

Moderator's Manual For the Focus Group Discussions

ENAP & INDEPTH RESEARCH

A randomized comparison of household survey modules for measuring pregnancy outcomes in five INDEPTH HDSS sites

May 2018

***This document includes some material adapted from the DHS Interviewer's manual**

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OPERATIONAL DEFINITIONS

Adverse pregnancy outcomes: For the purpose of this study, adverse pregnancy outcomes refer to all situations where a pregnancy does not result in a live birth, or where the baby dies in the first 28 days of life. This includes all the terms below (miscarriage, newborn death and stillbirth)

Birth weight: Weight of the baby when they are born

Gestational age: From the first day of the woman's last menstrual cycle to the current date / last date of the pregnancy

Miscarriage: For the purpose of this study, a miscarriage refers to a fetal death before 22 weeks of gestation (<http://www.icd10data.com>)

Newborn death: Death within 28 days of birth of any live-born baby regardless of weight or gestational age (<http://www.icd10data.com>)

Stillbirth: For the purpose of this study, we will follow the international comparison definition (WHO), where a stillbirth refers to a fetal death / a baby born with no signs of life whose birthweight is ≥ 1000 g, or with ≥ 28 completed weeks of gestation (<http://www.icd10data.com>)

Termination of pregnancies: For the purpose of the study, this refers to circumstances where a pregnancy is deliberately ended, either through medical or non-medical

I. INTRODUCTION

A. The ENAP and INDEPTH Research

Africa and South Asia account for over three-quarters of stillbirths and neonatal deaths, however they do not have high coverage of birth and death registration to allow tracking of these events. Population based national sample household surveys, such as DHS are an important source of population level information on population health, including stillbirths and neonatal deaths in settings without or with weak Civil Registration and Vital Statistics (CRVS) systems.

The ENAP-INDEPTH survey is part of a survey being carried out in five countries. It will be conducted within specified Health and Demographic Surveillance System (HDSS) sites. These are Bandim (Guinea Bissau); Dabat (Ethiopia); Iganga-Mayuge (Uganda); Kintampo (Ghana) and Bangladesh (Matlab).

This part of the ENAP-INDEPTH research is taking place in two phases.

1. Phase 1: Involves conducting Focus Group Discussions (FGDs) in all the participating HDSS sites
2. Phase 2: Involves conducting In-Depth interviews (IDIs) in some of the HDSS sites.

You are being trained as a moderator or note taker for the FGDs. You will be trained by the person coordinating the qualitative work for this study at the HDSS site. Each site will train at least three people, so that one can stand in for another in case there is a problem, and roles can also be switched where necessary.

After the training, which will take one day to complete, you will proceed to take part in these interviews, as either a moderator or note taker. During the training, you will be part of discussions about how to ask the guiding questions, how to probe and ensure that you can get the information needed, and how to handle the FGD process as well as the respondents.

You should study this manual and learn its contents since this will reduce the amount of time needed for training. You will be trained on all the interview guides that will be used. On each day when you are going to the field, you will ensure that you have the appropriate interview guide with you.

Objectives and research questions for the qualitative research in the ENAP-INDEPTH study

Objective 1:

To identify barriers and enablers to the reporting of pregnancy and adverse pregnancy outcomes during the survey and HDSS data collection, and particularly if these differ for the two survey question approaches (birth history and pregnancy history).

Research questions

1. What are the interviewers' perceptions (both HDSS and DHS interviewers) of barriers or enablers to collecting data on pregnancy and adverse pregnancy outcomes in the survey and HDSS and how do these differ for the two survey question approaches (birth history and pregnancy history)?

2. What are women’s perceptions of barriers or enablers to reporting pregnancy and adverse pregnancy outcomes and how do these differ for the two survey question approaches (birth history and pregnancy history)?
3. How can DHS and HDSS data collection processes be improved to obtain better data on pregnancy and adverse pregnancy outcomes?

*Adverse pregnancy outcomes in this case refer to neonatal deaths, stillbirths and abortions

Objective 2

To identify barriers and facilitators to improving community perception of the importance of birth weight and gestational age for child health

Research questions

1. To explore the knowledge and attitudes of the community members on the importance of birth weight and gestational age measurement
2. To explore the knowledge and attitudes of the fieldworkers on the importance of birth weight and gestational age measurement

*In this document when we refer to “The FGDs”, we are talking about the ENAP-INDEPTH FGDs for which you are being trained.

