

Informed Decisions for Actions to Improve Maternal and Newborn Health

BASELINE SURVEY FIELD MANUAL

**Measuring enhanced interactions between families and frontline workers and whether
they lead to increased intervention coverage for mothers and newborns in Uttar
Pradesh, India**

PREPARED BY:



September/October 2012

Please note that this document has been edited to protect the identity of the individuals who are included in the accompanying open-access datasets. Section 4 (summary list of cluster names and ID numbers) has been removed.

The questionnaires which formed part of this original document have also been removed and are now included in the accompanying data collection as individual documents for both 2012 and 2015.

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1. BACKGROUND INFORMATION

Uttar Pradesh, India has been identified as one of the ‘focus geographies’ for innovation in maternal and newborn survival. In collaboration with their grantees, including the London School of Hygiene & Tropical Medicine, the Bill and Melinda Gates Foundation’s (BMGF) MNCH strategy team has identified three learning questions for measurement, learning and evaluation of the strategy over the next 5 years: (1) whether interactions between families and front-line worker are “more, better, equitable, and efficient” and whether these interactions have led to increased coverage of key maternal and newborn interventions (2) whether and why (or why not) implementation models have spread, and (3) for those that have spread, whether these models are associated with improved survival at scale. The London School of Hygiene & Tropical Medicine has been funded to address these questions through the IDEAS grant, and has identified Sambodhi Research & Communications Pvt. Ltd. to collaborate with as the local implementation partner for the IDEAS grant in Uttar Pradesh, India.

The five objectives of the IDEAS grant as implemented in Uttar Pradesh are (1) to strengthen grantee and sub-grantee capacity for measurement, learning and evaluation through a Technical Resource Centre; (2) to gather, analyse and synthesise evidence in key districts for enhanced interactions between families and front line workers, whether these lead to increased intervention coverage, with reasons why this has or has not been achieved; (3) to assess the extent to which maternal and newborn health (MNH) intervention models are scaled-up in Uttar Pradesh, and investigate enabling and inhibiting factors for scale-up; (4) to gather, analyse and synthesise evidence on whether integrated community-based demand- and supply-side intervention models implemented at scale improve newborn survival; and (5) to develop and disseminate best practices for learning and actionable measurement in maternal and newborn health.

The project will involve close collaboration with current maternal and newborn health intervention grantees of BMGF in Uttar Pradesh, who are already collecting, or plan to collect, many of the data that can answer IDEAS’ learning questions. Additional data sources include DLHS and similar surveys. Where gaps exist, a limited amount of additional data collection will be done in collaboration with key partners. Large-scale effectiveness and impact will be addressed through adapting the district evaluation platform approach.

Background information

The toll of preventable maternal and newborn health problems remains enormous, and is largely confined to low- and middle-income countries. Of the estimated 3.6 million annual deaths in newborn babies, the largest single causes are preterm birth complications (29%), birth asphyxia (23%), sepsis (14%), and pneumonia (11%) (Black et al Lancet 2010), and most of these deaths are preventable using existing tools and strategies (Darmstadt et al Lancet 2005). The term “birth asphyxia” is increasingly being replaced by “acute intrapartum event” and includes problems which lead to intrapartum stillbirths as well as early neonatal deaths: when these still-births are included, over half of all deaths in under-5 children occur before 28 days of life. In addition, there are an estimated 343,000 maternal deaths around the world each year (Hogan et al Lancet 2010) and although both maternal and newborn deaths show a downward trend in many countries over recent years, the burden of premature death and disability remains unacceptably high.

In March 2009 a new strategy was approved for Maternal, Newborn and Child Health (MNCH) at the BMGF, which focuses on outcomes during pregnancy, childbirth and the 28 days thereafter. At the core of this strategy is the notion that frontline workers – encompassing shopkeepers, traditional birth attendants, and community based workers as well as medical professionals – are essential in delivering health knowledge and solutions to families. The new strategy identifies Uttar Pradesh, with an estimated 16% of the India's population, as a 'focus geography'. The state has the highest rates of maternal, neonatal and child mortality in the country with Neonatal Mortality Rate at 45 per 1000 live births and Maternal Mortality Ratio at 359 per 100,000 live births (Ref.: Sample Registration System, 2009).

Purpose

The work being carried out has two main purposes. First, to find out more about the way in which families get health care in their own homes, and at health facilities. In particular, for women and babies it is important to know how many times families get health care, how much it costs families to get health care, and how good that health care is. With this information we will be able to give advice about the type of families who need more help and the services that still need to be strengthened. Second, to find out more about the things that people are already doing to improve the health of mothers and babies. With this information we will be able to give advice about the actions that are successful, and identify the actions that need more encouragement.

Activities

We are conducting a survey in households, communities and in health facilities. In households, we would like to speak to household heads, and to all women aged between 13-49 years. The interview will take approximately thirty minutes per person. Each person will be given a full explanation about the survey and each person will be free to agree or not to agree to be interviewed. However, we would like everyone to agree to be interviewed because their answers are important to us, and their answers will be confidential. In communities we would like to speak to volunteers who support maternal and newborn health about the work that they do in the community. In health facilities, we would like to speak to health workers about the work they do to support maternal and newborn health, and about the equipment they have available.

