to field supervisors.

At the end of each work day, following the completion of all relevant questionnaires for all households visited, the enumerator will return their tablets and any completed paper questionnaires to the field supervisor.

Detailed instructions on how to complete these tasks are provided in this manual.

4. PROTECTING RESEARCH PARTICIPANTS

This section is meant to educate enumerators about the ethics of conducting a research study. A sample description is given below. However, ensure that any country specific ethical requirements are included.

This section addresses the importance of obtaining informed consent from respondents and protecting the confidentiality of the information they provide.

4.1 The Belmont Report

Research is an organized way to gather information that will be useful to others (e.g., the information can inform policy or can be used to improve programs). A research participant (also called a respondent) is any person we gather information about (e.g., through observation, interviews).

The Belmont Report (1979) established three principles to help researchers conduct safe research: respect for **persons, beneficence, and justice**.

- Respect for persons means that people who participate in research do so voluntarily and with adequate information about the study. Therefore, potential respondents should be given information about the research study so that they know what they are agreeing to participate in. Respect for persons also means that those who cannot make their own decisions, like children, should have special protections.
- Beneficence means that research should offer benefits to society and not cause harm to respondents or society.
- Justice means that all members of society should be able to benefit from and participate in research. It also means that research should not be done on a vulnerable population to benefit a more powerful population.

4.2 Applying the Belmont Principles: Informed Consent and Confidentially

Research participants have a right to accurate and complete information about the study, the right to informed consent, the right to refuse to participate in the study, and the right to privacy (confidentiality).

All research studies must be approved by an institutional review board (IRB). IRBs ensure that research participants are treated ethically. They also ensure that researchers are adequately gaining informed consent from respondents. IRBs monitor projects, provide a point of contact for respondents if they are concerned about their rights, and handle reports of violations of respondents' rights or adverse outcomes of research. The ***insert IRB name*** has approved this study. The participant information sheets contain contact information for the ethical review board. Respondents can contact the IRB if they have questions about their rights as a research participant by contacting ***insert IRB contact info here***.

Informed Consent

Before interviewing a respondent, you will obtain their informed consent. Obtaining informed consent is a process. The enumerator tells the potential respondent important information about the study, allows the person to ask questions, answers the person's questions, and then the person signs a consent form agreeing to participate. When obtaining informed consent, you should tell the potential respondent:

- Your full name
- Which organization and researchers are conducting the study
- Purpose/content of the study
- Approximate length of the study
- Risks and benefits of participating (if any)
- Participation is voluntary
- He or she can stop participating at any time
- Responses are confidential

Confidentiality

Researchers are dependent upon the goodwill of research participants in order to carry out a study. This requires that respondents trust the research and researchers. The cornerstone of developing this trust is knowing that researchers will keep information provided by respondents confidential.

Confidential means:

- Names will not be associated with responses when results are reported.
- Information respondents provide will not be discussed with anyone other than the field team supervisor (or other senior survey staff on the project).
- Enumerators will not tell respondents what other respondents have said even if asked what other people think.
- Information about a respondent or her/his data cannot be left in an unsecured place (this includes any tools with respondent names, household location, tablets, paper questionnaires, etc.).

Enumerators are not allowed to interview anyone they know. If you are assigned a household where you know someone, you should inform your field supervisor. The field supervisor will re-assign that household to another enumerator, and you will be assigned a different household.

Note that there is a difference between “confidential” and “anonymous.” Anonymous means the respondent's identity is not known, even to the enumerator. Confidential means that while researchers have identifying information about the respondent (e.g., name, mobile phone number), they will not reveal that information to anyone.

Enumerators must sign a confidentiality statement before speaking with respondents, which shows your agreement to maintain confidentiality of all study data.

5. CONDUCTING THE INTERVIEW

5.1 Translations

Insert information about which language(s) the enumerators will use to collect the data.

5.2 General Guidance

Describe general guidelines for enumerators. A sample description is given below.

The enumerator represents the MER OVC study and **insert name of organization**. It is important for the enumerator to make a favorable impression on household members. Enumerators should follow these basic guidelines:

- Dress appropriately for fieldwork.
- Always bring your ID card.
- Address all community and household members encountered politely and with respect.
- Visit households during appropriate hours. (Note: Enumerators may need to visit a household outside of these hours to interview someone who was not available during the initial visit. This will be planned in advance with the household.)
- Treat all information that you collect as strictly confidential. Do not share it outside of the household, with other household members, or with other enumerators.
- Observe and respect all community norms and culture.

5.3 Procedures for Locating and Recruiting Survey Participants

Describe the procedures your study will use for locating and recruiting survey participants. A sample description is given below.

The team supervisors will work with local guides (e.g., OVC project managers, chiefs, village elders, community workers, and other facilitators) to locate the selected households using maps of the communities and additional information from the OVC registration databases or beneficiary listings. If needed, the team supervisor may ask a local guide to accompany the team to help locate the selected households. However, the guide will not be present at the house when the interviewer conducts the consent process and the interview.

Once the team supervisor has located and confirmed the household, an enumerator will recruit the eligible caregiver. If the caregiver is not at home at the time the enumerator visits the household, s/he will return up to three times to request the interview. Similarly, if a child who needs the MUAC measurement is away, the enumerator will return up to three times to obtain the measurement.

5.4 Approaching the Household and Obtaining Informed Consent

Describe detailed instructions on how to approach households and how to communicate with the caregiver about the survey and obtaining consent. A sample description is given below. The last bullet may be study-specific and based on local IRB requirements. Update according to your survey.

Once the enumerator identifies the caregiver in the household, s/he will explain the purpose and nature of the survey and its expected risks and benefits. The caregiver will be made aware that her/his participation is voluntary and does not affect eligibility to receive or continue services. Caregivers will be given the opportunity to ask questions. When there are no more questions and the enumerator strongly feels that the caregiver understands what is being requested of her/him, the enumerator will begin the consent process. In households where the caregiver is under the age

of 18, consent will be requested first from her/his guardian, followed by request for assent from the (minor) caregiver. The consent process is described further in a later section.