When we refer to the HDSS, we are talking about the work done by the.....HDSS that is conducting the study.

B. ENAP-INDEPTH Sample

For the FGDs in [COUNTRY] under the ENAP-INDEPTH study, we shall interview the following categories of respondents:

- Women age 15-49 years.
- Interviewers / Fieldworkers who are involved in conducting the interviews in the quantitative part of the ENAP-INDEPTH study.
- Interviewers / Fieldworkers who work with the HDSS in data collection e.g. during the update rounds and censuses.

Each FGD will have between 8-10 respondents.

C. Organization

The HDSS will serve as the implementing agency for the [COUNTRY] ENAP-INDEPTH study. The HDSS will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports, as per the agreements it has with the wider study team. The HDSS will undertake to mobilise the respondents and secure transport for the data collection activities, as per the agreements it has with the wider study team. Staff from the HDSS will be responsible for overseeing the day-to-day technical operations including recruitment and training of field staff and the supervision of the FGDs.

During the [COUNTRY] ENAP-INDEPTH fieldwork, you will work in a team consisting of 2-3 interviewers. For each FGD, one person will be the moderator, while another will be the note taker. Each team will be accompanied by a driver or provided with transport. You will be supervised by

somebody from the HDSS team. The data will be collected on paper, as well as audio recording (If the respondents consent to this).

D. Discussion / Interview Guides

The FGDs will be conducted using the *Women's FGD guide*.

The Interviewers/Fieldworkers in the quantitative part of the ENAP-INDEPTH study will be interviewed using the *FGD guide for Field Workers in the Survey*.

The HDSS Interviewers / Fieldworkers will be interviewed using the *FGD guide for Field Workers in the HDSS*.

E. Moderator's Role

The moderator occupies the central position in the discussion because he/she collects information from respondents. Therefore, the success of the discussion depends on the quality of each moderator's work.

In general, the responsibilities of a moderator include the following:

- Conducting the FGD with the respondents.
- Checking the discussion / interview guide to be sure that all questions were asked and the responses neatly and legibly recorded.
- Transcribing the interview transcript in Microsoft Word
- Translating the transcript from the language used into English where necessary.

These tasks will be described in detail throughout this manual.

F. Training of Moderators

Although some people are more adept at moderating than others, one can become a good moderator through experience. Before the training, you should study this manual carefully along with the discussion / interview guides, writing down any questions you have. Ask questions at any time to avoid mistakes later.

Each of you will receive a package with the following materials.

- Women's FGD guide; Interviewers FGD guide (ENAP-INDEPTH interviewers and HDSS interviewers guide)
- Moderator's Manual

Although these guides have already been pilot tested in one of the HDSS sites, it may be necessary to test them in the specific HDSS in which you are working, especially if they have been translated from English to another language. Therefore, you may participate in the pilot testing as well, which will involve conducting an FGD with respondents in order to observe how well the questions are understood, the length of time taken, repetitive questions, and whether there are any modifications to make in the guides. At the same time, you would also be practicing and getting more familiar with these guides.

The training you receive as a moderator does not end when the formal training period is completed. At the end of each day, the person who is coordinating these FGDs at the HDSS site will meet with you to discuss your work, and in this way your training is being continued. As you run into situations you did not cover in training, it will be helpful to discuss them with your team.

G. Field notes

During qualitative research like FGDs, it is very important for each member of the research team to have field notes. This refers to noting down observations that you have noticed during the discussions, and your thoughts about them. For example, you may notice that the respondents find it difficult to answer a certain question, or maybe they provide so much information for another question. It could also be that respondents had complaints about the time, or even about another issue that is not in the interview guide but came up and was important. At the end of the day (or even after the discussion), you are required to write up your field notes. These will later be shared with the person who is coordinating these FGDs at the HDSS site and submitted along with the transcripts. They are a very important output and help to strengthen the study.