2. OBJECTIVES OF THE IDEAS BASELINE SURVEY

The objectives of the IDEAS Baseline survey are to answer the following questions:

- 1) Whether families are getting more and better health care from health workers working in communities, in health posts, and in health centres;
- 2) Whether families of different socio-economic backgrounds have equal access to health care; and
- 3) How many women and babies are doing the actions that are known to improve health?

In order to meet these objectives the IDEAS Baseline survey will interview families in households (household heads and to all women aged between 13-49 years), volunteer health workers in communities, and health workers in Health Facilities [Community Health Centre (CHCs), Primary Health Centre (PHCs)]. These interviews will be focused on 'clusters', meaning all households in selected geographical areas, and the health workers who provide services to those households.

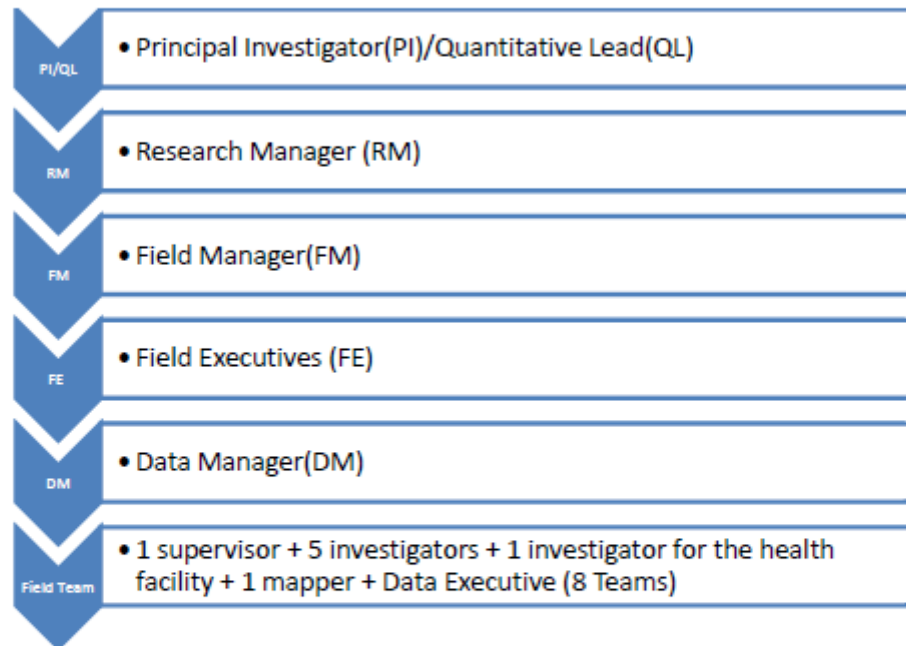
3. TIMETABLE OF IDEAS BASELINE SURVEY

Overall Timetable

Table 1: Dates for the IDEAS Baseline Survey in Uttar Pradesh

Activity	Completion date
Discussion IDEAS/Sambodhi	10/11 th July 2012
Discussion and agreement of measurement approach (including sample size, sampling approach, definition of interactions and interventions) between the foundation and IDEAS	12/13 th July 2012
Build sampling frame for survey areas	by end July 2012
Protocol and tools sent to foundation and grantees for review	by end July 2012
Translate survey tools	by end July 2012
Pre test survey tools	by 6 th August 2012
Revise survey tools and protocol following pre-test and review	by 10 th August 2012
Prepare training manual for survey team	by 10 th September 2012
Programme survey tools to MINI LAPTOP	by 14 th September 2012
Test MINI LAPTOP programmes	by 18 th September 2012
Check all approvals in place	by 20 th September 2012
Train survey teams	by 26 th September 2012
Implement household and frontline worker survey	By 15 th November 2012
Data Set Sharing	By 10 th December, 2012
Preliminary results available for dissemination	January 2013

Team Composition



The field team will consist of 8 persons (1 supervisor and 5 investigators plus 1 investigator for the health facility plus 1 mapper) in each of the 6 identified Districts. In total, there will be 8 teams. It will conduct the survey of Households, Facilities and FLWs and will be guided by the Field Manager. The Field Manager will be responsible for carrying out the day to day activities of the field and he will be looked after by Research Manager. The Research Manager will in turn provide training to the field team, conduct field visits, hold de-briefing sessions and will also be responsible for monitoring and evaluation. He will be assisted and helped by the Principal Investigator/Quantitative Lead.

4. SUMMARY LIST OF CLUSTERS/IDS

Section 4 has been removed to protect the identity of the individuals who are included in the datasets which are included in this data collection.

5. INTERVIEWER ROLES AND RESPONSIBILITIES

The role of the interviewer is crucial to the survey, since the quality of the data to be collected will be determined largely by the quality of the interviewer's work. The interviewer should keep in constant contact with the supervisor, informing the supervisor of any problems that are encountered during data collection in the field. Both supervisors and interviewers must strictly follow all instructions contained in this manual. Interviewers are required to become sufficiently familiar with all questionnaires before arriving at the household/health facility.