Upon arrival at a targeted household, the enumerator should always project a respectful and calm demeanor. As a potential stranger in the house, the enumerator should observe all rules and customs governing visits to other people's houses:

- Upon arrival at a targeted household, switch off all mobile phones and carry nothing except what is required for the interview: forms, supplies, tablets, and any approved instrument.
- Complete the household cover sheet (identification data) portion of the questionnaire.
- Ask to speak with a head of the household or primary caregiver.
- Introduce yourself politely. Explain that you are there to conduct a survey related to well-being of children and families. Explain that local authorities have approved the survey.
- Try to put the household members at ease. Smile at them and be friendly and relaxed.
- Never adopt an apologetic manner. Do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."
- Seek consent of the primary caregiver for participation in the interview. The consent form provides guidelines on how to seek the consent of a respondent before commencing an interview. Do not force anyone to participate who does not want to answer the survey or any part of the survey.
- Answer any questions frankly and courteously.
- After answering any questions, obtain the respondent's signature on the consent form.
- You must ask for consent from caregivers of young children before taking a child's MUAC measurements. If a caregiver is concerned, explain that taking these measurements is an important part of the survey, and that the measurement will only take a few moments. The caregiver should be present while the measurement is taken. If the caregiver does not want his/her child measured, respect their wishes.
- Be patient with household residents who appear suspicious of the interview. Carefully explain the purpose of the interview, the fact that all information is completely confidential, and the fact that respondents can refuse to respond to any question.
- Conduct the interviews in a private location where no one else can hear what is discussed.
- If asked, explain that households cannot be compensated for their time.

More details on the consent process and form are given in Section 6.2.

5.5 Ensuring Privacy

Describe the process that enumerators should use to ensure the privacy of the interview. This should include how to handle situations when multiple people are in the household when identifying and initially speaking with the caregiver. A sample description is given below.

The interview should only be conducted with the primary caregiver, who is the respondent. Friends, neighbors, or other non-household members should not be present during the interviews.

The presence of other people during an interview can be distracting. Their presence can also prevent the respondent from giving you candid, honest answers. In addition, sensitive questions are asked in the questionnaire. It is, therefore, very important that all interviews be conducted privately and that only the targeted respondent answers all questions. Accomplishing this will not only ensure that the respondent is attentive to your questions, but also will establish rapport and trust with the respondent that their answers will remain confidential.

If others are present, you should explain to the respondent that some of the questions are private. You should ask the respondent if you can interview him/her in the best place within the household for talking one-on-one. If others hear you asking for privacy, they may become more curious and want to listen, so you will need to think about how best to secure a private space.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

5.6 Asking Questions

Describe some general guidelines on how enumerators should ask questions. Include any cultural norms that are specific to the country in which the survey is being conducted (norms on proper greetings, shaking hands, eye contact, etc.). A sample description is given below.

There are many procedures you should follow to ensure a high-quality interview:

- Do not rush the interview. Allow the respondent time to think before responding. Let the respondent know that his/her answer is very important.
- If the respondent is reluctant to answer a question, explain that individual responses will be completely confidential. Explain that women and men all over ***insert study country/region*** are being asked the same question and that all answers will be examined as a large group, not as individual answers. If the respondent still will not answer the question, write the word 'REFUSED' next to the question and proceed to the next question.
- It's important to let respondents finish speaking. Do not answer for them, offer words to them, or debate them. Do not argue with respondents.
- Read the questions as written. Read it slowly and clearly. If the respondent does not understand the question, explain what the question is asking, and then reread the question again slowly.
- Do not read the list of possible answers to the respondent, unless specified otherwise. Let the respondent answer on his or her own. You then select the survey response that best matches the answer given by the respondent.
- Do not suggest responses. Do not ask leading words or questions such as "Would you say your household was able to pay for unexpected expenses?" This may bias the respondent to answer "Yes," even if it was not true.

If you feel that any of the information is doubtful or you do not know how to interpret the respondent's response, please write this down and discuss it with your field supervisor. Your dedication to the quality of the interview and the interview data will be respected if you bring questions and concerns to the attention of your field supervisor.

5.7 Reducing Nonresponse

Describe methods that the supervisor and enumerator should take to reduce nonresponse. A sample description is provided below.

One of the most serious problems in a sample survey of this type is nonresponse, that is, failure to obtain information for selected households. A serious bias could result if the level of nonresponse is high. One of the most important duties of the supervisor is to try to minimize this problem and to obtain the most complete information possible. In many cases, enumerators will make return visits

to households in the evening to reduce nonresponse. It is a time-consuming task and requires strict monitoring by means of the control sheets. Nonresponse may be classified into three basic types. These are described below, along with various ways of dealing with them.

Type 1: The enumerator is unable to locate the selected household.

The household selection will occur prior to the beginning of fieldwork. Although unlikely, it is possible that the enumerator will be unable to locate a selected household. If this occurs, follow the instructions below.

- Occupied structure inaccessible. There may be some occupied structures for which no interviews can be made because of impassable roads, etc. The enumerator should be instructed to hold the questionnaire until later. Another attempt should be made to reach the dwelling later, when the situation may have changed. The field coordinator and survey manager should be informed immediately of any difficulty in gaining access to a whole village or a sizeable number of structures within the same village (see Type 4, below). For all inaccessible households that have been assigned to be interviewed, the interview comment code on the cover sheet should be completed with code “5 Other (Specify),” with notes providing the outcome of “Structure inaccessible due to” and provide the applicable reason (for example, “impassable road due to flood”).
- Structure not found. The supervisor should make sure the enumerator has tried several times to locate the structure using the information supplied by the implementing agency, GPS, and maps, etc. If the enumerator is still unsuccessful, the supervisor should attempt to locate the structure and ask neighbors if they know anything about the structure or the household members. Again, if this problem occurs frequently, it should be reported to the field coordinator and survey manager. Although no interview has taken place, the interview comment code on the cover sheet should be completed with code “5 Other (Specify),” with notes providing the outcome as “Dwelling not found.”
- Structure nonresidential, vacant, or demolished. If the enumerator indicates that a structure is not a dwelling unit or that it is vacant or demolished, the supervisor should verify that this is the case. If the enumerator is correct, the supervisor should attempt to locate the household by asking neighbors if they know anything about where the household members may have gone. If this attempt is unsuccessful, there is no need for further callbacks (return visits). Although no interview has taken place, the interview comment code on the cover sheet should be completed with code “5 Other (Specify),” with notes providing the outcome indicated as “Dwelling vacant,” “Address not a dwelling,” or “Dwelling destroyed,” depending on the situation encountered.