H. ENAP-INDEPTH Regulations

The following regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the team.
2. Throughout the training and the fieldwork period, you are representing [ENAP-INDEPTH team and your HDSS]. Your conduct must be professional and your behaviour must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the team.
3. For the research to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. Any team member who in the judgment of the supervisor creates a disruptive influence on the team may be dismissed.
4. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted and audio recordings will be listened to. Team members may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this research demands.
5. [COUNTRY] ENAP-INDEPTH data are confidential. **They should not be discussed with anyone other than members of your team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the FGDs. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting the ENAP-INDEPTH research. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favours, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behaviour. These actions can include changing workspace, reassigning interviewers or supervisors to different teams and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING A FOCUS GROUP DISCUSSION

Successful moderation is an art and should not be treated as a mechanical process. Each discussion is a new source of information, so make it interesting and pleasant. The art of moderation develops with practice but there are certain basic principles that are followed by every successful moderator. In this section you will find a number of general guidelines on how to conduct a successful interview.

A. Building Rapport with the Respondents

As an interviewer, your first responsibility is to establish a good rapport with a respondents. At the beginning of an interview, you and the respondents are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate. Be sure that your manner is friendly as you introduce yourself.

1. Make a good first impression.

Do your best to make the respondents feel at ease. With a few well-chosen words, you can put the respondents in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with introducing yourself to the group. You can then continue with an introduction of the study.

2. Obtain respondents consent to be interviewed.

You must obtain respondent's informed consent for participation in the FGD before you begin an FGD. Consent forms will be availed to you for this purpose. They explain the purpose of the FGD. They assure a respondent that participation is completely voluntary and that it is their right to refuse to answer any questions or stop participation at any point. Be sure to read the informed consent statement out loudly, exactly as it is written, before asking a respondent to participate in the FGD. The respondent can also read the form by themselves if able, but this must still happen before the FGD starts.

Also ensure that you get their consent for the discussion to be audio recorded, before it begins. Explain to them that the audio recording will help to ensure all information is noted correctly. Reassure them that during the discussion, they will be identified using numbers, so even the audio recording will not include names of individuals as they talk.

3. Always have a positive approach.

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondents "We would like to have a discussion with you for a few moments."

4. Assure confidentiality of responses.

If the respondents are hesitant about participating in the FGD or ask what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report. Also, you should never mention other interviews or show transcripts to the supervisor in front of a respondent or any other person.

5. Answer any questions from the respondents frankly.

Before agreeing to participate, the respondents may ask you some questions about the discussion or how he or she was selected to take part. Be direct and pleasant when you answer. They may also be concerned about the length of the discussion. If they ask, tell them that the discussion usually takes between one hour to one and a half hours.

Respondents may ask questions or want to talk further about the topics you bring up during the discussion, e.g., about specific family planning methods. It is important not to interrupt the flow of the discussion, so tell them that you will be happy to answer their questions or to talk further at the end.

6. Hold the FGD in a private setting.

Ensure that the FGDs are conducted in a setting that is as private and quiet as possible, where the respondents can feel free to talk without being overheard. If other people who are not part of the group are present, please explain to them that the discussion is only for a specific group of people and look for a more private setting as much as possible.

B. Tips for Conducting the FGD

1. Be neutral throughout the discussion.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondents to think that they have given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality.

If the respondent gives an ambiguous answer, try to probe in a neutral way (probes are indicated in the discussion / interview guides), but you can probe beyond what is in the guide, as long as the discussion is still relevant to the study.

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt him/her by saying something like “I suppose you mean that. . . Is that right?” In many cases, she will agree with your interpretation of her answer, even when that is not what she meant. Rather, you should probe in such a manner that the respondent herself comes up with the relevant answer.

3. Do not change the meaning of questions.

While the discussion / interview guides are simply a guide for the discussion, please ensure that you do not change the meaning of the original question as you explain further when a respondent has not understood the question.

4. Handle hesitant respondents tactfully.

There will be situations where a respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking them another question. You could first ask another participant before you return to ask the hesitant one again.

Make all efforts to ensure that the discussion is not dominated by the same individual(s) who may be answering most of the questions. Make a special effort to draw out the more reserved or quiet respondents, so that everybody is involved in the FGD. While they may not all be able to answer each question due to time, at least everyone should get regular chances to give their opinion.

Encourage each respondent to speak loud enough for others to hear, as well as for the audio recording (if they accepted it).

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondents. For example, do not assume women from rural areas or those who are less educated or illiterate do not know about certain things like stillbirths.