The daily routine of the interviewers should include the following:

- Having a full understanding of the processes to be completed;
- Ensuring that all equipment needed for the work is available, and is kept securely;
- Stay in contact with the supervisor, including reporting any problems with the equipment or the work immediately;
- Follow the instructions of the supervisors for data collection in order to ensure

- efficient and cost-effective data collection;
- Identify all respondents and interview them using the correct questionnaire.
- Properly fill in the responses to the program and forms, including correct identification numbers;
- Check completed forms to be sure that all are correctly numbered (e.g. the consent form), that all questions were asked and that responses were properly recorded; and
- Make call backs to household and FLWs who could not be interviewed during the initial visit.

6. FIELD EXECUTIVE ROLES AND RESPONSIBILITIES

- They will manage the field team with the help of supervisors
- Ensure the quality of data
- Make any corrections with due support from the supervisors
- Supervise the work of the facility interviewers
- Remain in contact with the data executives

7. SUPERVISOR ROLES AND RESPONSIBILITIES

The supervisors will have many tasks during the survey and will play very important roles in ensuring the quality of the survey data. They will conduct the FLW interviews at the community.

All supervisors should perform the following tasks on a daily basis:

- Have a full understanding of the processes to be completed;
- Supply the interviewers with the necessary survey equipment (e.g. consent forms, list of households, mini laptops, gps, field manual, etc);
- Stay in close contact with the Survey Lead, reporting any problems immediately;
- Plan field work activities to maximize efficiency and effectiveness, and follow the survey timetable;
- Observe at least one interview for each interviewer in his team. Make sure to:
 - Check that the interviewers are stating the questions exactly as instructed;
 - Explain any questions that the interviewers have;
 - Check that the interviewers are identifying all the correct respondents; and
 - Check that the interviewers are filling in answers as they are given by the respondent.
- Each day, scrutinize the work of his team. This includes:
 - Checking how many households have been completed;
 - Checking how many respondents in households have been completed, and if any have been missed understanding why they have been missed;
 - Looking at the responses of the already identified key questions so that the investigators doesn't skip a section of the questions
 - Verifying the consistency of answers between interviewers;
 - Investigating high levels of non-response (i.e. if an interviewer reports many refusals or leaves sections empty when they should be completed); and
 - Ensuring that you receive the total number of forms that are required to be completed.
- If any error/discrepancy is identified during the scrutiny, the supervisor will:
 - Discuss the error immediately with the interviewer;
 - Correct the error with the help of the field and data executive and the

- interviewer
 - In some cases, revisit the household with the interviewer.
- Meet with the interviewers on a daily basis to discuss performance, answer questions, resolve problems, and give feedback on the progress of the survey;
- Carry a notebook at all times to keep a record of the following:
 - Any sampling procedure problems;
 - Any other difficulties in the field (also transcribed from interviewers' notes);
 - Ad hoc decisions made on how to record unexpected answers; and
 - General observations about the survey.
- Follow the instructions for transfer of data from mini laptop to office and IDEAS (see below);
- Carry out spot-checks as described under Quality Control;
- Help to resolve any problems that interviewers might have during survey;
- Prepare a correctly labeled 'cluster envelope' for each survey cluster that contains a summary report of the work, all consent forms (see below).

8. DATA EXECUTIVE ROLES AND RESPONSIBILITIES

- Creating backups for the data received from the supervisors
- Checking and matching the household number or FLW or Facility number, and the cluster number
- Checking whether the desired number of interviews have been conducted daily
- Making corrections, if any with the support of the supervisor through the investigators
- Sending the data to the data manager in the office

9. DATA MANAGER ROLES AND RESPONSIBILITIES

- Keep a record of all cluster envelopes that are returned to the office and ensure that no cluster envelopes are missing;
- Keep a record of all electronic data that is returned to the office and ensure that no electronic data is missing;
- Check that the electronic data received corresponds to the work described in the summary form in the cluster envelope. If any discrepancy is identified between the summary form in the cluster envelope and the digital data the data executive should contact the supervisor immediately to follow-up;
- Ensure the security of the original electronic data;
- File all consent forms according to cluster number;

10. INTERVIEWER SKILLS

In order to collect accurate data, it is crucial that the interviewer create an atmosphere in which the respondents feel comfortable enough to answer questions honestly and thoroughly.

10.1. Dress Neatly and Appropriately

The respondent's first impression of you is based upon your appearance. Dress in a way that is appropriate to the situation and is culturally acceptable in the locality so that the respondent will feel comfortable during the interview. The way you dress will influence whether you have a successful interview or not.

10.2. Establish a good Relationship with the Respondent

Establishing positive relationships with the respondent involves ensuring the following protocol is followed:

- Make a good first impression. Before conducting the interview, greet all household members politely and establish a friendly and respectful relationship with the respondent.
- When first approaching the respondent, do your best to make him/her feel at ease. With a few well-chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and a polite greeting and then proceed with your introduction.
- Make sure to introduce yourself in detail and explain the study and why you wish to conduct the interview. After initial greetings, a good introduction should start with something like: "My name is _____. I am a representative of Sambodhi Research and Communications Pvt. Ltd. and the London School of Hygiene and Tropical Medicine. We are conducting a study named **Informed Decisions for Actions to Improve Maternal and Newborn Health** in Uttar Pradesh. We are very interested in your knowledge and experiences and would like to ask you some questions if that is ok." Then proceed with explaining the purpose of the study in more detail and obtaining a signature on the informed consent form.
- Avoid inconvenient times for interviewing, such as meal times. Try to arrive when the respondent will not be too busy to answer questions. If the respondent refuses to be interviewed, politely ask for the reasons for the refusal and note the reasons on the MINI LAPTOP. Inform your supervisor immediately.
- Remain calm and polite at all times.
- Do not take personal calls while you are interviewing! Put your personal phone on 'silent' mode while at the interview and wait until you are finished with the interview to return calls.