Type 2: The enumerator is unable to locate the eligible persons to interview.

- No one home at time of call. The enumerator should make every effort to contact neighbors to find out when the members of the household will be at home or where they might be contacted. At least three visits should be made to locate the household members. Sometimes it may be necessary to call at mealtimes, in the early morning, or in the evening; however, the enumerator should not make visits when the enumerator knows that the household will not be available just to complete the three-attempt quota. The interview comment code on the cover sheet should be completed with the appropriate code and notes providing the outcome of each visit attempt.
- Respondent is temporarily absent. The respondent may not be at home or may be unable to complete the interview at the time of the first visit. The enumerator should find out from other household members or neighbors when the respondent can best be contacted, and a return visit should be made then. At least three total attempts should be made to locate the respondent. If the enumerator is not able to complete the entire interview during the initial visit, the procedure for callbacks should be followed. The interview comment code on the

cover sheet should be completed with the appropriate code and notes providing the outcome of each visit attempt.

Type 3: The respondent refuses to be interviewed.

The number of refusals reported by each enumerator should be closely monitored. If an enumerator reports an unusually high number of refusals, it may indicate that s/he gives up too easily or explains the survey inadequately. If this appears to be the case, the supervisor should observe the enumerator promptly. Suggestions for handling potential refusals:

- Approach respondent from his/her point of view. Refusals may stem from misconceptions about the survey or other prejudices. The enumerator must consider the respondent's point of view, adapt to it, and reassure him/her.
- Postpone the interview to another day. If the enumerator senses that s/he has arrived at an inconvenient time, s/he should try to leave before the respondent gives a final "no" and return when circumstances are more likely to result in a successful interview.
- Have the supervisor carry out the interview. The supervisor's knowledge, skill, and maturity may enable her/him to complete a difficult interview when the assigned enumerator has been unable to do so. If parts of the household questionnaire have been completed earlier, the same tablet should be used for this re-interview, which would require the use of the initial enumerator's tablet.

Type 4: The village may not be accessible.

An entire village may be temporarily inaccessible due to a funeral or a cultural ceremony taking place. In such a case it may not be culturally acceptable to enter the village and conduct household interviews. Suggestions for handling such problems:

- Move to another village and arrange to return to the inaccessible village later.
- Agree with local leaders on when to conduct interviews in the inaccessible village.

5.8 Probing

Describe proper probing techniques that the enumerators should use. A sample description is given below.

Probing is the technique of questioning by the enumerator to obtain a full, complete, and relevant answer. Probing has two major functions:

- To motivate the respondent to expand upon or clarify the answer
- To make the respondent's answer precise so that irrelevant and unnecessary information can be eliminated

An answer is probed whenever it is not meaningful or complete—that is, when it does not adequately answer the question. In everyday social conversation, people often speak in vague and loose terms. Therefore, it is understandable that respondents may at first answer questions in a way that is not clear or specific. It is essential to encourage respondents to express themselves more precisely and in very specific terms.

Neutral Probing Methods

It is always very important to use neutral probes. By "neutral," we mean that you must not imply to the respondent that you expect a certain answer or that you are dissatisfied with an answer. The reason for probing is to motivate the respondent to answer more fully or more precisely without introducing bias. Bias is the distortion of responses caused by the enumerator favoring one answer over another.

Example of a biased probe:

Questions	Do you think that hitting or beating a child is an appropriate means of discipline or control in the home?
Answer:	Well, sometimes it depends on what the child has done.
Proper Probes:	Would you say, yes or no, that hitting or beating a child is acceptable for disciplining or controlling a child in the home?
Improper Probe:	Oh, so do you mean to say, "Yes"?

This improper probe is pushing the respondent to say, "Yes," when the answer may be, "No." Encourage the respondent to be precise. Remember that if the response is ambiguous, you want to record what is true **most of the time**.

The following kinds of probes might help you obtain more accurate responses:

- **Repeat the question.** When the respondent does not seem to understand the question, when s/he misinterprets it, when s/he seems unable to make up his/her mind, or when s/he strays from the subject, the most useful technique is to repeat the question just as it was asked the first time.
- **An expectant pause.** The simplest way to convey to a respondent that you know s/he has begun to answer the question, but that you feel s/he has more to say, is to be silent. A pause—often accompanied by an expectant look or a nod of the head—gives the respondent time to gather his/her thoughts.
- **Repeating the respondent's reply.** Simply repeating what the respondent has said as soon as s/he has stopped is often an excellent probe.
- **Neutral questions or comments.** Neutral questions or comments are frequently used to obtain unbiased, clearer, and fuller responses. The following are examples of the most commonly used probes:
 - Anything else?
 - Any other?
 - Which would be closer to the way you feel most of the time?

These probes make a direct request for more information and indicate that the interviewer is interested in the responses of the participant.

When to Stop Probing

You should stop probing when you have a clear, relevant answer. However, if at any time the respondent becomes irritated or annoyed, stop probing that question. We do not want the respondent to refuse to complete the rest of the interview.

5.9 Interviewing Instructions on the Questionnaire

If your study has changed formatting to the questionnaire, then update this section accordingly.