6. Timing the discussion.

While you should not be in a big hurry to complete the discussion, you need to find a balance between maintaining a good speed and getting the responses needed. While you need to spend some more time on certain questions than others (this is shown in the discussion/interview guides), remember that there are other questions to discuss and you need to cover them all.

III. GENERAL PROCEDURES FOR CONDUCTING THE FGDS

To collect the information needed in the FGDS you must understand how to ask each question and what information the question is attempting to collect. This part of the training manual is designed to familiarize you with the ENAP-INDEPTH FGD guides.

A. Ground rules

Start by setting rules for the discussion, which respondents should stick to. Please outline the following to the respondents:

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you
- You do not have to agree with the views of other people in the group
- Does anyone have any questions? (answers).
- OK, let's begin

B. Asking Questions

When you are asking a question, speak slowly and clearly so that the respondents will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondents understand it. In those cases, do not change the meaning of the question.

First give the respondents a chance to answer the question. In some cases, you may have to ask additional questions to obtain a complete answer from respondents (**we call this 'probing'**). If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondents. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a moderator.

Since you will be using a discussion / interview guide, you do not necessarily need to ask the questions in the exact order in which they appear in the guide. Sometimes you may have to follow up a relevant discussion that a respondent has opened up, which may be referring to another question that was further ahead in the guide, or not in it at all. This is acceptable. However, please try to ask all questions in the guide by the end of the interview. During training, you will be shown which questions it is important to spend more time discussing, and others which you need not dwell on for so long.

If you come to a question that respondents have already covered in an earlier part of the discussion, please do not repeat it. Proceed to the next question.

IV. FOCUS GROUP DISCUSSION GUIDE FOR WOMEN

A. COVER PAGE

The cover page provides a reminder of the instructions on how to start the FGD, including introducing yourself, explaining the purpose of the study, obtaining informed consent, and switching on the audio recorder once respondents have accepted it to be used. You should also draw the seating arrangement of the group and give them numbers as identifiers, which they will use during the study. Also remember to fill in the short form indicating the socio-demographics of the group.

A. INFORMED CONSENT

You must seek the respondent's consent for participation in the FGD. If you are reading out the informed consent statement to the respondents, please read it exactly as it is written. Otherwise, the respondents who are able to read can do so for themselves. This statement explains the purpose of the FGD. It assures the respondent her participation is completely voluntary and that she can refuse to answer any questions or exit the interview at any point. If the respondent agrees to take part, ask her to sign the consent form. If they do not agree to be interviewed, indicate this as well.

Introduction

This FGD aims to understand

1. Barriers and enablers to the reporting of pregnancy and adverse pregnancy outcomes during the survey and HDSS data collection
2. Barriers and facilitators to improving community perception of the importance of birth weight and gestational age for child health

Within the women's FGD, therefore, some of the questions will be specific to the recently concluded ENAP-INDEPTH survey, while others will be asking about the regular work of the HDSS. The moderators need to understand this clearly, so that they can in turn lead the discussion well, and also explain to the respondents the different questions adequately.

The recently concluded ENAP-INDEPTH survey can be explained as the data collection process that was done in 2017/2018, where people from the HDSS came to the households but they were only interviewing specific women whom they were looking for. They were using a tool usually used in the Demographic and Health survey, that is done by Government every few years, not by the HDSS. Furthermore, they were not asking them the usual questions that the HDSS asks, but were asking more about pregnancies and / births a woman has had, as well as deaths of the babies. This was different from the usual rounds done by the HDSS where they come every after.....months [AS PER THE HDSS] and conduct interviews with[AS PER THE HDSS], asking about.....[AS PER THE HDSS].

The women who are part of this current FGD were interviewed in the ENAP-INDEPTH survey, and so with a good explanation, they should be able to understand the difference.

While some of the FGD questions may appear similar, it is because we are trying to get information on both the ENAP-INDEPTH survey and the HDSS, for comparison. Therefore, before beginning Part A, the moderator should explain the difference between the ENAP-INDEPTH survey and the usual work of the HDSS.

*The moderator needs to read out the statement highlighted in blue at the start of each section of the tool, to explain what the next topic is about. The moderator can re-word this, or add a brief further explanation.