10.3. Obtain Written Informed Consent and Answer Respondents' Questions

Honestly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or about how he/she has been selected to be interviewed. Be direct, honest, and polite in your answers. In particular, if the respondent asks about the length of the interview, provide your best estimate and assure the respondent that all of the information he/she provides is very important and that you appreciate his/her time. Do not underestimate the length of the interview since respondents may become restless or irritated when the interview takes longer than this.

However, if the respondent asks questions about intervention schemes, medicines, or any other information that we are trying to gather from him/her, then tell him/her that you will try to answer the questions after you have finished the interview.

10.4. Encourage Honesty and Cooperation through Your Attitudes and Behaviours

The quality of the information you collect will depend to a large extent on the attitudes and behaviours of the interviewer. The interaction between yourself and the respondent is very important; make sure that you are treating respondents respectfully and that you are showing interest in their responses. The respondents should know that you appreciate their cooperation and the time they are taking to help make the

survey successful.

If respondents feel that the information they are providing is important and that you are sympathetic to their situations, they will be more straightforward with responses and will be more likely to answer questions to the best of their ability. If they feel that you do not care about their responses, are pressured to respond, or think that the interview is a burden, their answers will not be thorough or honest.

10.5. Ask the Questions as They Are Written in the Survey Tool

Each question will be discussed thoroughly during training to ensure that the wording conveys the question clearly; any changes to be made to the survey tool will be done during training. Make sure that you ask all questions exactly how they are written on the survey tool.

During interviews, speak slowly and clearly so that the respondent(s) will have no difficulty in hearing or understanding the question. If you need to repeat the question, do not paraphrase it but repeat it as it is written. If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording so that you do not alter the meaning of the original question.

10.6. Never Suggest Answers or Offer Opinions to the Respondents for Specific Questions

It is human nature for the interviewee to want to give the 'right' answers by telling you what they think you want to hear. Make sure to avoid leading respondents towards certain responses or giving the respondent an impression that you are looking for a specific answer.

It is also human nature for the interviewer to want to make the respondent feel comfortable. However, if the respondents' answers are not relevant to a question do not re-phrase their answers or guide them by saying something like "I suppose you mean that...Is that right?" In many cases, the informants will agree with your interpretation of their answer, even when that is not what they meant. Rather, in most cases, you should probe in such a manner that the informants themselves come up with the relevant answer. For instance, ask for more information by saying "can you please explain a little more?" or "there is no hurry, take a moment to think about it."

Specific questions for which it may be necessary to provide additional clarification will be discussed in the detailed instructions for completing the survey tools. Even in these cases, you should provide only the minimum amount of information required for an appropriate response. Also, even if respondents have trouble answering a question, never read aloud the list of coded answers unless you are specifically instructed to do so in the survey tool or during training.

If the respondent asks for your opinion or advice, simply respond that you are interested in their knowledge and opinions. Explain this by simply stating "I'm sorry but I am not in a position to provide any advice or opinions." If the respondent informs you about practices that you believe to be wrong, do not say this to the

respondent or provide any indication that you feel this way. Remember that the purpose of the survey is to collect accurate information about respondents' knowledge and experiences. If respondents feel that you disagree with them or are placing judgment on them, they will be less likely to answer other questions honestly.

10.7. Ask All Applicable Questions

In most cases, you will ask questions in the sequence in which they appear in the survey questionnaire. Make sure that no questions are left blank, except where you have been specifically instructed to do so by a skip pattern. Make sure that you carefully follow all instructions on the MINI LAPTOP.

If you notice an error when using the MINI LAPTOP always fill in the data correction sheet immediately to explain the error, writing down the household or respondent number clearly. Use a different data correction sheet for each new interview you carry out.

10.8. Handle Hesitant Respondents Carefully

There may be situations where the respondent simply says, "I don't know", gives an irrelevant answer, acts very bored or detached, contradicts something they have already said, or refuses to answer the question. In these cases you must try to re-gain their interest in the conversation. For example, if you sense that they are growing restless, reassure them that there are not many more questions or suggest that you take a short break from the interviewer and continue in a few minutes. Another option is to wait silently when respondents provide short or insufficient answers (try slowly counting to ten in your head without saying anything while maintaining eye contact). In many cases, the respondent will fill the silence by elaborating upon their initial response.

If the informant gives an irrelevant response, a response that is much too lengthy, or complains about something, do not stop them abruptly or rudely. Listen to what they have to say and then try to steer them gently back to the original question. You can also write down what they say and tell them that it is duly noted. Remember that a positive and respectful atmosphere must be maintained throughout the interview.