Words or Phrase to Insert

In many places on the paper questionnaire, the enumerator will need to insert a name of a child or project into a question. Brackets [] are placed around names that need to be inserted.

The printed questionnaire contains instructions for the enumerator. The following formats are used to provide instructions to enumerators.

Text that the Enumerator Has to Read Aloud

Questions or explanations that the enumerator must read to the respondent appear in regular text with no special formatting. Here are two examples:

Example of an introduction to a set of questions read to the respondent:

I have a few questions about [insert child's name].

Example of a question to read to the respondent:

In the past 2 weeks, has [NAME] been too sick to participate in daily activities?

Instructions to the Enumerator That Are Not to Be Read to the Respondent

Instructions that tell the enumerator what to do appear in bold letters. These instructions should not be read to the respondent.

Example of a question with text to read and instructions in bold, which should not be read:

How old were you at your last birthday?

Do not leave blank. If unknown, ask respondent to estimate.

You should not read the text in bold: “Do not leave blank. If unknown, ask respondent to estimate.”

5.10 Recording Responses on Tablets

If your study is using tablets, provide instructions on how the screens look and how to properly select responses in the tablet. This guidance may be best described by the tablet programmer.

5.11 Recording Responses on Paper Questionnaires

In case of tablet failure, enumerators need to know how to properly record responses on the paper questionnaire. Describe this process. A sample description is given below but should be updated to reflect any adaptations made to the questionnaire.

Within the questionnaires, you will encounter a variety of question types. These include: (1) pre-coded responses and (2) numeric responses. In each case, you will need to clearly indicate which response best matches the answer given by the respondent.

Questions with Precoded Responses

The possible responses to precoded questions are listed in the questionnaire. To record a respondent's answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number. Do not read the response options.

Example:

Have you personally received services or participated in activities from [insert name of project] in the past six months?

Yes	1
No	2

Numeric Response

For many questions, we are asking for a response that cannot be precoded. For example, we might want to know the age of the child. You should neatly record the answer as given by the respondent into the space provided in the response column.

Example:

How many children ages 0–17 are you responsible for?	[<u>6</u>] children
--	-----------------------

Another example is recording the child's MUAC.

May I measure your child's mid-upper arm circumference? Measure the child's mid-upper arm circumference using the MUAC tape and document measurements.	[<u>1</u> <u>2</u>]. [<u>5</u> <u>0</u>] Cm
--	---

5.11 Correcting Mistakes on the Questionnaire (Tablet)

Describe and show with screenshots, where necessary, how to make corrections to data that have already been entered on the tablet-based questionnaire.

5.12 Correcting Mistakes on the Questionnaire (Paper-based)

Describe and show with screenshots, where necessary, how to make corrections to data that have already been entered on the paper questionnaire. A sample description is given below.

It is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully.

If you make a mistake in entering a respondent's answer or she/he changes her/his reply, be sure that you cross out the incorrect response with two lines and enter the correct answer. Do not erase an answer (you should not be using a pencil!). Just put two lines through the incorrect response. Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer.

Here is an example of making a correction:

May I measure your child's mid-upper arm circumference? Measure the child's mid-upper arm circumference using the MUAC tape and document measurements.	<div style="text-align: right; margin-right: 20px;">25</div> <div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">2</div> </div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">5</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0</div> </div> Cm
--	--

5.13 Following Instructions on the Questionnaire

Highlight and describe specific types of instructions that the enumerators should pay close attention to, such as skip patterns. If your study adapted the questionnaire, please update the sample description given below.

You should pay attention to the skip patterns that appear throughout the survey.

Skip Pattern Instructions

It is very important not to ask a respondent any questions that are not relevant to her/his situation. For example, if a child is not old enough to be enrolled in school, then we would not want to ask questions about what grade/form/level the child is in.

In cases where a response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions.

Example 1 from questionnaire for children ages 5–17 years:

7	Was [NAME] enrolled in school during the previous school year?	Yes 1 No 2	If No: 9
8	What grade/form/year was [NAME] during the previous school year?	[][]	
9	At any point in the past 2 weeks, has [NAME] been too sick to participate in daily activities?	Yes 1 No 2	
10	I don't want to know the results, but has [NAME] ever been tested to see if he/she has the AIDS virus?	Yes 1 No 2	If No: 12

In the above example, if we first examine the skip associated with question 7, we see that those respondents who report the child not being enrolled in school (precoded response No=2) skip questions 8 and go directly to question 9. Those respondents whose child is enrolled in school (precoded response Yes=1) continue to answer all questions.

Example 2 from questionnaire for children ages 5-17 years

12	Has [NAME] ever received services or participated in activities from [insert name of project]?	Yes No	1 2	If No: end
13	Has [NAME] received services or participated in activities from [insert name of project] in the past six months?	Yes No	1 2	

In example 2, if we examine the skip associated with question 12, we see that if the child has not received services or participated in activities from the project (precoded response No=2), then the survey for that child is ended or completed. This is indicated by the skip pattern “**If No: end.**” However, if the child has received services or participated in activities from the project (precoded response Yes=1), then proceed to ask question 13 about whether the child had received services or participated in activities in the past six months. Question 13 is the last question in the child module. After finishing this module, repeat the child module with the caregiver for each child in the household. Once the last child has been asked about and MUAC measurements have been taken for all children 6–59 months, the household interview is completed.

5.14 Flagging Issues to Be Discussed with the Field Supervisor

For many questions, the enumerator must interpret the respondent’s answer. Sometimes this may be difficult. Write down the question number and anything that you want to discuss with your field supervisor.

We will now discuss the instructions for the entire questionnaire.

6. INSTRUCTIONS FOR QUESTIONNAIRE MODULES

Update this section based on your country’s survey, including any adaptations or additions that have been made. Update the caregiver definition (below) to reflect the definition used in the project under study.