Part A: Experiences with the HDSS data collection process

This section is specifically asking about the work of theHDSS [MODERATOR WILL MENTION SPECIFIC HDSS NAME].

Question 1

This question aims to find out what the respondents and other community members think about the information collected by the HDSS **during their regular rounds / work**. It specifically refers to HDSS, not the ENAP-INDEPTH survey. Where necessary, please remember to probe (ask for more information), for example about the questions that respondents like or do not like among those asked by the HDSS.

Although the moderator needs to get a variety of responses from the group, he/she should not spend too much time on this question.

Part B: Experiences with the survey data collection process (ENAP-INDEPTH survey)

In part B, the **focus now moves to the recently concluded ENAP-INDEPTH survey**. The moderator should specify that this question is not about the HDSS, but the survey that just ended and was only conducted among women.

Question 2

We are interested in what the respondents and other community members think about the questions asked during the ENAP-INDEPTH survey. The moderator can briefly probe about the length of time that the interview took, the questions asked, and how husbands/ partners related to females being spoken to alone. Again, the moderator can get a variety of responses but not spend a lot of time here.

Question 3

This also still refers to the ENAP-INDEPTH survey. This question particularly wants to find out the **respondents' thoughts on the two kinds of methods used** to collect information during the ENAP-INDEPTH survey:

- a. Asking women about every time that they had ever been pregnant in their life (even if the pregnancy ended early or the baby was not born alive).
- b. Asking women about all their babies that were born alive and then asked separately about any stillbirths or miscarriages in the last 5 years.

Each woman who participated in the ENAP-INDEPTH was interviewed using either method (a) or (b). This question seeks to find out the advantages and disadvantages of each method.

Part C: Reporting and disclosure of pregnancy

In this section, the discussion moves to specifically talking about pregnancy, how women tell others about it, when, and why.

Question 4

This asks whom the respondent first tells about their pregnancy when they think that they are pregnant. The moderator should get a variety of responses, but not spend much time on this discussion.

Question 5

This is aimed to find out the challenges around telling other people about one's pregnancy (beyond those in question 4). In the particular community where the FGD is being held, what makes it hard for a woman to tell people that she is pregnant? The moderator should probe more around religious and cultural issues, as well as about telling strangers (e.g. during an interview).

The moderator can spend a bit more time trying to get information on this question.

Question 6

While question 6 is also asking about challenges with disclosure of pregnancy, it is specifically referring to the ENAP-INDEPTH survey.

It may seem similar to the above question, but we want to know what challenges, if any, the women faced with regard to talking to the interviewers about their pregnancies **during the ENAP-INDEPTH survey**. The moderator can probe to find out what made it easier or difficult as per the probes indicated, or any other relevant ones.

Less time can be spent on this discussion.

Part D: Reporting / disclosure of adverse pregnancy outcomes (neonatal deaths, stillbirths, miscarriages and / or abortions)

In part D, interest is in the reporting of adverse pregnancy outcomes.

Question 7

We would like to find out the culture or the trend in this community around reporting and discussion of adverse pregnancy outcomes. The moderator should ask whether people discuss these deaths, why or why not, and whether the community thinks that it is important to report the deaths.

The moderator must make sure that they ask about each of these outcomes (neonatal deaths, stillbirths, miscarriages and/or abortions separately, and get information on each, one by one. It may be harder to get information on abortions within the FGDs but the question should be asked.

Part E: Gestational age and Birth weight

This qualitative work has two major objectives as earlier discussed. This section is meant to get information on gestational age and birth weight, which are within the second objective.

Question 8

In this case, we are asking about community opinions and attitudes towards gestational age (from the first day of the woman's last menstrual cycle to the current date/to the end of the pregnancy). The moderator should open up a discussion on whether the community members think it is important to know the gestational age, why or why not, whether it is easy for the women to calculate the gestational age, and why or why not.

The moderator can spend some time on this question, because it is the only one in the whole guide that is directly asking about gestational age.

Question 9

This is about weight of the baby at birth, and community attitudes towards weighing the baby, whether they see any importance in this action, and why. It also asks about the challenges faced, if any, with weighing babies.

The moderator should ask about **weighing the live born babies, as well as those who have died, for example the stillbirths.**

The moderator can also spend some time on this question, because it is the only one in the whole guide that is directly asking about birth weight issues.