10.9. Stay 'Neutral' Throughout the Interview

- Most people are polite and will tend to give answers that they think you want to hear. Never allow the respondent to think that she has given the 'right' or 'wrong' answer to the question, either by your body language (e.g. expression on your face) or your words (e.g. the tone of your voice or response to their answer). Further, never appear to approve or disapprove of any of the respondent's replies.
- A respondent may ask you certain questions during the interview about certain schemes related to the study. Tell him/her that we are interested in their opinions and that you will answer their questions at the end of the interview.
- If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as: "Can you explain a little more?"; "I did not quite hear you, could you please tell me again?" or "There is no hurry, take a moment to think about it."

11. SELECTING HOUSEHOLDS, FLWS AND HEALTH FACILITIES FOR INTERVIEW

Cluster Selection

Clusters (villages) will be sampled using two stage cluster sampling. From the 6 districts and 80 blocks in Uttar Pradesh, 40 clusters will be sampled to represent areas with grantee intervention and 40 clusters will be sampled to represent areas without grantee intervention (comparison) allowing a difference in differences approach to be applied during analysis.

Household Survey

Household Selection

This is the responsibility of the mapper.

All the households in a particular selected cluster (village) will be surveyed at baseline and at endline. In the event of the cluster having more than 75 households, segments will be formed using Standard Approach. The segmentation procedure is as follows:

- The total number of households in the village will be divided by 75 to determine the number of segments within the village.
- The mapper will work with village representatives to divide the village map into the calculated number of segments, each segment having approximately the same number of households.
- One segment from the village will then be selected at random by numbering the segments and picking one number at random (e.g. by asking a community member to select a number between 1 and the maximum number of segments).
- Interview all households in that segment
- Retain a copy of the map, indicating which segment was selected so that one could go to the same cluster during the endline survey.

In order to reach the required sample size, cluster size must be at least 50 households.

Household Member Selection

At each household, the following members of the household will be interviewed as part of the household survey:

- All Household heads
- All resident women aged 13 to 49: women in this subgroup who have had a live birth in the last 24 months will be interviewed by a special module.

Frontline Worker Survey

The following FLWs should be identified for interview:

- 2 Community Workers who work in the selected village (between ASHA, AWW and Swasthya Sakhi depending upon their presence and availability)
- ANM at the nearest PHC to the selected cluster (village)
- Nurse at the nearest CHC to the selected cluster (village)

Health Facility Survey

Health Facility Assessments should be conducted for the following sites:

- PHC nearest to the selected cluster (village)
- CHC nearest to the selected cluster (village)

PHCs will be distinct for each block; however, 2 blocks may have the same CHC.

Unique ID numbers

Entering the correct unique ID numbers are essential for the survey. Unique ID numbers also need to be written on all consent forms, and entered on the GPS machine as described.

Cluster codes

The FLW and facility interviews must have the same cluster code as the household interviews so that cluster based analysis can be conducted. Clusters are coded from 1 – 80 and a list is provided above (section 4).

District codes

Districts are coded from 1 – 6 as follows:

(1) Hardoi (2) Jhansi (3) Sultanpur (4) Maharjganj (5) CSM Nagar (6) Raebarailly

Household and person unique ID

The Supervisor will assign numbers to interviewers at each cluster to ensure that each household has a unique ID number. For example:

Interviewer 1: household numbers 1-15

Interviewer 2: household numbers 16-30

Interviewer 3: household numbers 31-45

Interviewer 4: household numbers 46-60

Interviewer 5: household numbers 61-75.

Some household numbers may not be used (e.g. if Interviewer 1 has only 13 households, not 15), but it is most important that each household have a unique number.

Persons living in the household should be listed and the most senior person in the household given the number 1, followed by other household members by level of seniority.

Unique household numbers will be a combination of district code, cluster code and household number e.g. 01/02/75 (Hardoi district, cluster 2, household 75)

Unique person numbers will be a combination of district code, cluster code, household number and person number e.g. 01/02/75/01 (Hardoi district, cluster 2, household 75, person 1)

Frontline workers

Each FLW should be given a unique ID number that combines the District, the Cluster, and the cadre of FLW as follows:

FLW: (1) ASHA (2) AWW (3) Nurse (4) ANM (5) Swasthya Sakhi

For example, 06/80/01 is the unique ID for ASHA in cluster 80, Raebaraily district. And 06/80/03 is the unique ID for Nurse in cluster 80, Raebaraily district.

Facility

Each Health Facility should be given a unique ID number that combines the District, the Cluster and the type of facility as follows:

- PHC (1)
- CHC (2)

For example, 01/05/01 is the unique ID for the PHC in cluster 5, Hardoi district. And 01/05/02 is the unique ID for the CHC in cluster 5, Hardoi district.

12. USING THE MINI LAPTOPS AND DATA PROCESSES

Training document for using the Mini Laptop to open forms and enter data

Table 2: CSPro Shortcuts

Enter	For next field / form
Del	Delete currently selected item(s).
Up Arrow	Move up one line.
Down Arrow	Move down one line.
Ctrl + K	See answer options. Once answer options are displayed, pressing Ctrl + K again will remove the display of answer options
Ctrl + J	View full screen
Ctrl + A	Add new case
Ctrl + S	Save the active document.