The full questionnaire can be found on the MEASURE Evaluation website at the below link in the document Collecting PEPFAR MER Essential Survey Indicators: A Supplement to the Orphans and Vulnerable Children Survey Tools.

<https://www.measureevaluation.org/resources/publications/ms-14-90>

The following sections provide information on each module in the survey, including the objective of the module, how to administer the module, and any special instructions for dealing with questions or responses. Guidance on how to ask the question or enter the response is only provided if special instructions are needed. Most questions and their responses are straightforward, so for most questions no special instructions are provided.

As we go through the remainder of this manual, please have a paper copy of the informed consent and all MER questionnaires next to you for reference.

Who Responds to This Questionnaire

The respondent for this questionnaire should be the primary caregiver in the household. The primary caregiver will respond to the entire MER questionnaire, including questionnaires on each child. A child will not be a respondent to any of the questionnaires. The only interaction with a child will be to measure the mid-upper arm circumference of the children ages 6–59 months.

At each household, only one caregiver will be interviewed—the primary caregiver of that household.

A primary caregiver is defined as a person who is responsible for feeding, clothing, and caring for a child (0–17 years of age). It should not be the person who solely provides financial support, unless that person is also the one responsible for taking care of the children in the household (as defined above). The primary caregiver can be, but does not need to be, the mother or father or head of household. It is possible that the legal guardian is not the primary caregiver.

6.1 Module A: Cover Sheet

Objective

This module serves to identify the household and the enumerator administering the survey.

Instructions for Administering the Module

You do not complete this section with the caregiver. You should fill out the household identification before entering the household. However, for Question 012, record the date that the interview is completed only after all questionnaire modules have been completed for the caregiver and all children. This will be filled out at the completion of the interview for that household.

MER Indicator Questionnaire: Cover Sheet IDENTIFICATION DATA

Question Number	Topic	Instructions
001	Questionnaire identification number	This should be a unique ID generated for each questionnaire. Ideally, these will be generated on labels which are placed onto questionnaires before data collection starts in the field.
002 - 009	Location Information	These are open-text fields where you must write information about the location of the household. This information should be available to you from control sheets or the supervisor. Write neatly, preferably in capital letters.
010	Household number	This number should reflect the household number as provided on the sampling list. This is the only piece of information that will link the questionnaire to the beneficiary sample. It is essential that this must be accurate.

INTERVIEW LOG

DATE (day/month/year)
<ul style="list-style-type: none">If the interview is not able to be completed on the first visit, a household can be visited up to three times before it will be determined to be a nonresponse. For each visit, record the date of the visit. If second and third attempts are on the same day as the first visit, then write down the

<p>same date.</p> <ul style="list-style-type: none"> It is best to write the day as two digits, an abbreviated word for the month, and the four-digit year. An example: 05SEP2017
INTERVIEWER COMMENTS
<p>This comment box is where you will record the status of each household visit, up to three visits. Text written must be brief but accurate. If codes 1, 2, 3, or 4 apply, you only need to write the number for the code. If there is another reason not captured by these codes, then record code "5" and provide a brief reason.</p> <ul style="list-style-type: none"> 1="Interview completed" 2="Appointment made for later today" or 3="Appointment made for another day." If no parts of the interview were completed, and an interview was rescheduled with a household member for another time, you will need to note the date and time of the rescheduled interview. Put this information in the comment box. 4="Refused to continue and no appointment made." If the relevant members of a household refuse to be interviewed, it is essential to capture that information on this coversheet. Refusals need to be tracked and reported. 5="Other (specify)." Use this code if there are other reasons for the interview not being able to be completed. This may include reasons like a partially completed interview, the target respondent not being at home, inaccessible roads to the household, etc.

Question Number	Topic	Instructions
011A	Interviewer code	Each data collector (or interviewer) will be assigned a unique code to track which surveys they are implementing. Neatly write your code into box A.
011B	Interviewer name	Neatly write in your name in all capital letters into box B.
012	Date interview completed	Once you have completed the entire interview fill out this question with the date you completed the interview. Put a two-digit day, abbreviated month, and a four-digit year. Example: 30SEP2016
Comment Box	General comments	This box is available for you to write notes or questions you may have for your supervisor. You may also include general information you think would be helpful to know if needing to reschedule the appointment, such as directions to the house.

6.2 Module B: Informed Consent

Insert objective and instructions for administering the informed consent module according to your study protocol. A sample objective and instructions are given below.

Objective

The informed consent process ensures that the respondent understands the purpose of the survey, that their data is confidential, and that they can refuse to participate in the survey or to answer any question.

Instructions for Administering the Module

Before interviewing the primary caregiver, you will need to obtain their informed consent to participate in the survey. You will also obtain consent from the primary caregiver to measure the MUAC of all children ages 6–59 months.

First introduce yourself, and then read the consent form.

Obtaining informed consent is a process. After reading the informed consent form to the caregiver, ask the caregiver if they have any questions about the study or the information you shared with them about the study. Ensure that the caregiver is provided with the participant information sheet, which includes the contact information for the ethical review board.

If the primary caregiver consents to participating in the study, then have the primary caregiver sign or provide their thumbprint on the consent form.

If a Respondent(s) is Not Present

If the primary caregiver is not present at home and you must return later, when you return to the home you will have to re-explain the study, read the consent form, and obtain the consent from the primary caregiver at that time. Only primary caregivers who have signed or marked that they consent to participate can be interviewed.

6.3 Module C: Caregiver Questionnaire

Supplement the text below to provide any country-specific examples for questions on unexpected expenses. For questions on project services, it is suggested that the enumerator shows the caregiver a picture of the logo or uniform of the implementing partner as they pose the question.

Objective

The objective of the caregiver questionnaire is to understand the well-being of the household.

Instructions for Administering the Module

This questionnaire should not be administered until after the informed consent is obtained from the primary caregiver. Specific instructions for administering this module are given below.