Part E: Knowledge and practices around adverse pregnancy outcomes (neonatal deaths, stillbirths, miscarriages and/ or abortions)

An opening statement has been placed at the start of this section, not just to introduce it but for the moderator to:

- Emphasise that the topic is likely to be sad but the information will be helpful
- To explain the different types of adverse pregnancy outcomes that are going to be discussed.

A brief “Distress protocol” has been developed. This is a document guiding the moderators on how to observe distress (that a respondent is upset) and how to deal with it. Each moderator should go to the field with this guide as well.

The moderator should allow ample discussions in this section (remembering though the overall time available for the FGD).

Question 10

Q.10 is asking about the knowledge and practices of the community when a neonatal death, stillbirth, miscarriage and / or abortion occurs. How are these babies mourned, how does the community react, why, decision making, and other questions as per the probes indicated. The moderator should also ask how each of these adverse pregnancy outcomes are locally referred to.

The moderator must make sure that they ask about each of these outcomes (neonatal deaths, stillbirths, miscarriages and / or abortions separately, and get information on each, one by one. It may be harder to get information on abortions within the FGDs but the question should be asked.

Question 11

This specifically asks about the mother who has lost a baby, and the events around this, and how the mothers cope, and **whether these things differ for the different types of adverse pregnancy outcomes.**

If these questions have already been answered in question 10, please do not repeat the question. Probe for what has not been answered or proceed to the next question.

Part G: Recommendations

This is the final question in this guide.

Question 12

The moderator should emphasise that he/she is asking for recommendations from the respondents with regard to improving collection of data / reporting of pregnancy and APOs, during surveys like the ENAP-INDEPTH survey, as well as during HDSS rounds. During the FGD, some

recommendations may have already been given. In this case, the interviewer can say “In addition to what you have already suggested....”

V. FOCUS GROUP DISCUSSION GUIDE FOR INTERVIEWERS (OF THE ENAP-INDEPTH SURVEY)

A. COVER PAGE

The cover page provides a reminder of the instructions on how to start the discussion, including introducing yourself, explaining the purpose of the study, obtaining informed consent, and switching on the audio recorder once respondents have accepted it to be used. You should also draw the seating arrangement of the group and give them numbers as identifiers, which they will use during the study. Also remember to fill in the short form indicating the socio-demographics of the group.

B. INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. If you are reading out the informed consent statement to the respondents, please read it exactly as it is written. Otherwise, the respondents who are able to read can do so for themselves. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she/he can refuse to answer any questions or stop /exit the interview at any point. If the respondent agrees to take part, ask the respondent to sign the consent form. If they do not agree to be interviewed, indicate this as well.

Introduction

This FGD aims to understand

1. Barriers and enablers to the reporting of pregnancy and adverse pregnancy outcomes during the survey and HDSS data collection
2. Barriers and facilitators to improving community perception of the importance of birth weight and gestational age for child health

The recently concluded ENAP-INDEPTH survey can be explained as the data collection process that was done in 2017/2018, where people from the HDSS came to the households but they were only interviewing specific women whom they were looking for. They were using a tool usually used in the Demographic and Health survey, that is done by Government every few years, not by the HDSS. Furthermore, they were not asking them the usual questions that the HDSS asks, but were asking more about pregnancies and / births a woman has had, as well as deaths of the babies. This was different from the usual rounds done by the HDSS where they come every after.....months [AS PER THE HDSS] and conduct interviews with[AS PER THE HDSS], asking about.....[AS PER THE HDSS].

The respondents who are part of this current FGD participated in the ENAP-INDEPTH survey as interviewers, and so they should be able to understand the difference.

*The moderator needs to read out the statement highlighted in blue at the start of each section of the tool, to explain what the next topic is about. The moderator can re-word this, or add a brief further explanation.

Part A: Experiences with the overall survey data collection process

This FGD is being conducted with people who were interviewers within the ENAP-INDEPTH survey, as already mentioned, so part A focuses on their experiences during the survey. In cases where the same interviewers may also have been HDSS interviewers during the regular rounds, emphasise that this FGD is specifically asking about the ENAP-INDEPTH survey.