Training document for using the GPS Device to record GPS

1. The investigators will carry the GPS devices along with them during the interviews
2. Press the "Light" button to switch on/off the GPS device
3. Go to "Satellite" option
4. Hold the "Navigation" button for 5 seconds
5. The GPS Co-ordinates will automatically be recorded
6. Make a careful note of the latitude and longitude coordinates in your notebook. You will need to enter latitude and longitude in the mini laptop program for each survey, and you will be asked to enter them twice so as to minimize the chances of wrong entry
7. Enter the cluster and household or FLW or facility number for each household or FLW or facility interview respectively in the "Number" box, e.g. 32/30 (cluster 32, household 30), or 32/01 (cluster 32, Asha), or 32/02 (cluster 32, CHC).
8. Enter the details, if any in the "Note" box just below the "Number" box
9. Click on done
10. Switch off the device when not in use by pressing the "Light" button

SOP for the interviewers

1. Switch on the mini-laptop
2. Double click on the folder named IDEASHH/FLW/Facility on the Desktop
3. Double click on the "enc" file e.g. IDEAHH.enc
4. Save the file in the same sub folder under the nomenclature (C+Cluster No+I+Interviewer ID) For instance: C32I05 meaning Interviewer 5 conducted the HH interview in cluster 32.

SOP for transferring data from mini laptop to supervisor laptop

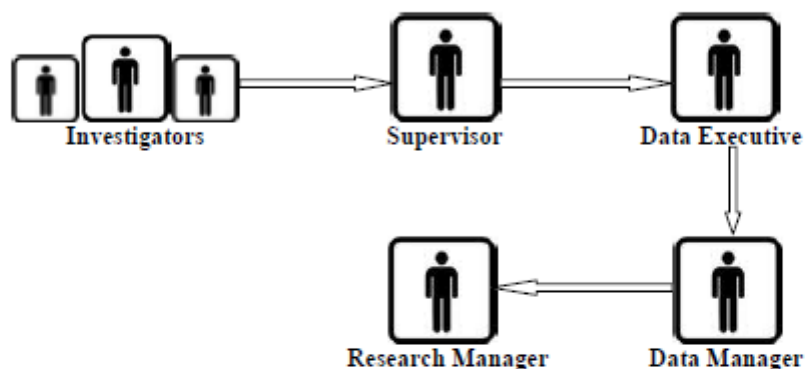
1. At the end of each day, collect the laptops from the investigators
2. Ensure that the investigator laptops returned are in working condition
3. Copying the data from the investigator Laptops:
 - On the investigator laptops, the data collected during the day is saved in the sub-folders named FLW, HH, Facility (Date Wise) stored under the folder IDEAS_Baseline (District Name) on the Desktop.
 - Having verified the presence of data for the day on the desktop, connect a pen drive to the investigator laptop
 - Ensure that the pen drive has a folder with the following nomenclature scheme: IDEAS_Baseline (District Name)
 - Double-click the folder IDEAS_Baseline (District Name) on the desktop of the investigator laptop
 - Select the file named Date, for instance 05102012 meaning 5th October, 2012
 - Right-click on the file and copy it.
 - Then navigate to the folder named IDEAS_Baseline (District Name) in your pen drive and double click on the mouse
 - Once within the folder, right click on the mouse and paste the file in the folder having the file name as the name of the investigator. i.e. there will be 5 sub-folders if there are 5 investigators in a particular district
 - Then remove the pen drive from the investigator laptop as demonstrated in the training.
4. Repeat Step 3 for all the investigators
5. Now connect the same pen drive to the supervisor laptop and transfer the files copied in steps 3 and 4 into C drive of that laptop under the folder named IDEAS_Baseline (District Name)
6. The supervisors will collect the GPS data from each of the investigators daily, save them with the nomenclature IDEASGPS_District, Supervisor Name_Date and send the same to the office and also mail at ideasbaseline@gmail.com

SOP for storing data on laptop, backing up data, and transferring data to office

1. The date wise and investigator wise data has been collected, copied and pasted on the supervisor laptop

2. Create a backup for each and every data
3. Once all the files have been copied to the destination folders, compress the folder (using WinZip) and mail the file to the following mail ID: ideasbaseline@gmail.com provided to you
4. The data has to be mailed daily and both the field executive and the data executive shall be responsible for the regular umini laptoption of the data sets

Data Transfer Procedure/ Data Flow Diagram



The supervisors will daily collect the data from the investigators, check them and if any errors are found, they will correct the same with due help from data executive and the investigators. Data Executive will create back ups for the data, check the household/structure number and after verification will send the same to the Data Manager in the office who in turn will clean them, if the need arises and then send them across to the Research Manager.

SOP for Data Management in the Office

Once the data has been stored in computer readable form, the next task will be to eliminate the more obvious errors that would have occurred during the data collection, coding and input stages. An edit program would need to be specified. This will look at missing values, skips, range checks and checks for inconsistency. An edit programme will require a set of instructions for the computer package used that will automatically examine, and draw attention to, any record that appears to have an error in it.