Table 3. Instructions for caregiver questionnaire

Question Number	Topic	Instructions
1	Caregiver sex	Visually determine the sex of the caregiver and circle the appropriate category.
2	Caregiver age	If the caregiver cannot remember their exact age, use a calendar of major events by year from the study country to help determine approximately what the caregiver's birth year was. Then use this birth year to calculate an estimated age in years.

Question Number	Topic	Instructions
3	Project services (ever)	<p>The emphasis of this question is the timeframe, which is “ever.” If the main caregiver was visited by a community worker from the project two years ago, then the response would be Yes. If the caregiver cannot recall having received any services or participated in any activities from the local project, then select No.</p> <p>If Yes is selected, go to Question 4. If No is circled, skip to Question 5.</p>
4	Project services (past 6 months)	<p>This question is trying to determine recent project participation. The question emphasizes that the project services received or participated in must have been during the past 6 months. The caregiver is not required to recall exact dates services were received but must estimate whether they were in the past 6 months. Make sure that the service was provided by the project asked about in the question and not another project.</p>
5	Unexpected expenses	<p>Ability to access money for unexpected household expenses is a direct (outcome) measure of a household’s financial stability and resilience in the face of economic shocks. This factor is associated with the stability of children, caregivers, and other household members. Specifically, financial stability reduces the risk of a child having to work outside the home. Vulnerability in this area may be the source of (or part of a web of factors influencing) many other child or household well-being issues measured in these indicators, particularly nutrition and education.</p> <p>If response is No, circle No and skip to Question 7. If response is Yes, circle Yes and go to Question 6.</p>
7-8	Child discipline	<p>Questions 7 and 8 aim to understand the caregivers’ comfort level with child discipline. Question 7 focuses on what discipline is appropriate at home. Question 8 focuses on what discipline is appropriate at school.</p>
9	Number of children	<p>Neatly record the number of children (ages 0–17 years) for whom the primary caregiver is responsible. These children should be considered part of the household. The caregiver should be the main person caring for the child in terms of well-being, food/nutrition, education, etc.</p>

List of Child Names

Starting with the oldest child that the caregiver is responsible for, neatly list out the names of each child, their age, and age group. After you are finished listing them out, count them and make sure it adds up to the number recorded in Question 9. If not, add the additional children, or correct the number in Question 9. This list will be used to determine how many child modules to implement in the household—one for each child.

6.4 Module D: Child Questionnaire (0–4 years)

For questions on project services, it is suggested that the enumerator show the caregiver a picture of the logo or uniform of the implementing partner while posing the question.

Objective

This module of the questionnaire will obtain information about the well-being of the child age 0–4 years.

Instructions for Administering the Module

Questions in this module should be asked directly to the same primary caregiver who signed the informed consent. If there is no child less than 5 years old in the care of the primary caregiver, then skip this module. If there is a child age 0–4 years, then proceed with this module. You will also have to measure the mid-upper arm circumference of this child. Instructions on how to do this measurement follow.

In the image below, we have highlighted in red two questions that are asked of children ages 0–4 years which are not asked of children ages 5–17 years. The two questions are about early childhood education and the MUAC measurement.

No.	Question	Coding Category		Skip
1	Is [NAME] female or male?	Female	1	
		Male	2	
2	How old was [NAME] at their last birthday? Do not leave blank. If unknown, ask caregiver to estimate. If the child is not less than 5 years, stop interview and proceed to next household/child on list.	[_ _] years		
3	Does [NAME] have a birth certificate?	Yes	1	
		No	2	
4	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [NAME]: Read out a through e one at a time.	a) Read books to or looked a picture books with [NAME]?	Yes 1 No 2	
		b) Told stories to [NAME]?	1 2	
		c) Sang songs to [NAME] or with [NAME] including lullabies?	1 2	
		d) Played with [NAME]?	1 2	
		e) Named, counted, or drew things with [NAME]?	1 2	
5	In the last 2 weeks, has [NAME] been too sick to participate in daily activities?	Yes	1	
		No	2	
6	I don't want to know the results, but has [NAME] ever been tested to see if he/she has the AIDS virus?	Yes	1	If No: 8
		No	2	
7	I don't want to know the results but do you know the results of [NAME's] test?	Yes	1	
		No	2	
8	May I measure your child's mid-upper arm circumference? Measure the child's mid-upper arm circumference using the MUAC tape and document measurements.	[_ _]. [_ _] Cm		
9	Has [NAME] ever received services or participated in activities from [insert name of program]?	Yes	1	If No: end
		No	2	
10	Has [NAME] received services or participated in activities from [insert name of program] in the last six months?	Yes	1	
		No	2	

Figure 1. Child questionnaire (0–4 years)

Table 4. Instructions for child questionnaire (0–4 years)

Question Number	Topic	Instructions
1	Child sex	Ask the caregiver the sex of the child.
2	Child age	Do not leave blank. If unknown, ask caregiver to estimate. If the child is not less than 5 years old, stop interview and proceed to the next child on the list and go to the proper module for that age child.
3	Birth certificate	A birth certificate is issued by appropriate Government authorities, as reported by primary caregiver <i>and</i> verified by observation. A birth certificate is defined as the official in-country identification document, which often facilitate access to services.
4	Child engagement	This question asks about whether an adult engaged with the child in various ways. Read out loud each type of engagement one at a time, letter A – E, and circle the primary caregiver’s response (Yes or No).
5	Too sick for daily activities	This question is trying to determine if the child was too sick to participate in any sort of daily activities. Daily activities could include anything from playing, attending school, performing chores, eating or visiting with the family, etc. Emphasize that the question is asking about the past two weeks.
6	HIV test	Emphasize that you are not asking for results of the test. You only want a yes or no answer about whether the child has EVER been tested. If the response is No, circle No and skip Question 7 and proceed to Question 8. If the answer is Yes, circle Yes and proceed to Question 7.
7	HIV test result	Emphasize that you do not want to know the results of the HIV test. For this question, we only want to know whether the primary caregiver is aware of the test result (Yes or No). Circle the response.
8	MUAC	Here you must measure the child’s mid-upper arm circumference using the MUAC tape and document the results neatly in the response field. Instructions for measuring the MUAC are given below.
9	Project services (ever)	The emphasis of this question is on the timeframe, which is “ Ever. ” If the child age 0–4 years was visited by a community worker from the project two years ago, then the response would be yes. If the caregiver cannot recall any services received or activities participated in for the child age 0–4 years from the local project, then select No. If Yes is selected, go to Question 10. If No is circled, end the module for the child age 0–4 years.
10	Project services (past 6 months)	This question seeks to determine recent project participation of the child age 0–4 years. The question emphasizes that the project services received or participated in must have been <u>in the past 6 months</u> . The caregiver is not required to recall exact dates services were received but must estimate whether the services were received in the past 6 months. Make sure the