Question 1

In this question we are interested in learning about how the community reacted to the survey, and their perceptions. We are also interested in learning the perceptions of the women who were interviewed. The moderator should probe for both the positive and negative responses that they got in the field. Additionally, this question asks about challenges that they faced during the survey.

This is an important part of the guide, and the moderator should get a variety of responses.

Part B: Experiences with the survey tools– general comparison of birth and pregnancy history

The ENAP-INDEPTH survey had a section on collecting data about the woman's reproductive history using 2 methods / tools:

- a. Pregnancy history: Some women were asked about every time that they had ever been pregnant in their life (even if the pregnancy ended early or the baby was not born).
- b. Birth history: Other women were only asked about all their babies that were born alive and then asked separately about any stillbirths or miscarriages in the last 5 years.

The interviewers did not know which woman would be asked using which method – it was randomly selected. The interviewers were trained on how to administer both of the tools. Part B is focused on getting their opinions about each of the two methods / tools

Question 2

This question asks for a comparison of the birth history and the pregnancy history tools. The respondents should discuss the benefits and challenges with either tool as per their experiences. The moderator should encourage them to explain why they are giving the answers they are.

This is an important part of the guide, and the moderator should get a variety of responses. More time should be taken on this question, bearing in mind the overall time available for the FGD.

The respondents may have already given some of the answers about the tool in question 1. If so, the moderator can probe for what has not been answered, and go to the next question.

Part C: Collecting data on pregnancy

This set of questions is aimed at finding out the respondents' experiences while they collected data on pregnancy, using either of the two tools, during the ENAP-INDEPTH survey.

Question 3

The moderator should probe for the challenges faced, if any, which the respondents faced while trying to get information on pregnancy from the women.

Question 4

This asks about difficulties encountered while asking for information on gestational age (counting from the first day of the woman's last menstrual cycle to the current date / to the end of the pregnancy).

Question 5

The moderator should probe for challenges faced while getting information on birth weight for the women's children.

Question 6

Q.6 seeks to understand what factors made it easier for the respondents to collect information on pregnancy.

The respondents may have already given some of the answers in the earlier discussions. If so, the interviewer can probe for what has not been answered, and proceed to the next question.

Part D: Collecting data on negative / adverse pregnancy outcomes (miscarriages; stillbirths; neonatal deaths; abortions)

The ENAP-INDEPTH survey had questions about pregnancy, as well as adverse pregnancy outcomes. This section is looking at the adverse pregnancy outcomes and the respondents' experiences trying to elicit data from the women on this. In settings like Africa and Asia, research has shown that there is low reporting of adverse pregnancy outcomes during these surveys. Many women will not declare that they had an adverse pregnancy outcomes, for a variety of reasons, so the study is particularly interested in this information.

The moderator can explain briefly what each adverse pregnancy outcome means, to make sure that respondents are all clear about what they are going to be discussing. **The interviewer must make sure that they ask about each of these outcomes (miscarriages; stillbirths; neonatal deaths and abortions) separately, and get information on each, one by one.**

Question 7

The moderator will ask about challenges faced, and probe as per the suggested issues – religious, cultural, etc. The moderator may include other probes that are relevant to the question.

Question 8

This asks about the enablers or factors that made it easier for the respondents to gather information on each of the APOs from the women. What made their job easier?

This is an important part of the guide, and the moderator should get a variety of responses. More time should be taken on this question, bearing in mind the overall time available for the FGD.

Part E: Recommendations

Question 9

The moderator should emphasise that he/she is asking for recommendations from the respondents with regard to improving collection of data / reporting of pregnancy and APOs, during surveys like the ENAP-INDEPTH survey. During the FGD, some recommendations may have already been given. In this case, the interviewer can say “In addition to what you have already suggested....

VI. FOCUS GROUP DISCUSSION GUIDE FOR INTERVIEWERS (OF THE HDSS)

A. COVER PAGE

The cover page provides a reminder of the instructions on how to start the discussion, including introducing yourself, explaining the purpose of the study, obtaining informed consent, and switching on the audio recorder once respondents have accepted it to be used. You should also draw the seating arrangement of the group and give them numbers as identifiers, which they will use during the study. Also remember to fill in the short form indicating the socio-demographics of the group.

B. INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. If you are reading out the informed consent statement to the respondents, please read it exactly as it is written. Otherwise, the respondents who are able to read can do so for themselves. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she/he can refuse to answer any questions or stop /exit the interview at any point. If the respondent agrees to take part, ask the respondent to sign the consent form. If they do not agree to be interviewed, indicate this as well.

Introduction

This FGD aims to understand

1. Barriers and enablers to the reporting of pregnancy and adverse pregnancy outcomes during the survey and HDSS data collection
2. Barriers and facilitators to improving community perception of the importance of birth weight and gestational age for child health

The recently concluded ENAP-INDEPTH survey can be explained as the data collection process that was done in 2017/2018, where people from the HDSS came to the households but they were only interviewing specific women whom they were looking for. They were using a tool usually used in the Demographic and Health survey, that is done by Government every few years, not by the HDSS. Furthermore, they were not asking them the usual questions that the HDSS asks, but were asking more about pregnancies and / births a woman has had, as well as deaths of the babies. This was different from the usual rounds done by the HDSS where they come every after.....months [AS PER THE HDSS] and conduct interviews with[AS PER THE HDSS], asking about.....[AS PER THE HDSS].

*The moderator needs to read out the statement highlighted in blue at the start of each section of the tool, to explain what the next topic is about. The interviewer can re-word this, or add a brief further explanation.

Part A: Experiences with the overall HDSS data collection process

This FGD is being conducted with people who are interviewers for the regular HDSS rounds, so part A focuses on their experiences as fieldworkers / interviewers of the HDSS. In cases where the same interviewers may also have been ENAP-INDEPTH interviewers during the regular rounds, emphasise that this FGD is specifically asking about the HDSS work.

Question 1

In this question we are interested in learning about how the community reacts to the HDSS work and staff during the rounds. The moderator should probe for both the positive and negative responses that they get in the field. Additionally, this question asks about challenges that they face during the rounds.

This is an important part of the guide, and the moderator should get a variety of responses.

Part B: Collecting data on pregnancy

Here, we are specifically interested about the respondents' experiences while they gather information on pregnancy during the HDSS rounds.

Question 2

The moderator should probe for the challenges that the fieldworkers encounter in the HDSS work, ranging from religious to cultural. He/she should also ask about the tools used, and their benefits or disadvantages.

Question 3

The moderator should probe for challenges faced while getting information on birth weight for the women's children.

Question 4

This asks about difficulties encountered while asking for information on gestational age (counting from the first day of the woman's last menstrual cycle to the current date / end of the last pregnancy).

Question 5

Q.5 seeks to understand what factors made it easier for the respondents to collect information on pregnancy.

The respondents may have already given some of the answers in the earlier discussions. If so, the interviewer can probe for what has not been answered, and proceed to the next question.

Part C: Collecting data on negative / adverse pregnancy outcomes (neonatal deaths; stillbirths; miscarriages and if possible abortions)

The HDSS collects data on pregnancy, as well as adverse pregnancy outcomes. This section is looking at the adverse pregnancy outcomes, and the respondents' experiences trying to elicit data from the women on this. In settings like Africa and Asia, research has shown that there is low reporting of adverse pregnancy outcomes during these surveys. Many women will not declare that they had an adverse pregnancy outcomes, for a variety of reasons, so the study is particularly interested in this information.

The moderator can explain briefly what each adverse pregnancy outcomes means, to make sure that respondents are all clear about what they are going to be discussing. **The moderator must make sure that they ask about each of these outcomes (miscarriages; stillbirths; neonatal deaths and abortions) separately, and get information on each, one by one.**

Question 6

The moderator will ask about challenges faced in gathering information on adverse pregnancy outcomes, and probe as per the suggested issues – religious, cultural, etc. The moderator may include other probes that are relevant to the question.

Question 7

This asks about the enablers or factors that made it easier for the respondents to gather information on each of the adverse pregnancy outcomes from the women. What made their job easier?

This is an important part of the guide, and the moderator should get a variety of responses. More time should be taken on this question, bearing in mind the overall time available for the FGD.

Part D: Recommendations

Question 8

The moderator should emphasise that he/she is asking for recommendations from the respondents with regard to improving collection of data / reporting of pregnancy and APOs, during surveys like the HDSS does. During the FGD, some recommendations may have already been given. In this case, the interviewer can say “In addition to what you have already suggested....”

END OF MODERATOR’S MANUAL