Data will be edited before being presented as information. This action ensures that the information provided is accurate, complete and consistent and to ensure that broadly three types of checks are advised:

- **Validity Checks:** It shall look at one question field or cell at a time. This check will ensure that identifiers are recorded, invalid characters, and values have been checked for; essential fields have been completed (e.g., no quantity field is left blank where a number is required); specified units of measure have been properly used; and the reporting time is within the specified limits.

- **Range Checks:** For data fields containing information about a continuous variable e.g. costs, weight etc., observations should fall within a specified range. Thus, if the weight of a child falls outside the normal range it should be checked.
- **Consistency Checks:** Often certain combinations of within-range values of different variables are either logically impossible or very unlikely. Data entry programme shall have some checks to ensure data consistency. These checks will minimize all the errors introduced during the data collection, coding and data input phases.

SOP for Preparing the 'Cluster Envelope'

- The Cluster Envelope is the responsibility of the Supervisor. One Cluster Envelope must be completed for each survey cluster.
- The outside of the Cluster Envelope should be clearly labeled with the Village Name, the District Name, the Cluster Number, the Supervisor Name, and the Date.
- The Cluster Envelope should contain the following for each cluster:
 - 1) A cluster summary sheet, *Figure 2* shown below
 - 2) All completed consent forms

The Cluster Envelope must be closed and kept in a safe place until it can be returned to the office.

Figure 2: Cluster Summary Sheet

Cluster identifying information	
Name of Village	
Name of District	
Cluster Number	
Household interview	
Total number of households at the cluster	
Total number of households interviewed	
Total number of households refused to be interviewed	
Total number of women aged 13-49 interviewed	
Frontline worker interview	
Total number of community volunteers for MNH in the cluster	
Total number of community volunteers interviewed	
Total number of health workers interviewed	
Health facility interview	
Name of PHC interviewed (or cluster number if a shared PHC in this block)	

Name of CHC interviewed (or cluster number if shared CHC in this block)	
Paper forms	
Total number of Consent Forms in envelope	
Supervisor signature	
Date cluster completed	

13. QUALITY CONTROL (HOUSEHOLD, HEALTH FACILITY, FLW)

13.1. Preparatory Phase

The following are some of the data quality issues need to be considered during the preparatory phases;

- **Recruitment of enumerators/data collectors:** Recruitment of enumerators is the very important step in preparatory process for the study, quality, unbiased and meaningful data can be collected if we are able to recruit competent enumerators, they should have to have previous related experience and education background and they need to be quick learners, in addition they should have to be fluent speaker of the local language.
- **Programming and testing of survey questionnaires:** All questionnaires will be programmed and tested for completeness/accuracy prior to training of field staff.
- **Training of field staff:** Training of field staff is a vital step in the study process; accurate, meaningful information can be collected only if enumerators thoroughly understand all of their field instructions and procedures.

Sambodhi Research and Communications Pvt. Ltd. will train all supervisors and enumerators-involved in the survey on the overall study methodology and study objectives so that all involved will be able to make a full contribution and collect high quality data in a timely manner without compromising the integrity of the study methodology.

The training sessions will cover the following key topics:

(i) Study objectives; (ii) organization of the study team and division of responsibilities and line of communication (iii) sampling procedures (iv) managing study logistics (v) recording of data (vi) ethical issues (vii) discuss and clearly understand each and every questions and (viii) pre-test of the data collection tools and incorporate feedback from the pre-test.

The following documentation will be produced for the training sessions:

- **Field manuals** to which the data collection team members can refer during field work.

- **Detailed job descriptions** for interviewers, supervisors, and field level coordinators to depict their day-to-day duties and responsibilities during the field work.

13.2. Implementation Phase

- **Data collection supervision:** The data collection and data entry teams will operate within a strict supervision and quality control system, with the supervisors, survey team leader, and data manager regularly supervising and providing feedback on data collection and entry activities.
- **Check for accuracy, completeness, and consistency:** A number of procedures will be in place to ensure that data is accurate, complete, and consistent. Interviewers will be provided with a field data collection manual that will contain all the necessary guidelines and clarification to assist them in collecting high-quality data. Interviewers will check if all questions are correctly filled before they leave to the next interview. Moreover, the Supervisors will double-check data downloaded from the mini laptops each night, and run summary forms to check completeness of the data collected. Any inconsistencies should be resolved before leaving the cluster. In addition, Supervisors will accompany each enumerator during the survey at least once within the first 2 clusters of fieldwork. When any problem or doubt arises, the interviewers will be sent back to the field sites to rectify the problem. Field supervisors will also be given a list of procedures to guide them in checking the field forms.

Additional data assurance techniques that will be employed include the following:

- **Spot-checking:** Supervisors will also check enumerators' field work at random times without warning. Supervisors should aim to accompany each interviewer at least once each working day. The supervisor should observe the interviewer's work and provide immediate feedback to the interviewer about his/her performance.
- **Daily summary checks:** Supervisors will perform daily comparisons of enumerator interviews and will do back-checks.
- **Daily transfer of data to the office:** Supervisors will send data as frequently as possible (at maximum, daily; at minimum, every three days) to the senior team members so that they can see the data in real time and provide feedback.

13.3. Data management phase

- **Checking Completeness of Collected Data** The Survey Team Leaders and the Supervisors in each study team should check data downloads at the end of each day to ensure completeness of data.