Question Number	Topic	Instructions
		service was provided by the project asked about in the question and not another project.

Question 8 on Questionnaire for Children Age 0–4 years: Anthropometry: Mid-upper arm circumference (MUAC)

The MUAC measurement captures information related to the nutritional status of young children in the household.

Who Responds to This Section

The enumerator will complete this question by measuring each child age 0–4 years in the care of the caregiver. Use a new blank child questionnaire for each child age 0–4 years.

Mid-upper arm circumference:

Use the non-stretchable MUAC tape for children provided. Measure the midpoint of the upper arm on the left hand of the child as follows:

1. First establish the midpoint by identifying the joint that joins the arm to the shoulder bone. From the shoulder point measure the distance to the elbow joint with the child's arm bent at a 90-degree angle. Establish the mid-point and mark it with a pen.
2. Wrap the MUAC tape around the child's arm at a tension not too tight or too loose.
3. Read the measurement through the MUAC window and record the circumference to the nearest 0.1 cm.

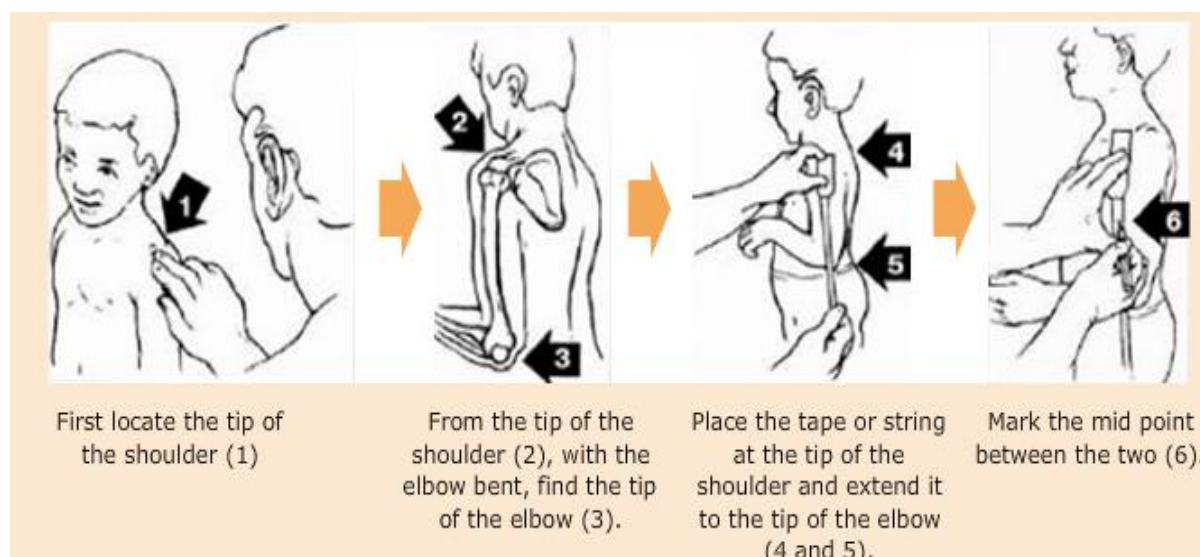


Figure 2. Instructions on measuring a child's mid-upper arm circumference

You will be required to measure many children. Do not omit any steps. It is easy to make errors when you are not careful. Concentrate on what you are doing.

Explain the measuring procedures to the mother and, to a limited extent, the child, to help minimize possible resistance, fear, or discomfort. You must determine if the child or mother is under so much

stress that the measuring must stop. If a child is under severe stress and is crying excessively, try to calm the child or return the child to the caregiver for a moment before proceeding with the measuring. Do not measure a child if the caregiver refuses, the child is too sick or too distressed, or if the child is physically deformed, which may interfere with obtaining a correct measurement. To avoid stigmatizing a child, you may want to measure him/her and make note of the deformity on the questionnaire.

To avoid hurting the child, keep objects, such as pens, away from the child while performing the measurement. It is also advisable to keep fingernails short and to remove rings and watches before you measure to prevent them from getting in the way.

6.5 Module E: Child Questionnaire (5–17 years)

For questions on project services, it is suggested that the enumerator show the caregiver a picture of the logo or uniform of the implementing partner while posing the question. To fill in the proper grade levels for children ages 5–17 years, each study should provide a table with country-specific grade codes for referral. This will ensure consistency across all questionnaires. Insert any country-specific clarifications or reasons for questions concerning children missing school.

Objective

This module of the questionnaire will obtain information about the well-being and education of each child age 5–17 years. A new module must be repeated for each child in this age group in the care of the caregiver.

The questions that are unique to the survey for children ages 5–17 years, which are not asked in the survey for children ages 0–4 years, are highlighted in red below.

Age group	<input type="checkbox"/> 5-9 years	<input type="checkbox"/> 10-14 years	<input type="checkbox"/> 15-17 years
------------------	------------------------------------	--------------------------------------	--------------------------------------

I have a few questions about [insert child's name].