When errors or mistakes are found, the Supervisor or Survey Team Leader should make a note of the error and convey this to the Data Manager who will oversee any required data cleaning.

- **Data Validation in the Survey Database and Final Survey Data Checking**
Any errors or discrepancies found during data validation in the central database should be checked against the raw data and cluster summary sheets, and unini laptopped in the validated file. The validation procedure includes checking internal consistency and cleaning. If the error made was not due to electronic data entry, the data manager will communicate with the Survey Team Leader in order to rectify the problem and to improve subsequent data checking procedures. This will be done repeatedly for each data collector until the errors are entirely fixed.
- **Database Storage** The Data Manager will store the data in the laptop taking proper backups which will be kept in the office.
- **Paper storage** The Data Manger will organize the received paper forms and file and store them in a secure location in the office. Paper forms will include the following:
 - Cluster Summary
 - Consent Forms

14. SURVEY TEAM EQUIPMENT LIST

The data collection teams will be provided with the following list of materials to be utilized during the survey periods, summarized in *Table 3*.

Table 3: Survey Team Materials

ITEMS NEEDED IN THE FIELD EACH DAY	
Each person	
	Notebook
	Pens
	Folders for filing forms
	Copies of spare paper questionnaires in case of emergency
	Bag
	Information sheets
	Field Guide
Interviewers:	
	Consent forms
	Mini laptop with charger
	GPS Device with batteries
Supervisors:	
	Mini laptop and charger
	GPS Device with batteries
	Summary forms for daily envelope
	Questionnaires for back-checking

Each team will be transported by one vehicle and driver.

15. WRITTEN INFORMED CONSENT

Written informed consent must be obtained from all respondents being interviewed:

- Household heads
- All resident women aged 13-49
- All FLWs

Consent forms must be correctly labeled with the ID number and returned to the Supervisor at the end of each day.

**INFORMED DECISIONS FOR ACTIONS (IDEAS)
MEASUREMENT, LEARNING AND EVALUATION
Informed Consent Form: Household, Women, FLW Questionnaire
Contacts:**

Unique ID Number.....

1. Participant Information Sheet

“Good morning /Good afternoon”

My name is ----- I am working in the research team organized by Sambodhi Research and Communications Pvt. Ltd. and London School of Hygiene and Tropical Medicine as a data collector. I will ask you some questions about issues related to maternal and newborn health for some minutes. Before the question I will provide you full information of the study so that you will make an informed decision to my request.

Project title

Informed Decisions for Actions to Improve Maternal and Newborn Health

Duration of the study

It will take approximately 30 minutes to complete each interview with each respondent.

Purpose of the Study

The overall purpose of this study is to improve the health of mothers and their babies by improving policies and individual health practices. Specifically, the study supports a wide range of organizations and stakeholders working in maternal, newborn, and child health (MNCH) to improve health interventions over a 4-year period.

The work being carried out has two main purposes. First, to find out more about the way in which families get health care in their own homes, at health posts and at health centres. In particular, for women and babies it is important to know how many times families get health care, how much it costs families to get health care, and how good that health care is. With this information we will be able to give advice about the type of families who need more help and the services that still need to be strengthened. Second, to find out more about the things that people are already doing

to improve the health of mothers and babies. With this information we will be able to give advice about the activities that are successful, and identify the activities that need more encouragement.

Confidentiality

I strongly assure you that your name and other identifiers will not be documented in the questionnaires and the information you provide us will be kept confidential and will not be used for anything other than for research purposes.

Procedures

Specifically, I am going to ask you information about socio-demographic and economic characteristics related to maternal, newborn and child health issues, and about any equipment you have available to you. You were selected to participate in this study because you are believed to have significant knowledge and experience in issues relating to maternal, newborn and child health.

Risk and Benefits of the Study

By participating in this study and answering our questions you will not receive any direct benefit. However, you will help to increase our understanding about Maternal and Newborn Health. The result of this study will contribute in generating evidence and knowledge to inform policy and practice at national and global levels. This study involves your provision of information through pre-developed questionnaires and the organization will keep your data in a safe place which can only be accessed by the study team. Therefore I want to assure you that your participation in this study will not involve any risks to you.

Rights

Your participation in this study is voluntary and you have the right to refuse to participate or to not answer any questions that you feel uncomfortable. If you change your mind about participating during the course of the study, you have the right to withdraw at any time. The decision not to participate or to withdraw will not affect any aspect of your social life, and future medical care you should require or any other benefits to which you are entitled. If there is anything unclear or you need further information about, I am happy to provide it.

Whom to contact

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dipankar@sambodhi.co.in

Dr. Meenakshi Gautham, London School of Hygiene & Tropical Medicine, based at Sambodhi Research & Communications Pvt. Ltd, O2, 2nd & 3rd Floor, Lajpat Nagar II, New Delhi 110024.
meenakshi.gautham@lshhtm.ac.uk

2. Declaration of the Volunteer Study Participant

I understand that the purpose of the study is to collect information regarding the maternal, child and newborn health. I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that

I have asked been answered to my satisfaction. I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without in any way affecting my further social life or medical care.

Signature of Informant _____ Date _____

Name of Informant _____

Signature of Witness (if Informant not able to sign him/herself

Signature of Data Collector _____ Date _____