No.	Question	Coding Category	SKIP
1	Is [NAME] female or male?	Female 1 Male 2	
2	How old was [NAME] at their last birthday? Do not leave blank. If unknown, ask caregiver to estimate. If the child is not between the ages of 5-17, stop interview and proceed to next household/child on list.	[] [] years	
3	Does [NAME] have a birth certificate?	Yes 1 No 2	
4	Is [NAME] currently enrolled in school?	Yes 1 No 2	If No: 7
5	During the last school week, did [NAME] miss any school days for any reason?	Yes 1 No 2	
6	What grade/form/year is [NAME] in now?	[] []	
7	Was [NAME] enrolled in school during the previous school year?	Yes 1 No 2	If No: 9
8	What grade/form/year was [NAME] during the previous school year?	[] []	
9	At any point in the last 2 weeks, has [NAME] been too sick to participate in daily activities?	Yes 1 No 2	
10	I don't want to know the results, but has [NAME] ever been tested to see if he/she has the AIDS virus?	Yes 1 No 2	If No: 12
11	I don't want to know the results but do you know the results of [NAME's] test?	Yes 1 No 2	
12	Has [NAME] ever received services or participated in activities from [insert name of program]?	Yes 1 No 2	If No: end
13	Has [NAME] received services or participated in activities from [insert name of program] in the last six months?	Yes 1 No 2	

Figure 3. Child questionnaire (5–17 years)

Instructions for Administering the Module

Questions in this module should be asked directly to the same primary caregiver who signed the informed consent. If there is no child between the ages of 5 and 17 years, then the enumerator has reached the end of the questionnaire. (In this case, there must have been at least one child in the age group of 0–4 years for whom the primary caregiver would have been administered the questionnaire).

Start with the youngest child between 5 and 17 years. At the top of the child questionnaire, circle the proper age group.

Age group	5–9 years	10–14 years	15–17 years
-----------	-----------	-------------	-------------

Proceed to administer the questionnaire to the primary caregiver for the youngest child. Upon completion of the interview for the youngest child, repeat the process using a new blank questionnaire for all remaining children (ages 5–17 years) in the household. Please remember to circle the correct age group at the top of the questionnaire for each new child.

Table 5. Instructions for child questionnaire (5–17 years)

Question Number	Topic	Instructions
1-3	Child sex, age, birth certificate	Follow the same instructions provided for these questions in the 0–4-year-old module.
4	School enrollment	Answer Yes or No as to whether the child is currently enrolled in school. If the questionnaire is being asked during a school or summer holiday, then ask whether the child was in school during the most recent school session. Circle the caregiver's response. If No is circled, skip Questions 5 and 6 and proceed to Question 7. If Yes is selected proceed to Question 5.
5	Missing school	This question is asking about whether a child missed any school days during the last week that school was in normal instructional session (not a testing week).
6	Current grade/form/year	Neatly record the grade/form/year that the child is currently enrolled in (or if student is on summer holiday, the grade the child was enrolled in during the most recent school session). Refer to the table with country-specific grade codes. Neatly record the proper code in the response box.
7	Enrollment status during previous school year	This question is asking if the child was enrolled in school during the previous school year (the school year former to the current school year being asked about in Questions 5 and 6). If the response is No, circle No then skip Question 8 and proceed to Question 9. If the response is Yes, circle Yes and proceed to Question 8.
8	Previous grade/form/year	This question is asking for the grade/form/year of the child during the previous school year (the year asked about in Question 7). The goal of this question is to determine whether the child reports being in a more advanced grade level at the time of the survey compared to the previous school year. Refer to the table with country-specific grade codes. Neatly record the proper code in the response box.
9	Too sick for daily activities	Refer to instructions for Question 5 of the questionnaire for children ages 0–4 years.
10-11	HIV testing and results	Refer to instructions for Questions 6 and 7 of the questionnaire for children ages 0–4 years.
12-13	Project services received	Refer to instructions for Questions 9 and 10 of the questionnaire for children ages 0–4 years.

Once this survey module is completed for each child age 5–17 years, the questionnaire is complete. Thank the primary caregiver for participating in the survey and ask them if they have any questions or anything to say.

Return to the cover sheet. Record any concerns or topics that must be discussed with the supervisor in the comment box at the bottom of the Household Identification Module (Module A). Also record the date the interview was completed for Question 012 on the cover sheet.

7. CONCLUSION

Provide a general conclusion to the enumerator manual. A sample conclusion is given below.

When properly implemented, the role of the enumerator is very important to the study, as it ensures that participants understand the purpose of the study, proper informed consent is obtained, data of the highest possible quality are collected, and communication on the study team is efficient. Individuals selected to serve as enumerators should continue to refer to the instructions included in this Enumerator Manual throughout the fieldwork period. It is vital that all enumerators have a complete and in-depth understanding of the questionnaire in both paper and electronic form (i.e., on the tablets), as well as all study forms.

APPENDIX 1: Survey Questionnaires

Insert final questionnaires, English and translated.

APPENDIX 2: Consent Forms

Insert final consent forms, English and translated.

APPENDIX 3: Confidentiality Agreement for Study Team Members

Edit the confidentiality agreement as required for your study and include below. A sample confidentiality agreement is given below.

CONFIDENTIALITY AGREEMENT

As a member of ***insert study team name*** study team, I understand that I may have access to confidential information about study sites and participants. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study sites and participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained during this research project that could identify the persons who participated in the study.
- I understand that all information about study sites or participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by approved protocol or by the local principal investigator acting in response to applicable law or court order, or public health or clinical need.
- I understand that I am not to read information about study sites or participants, any other confidential documents, nor ask questions of study participants for my own personal information but rather only to the extent and for the purpose of performing my assigned duties on this research project.
- I agree to notify the local principal investigator immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this is on my part or on the part of another person.

Signature: _____

Printed name: _____

Date: _____

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, North Carolina 27516
Phone: +1 919-445-9350 | Fax: +1 919-445-9353
Email: measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government.
MS-18-130
ISBN: 978-1-64232-019-0

