TRAINING IN QUALITATIVE RESEARCH METHODS FOR PVOs & NGOs

(& COUNTERPARTS)

A TRAINER'S GUIDE TO STRENGTHEN

PROGRAM PLANNING AND EVALUATION

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CENTER FOR REFUGEE AND DISASTER STUDIES
THE JOHNS HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH

TRAINING IN QUALITATIVE RESEARCH METHODS FOR PVOs & NGOs
A Trainer's Guide to Strengthen Program Planning and Evaluation

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INTRODUCTION

WHAT is the trainer's guide?

This guide is a resource for giving staff and partners of PVO/NGO programs the knowledge, skills and attitudes necessary for carrying out qualitative research for program management purposes. The guide provides guidance on preparing the training and lesson plans for training sessions over a 12 Day training period. This training includes basic qualitative principles and methods, management and analysis of qualitative data, and design of applied qualitative studies to answer programmatic questions and make programmatic decisions.

Note that this trainer's guide is a companion document to a participant's manual, *Training in Qualitative Research Methods for PVOs & NGOs: Resource for participants attending the PVO/NGO training in qualitative methods.* The participant's manual includes key reference materials and handouts of information discussed in the training sessions.

WHY was this training package (trainer's guide, participant manual) developed?

[*] *Transition programs* are defined here as programs carried out at the time between the acute phase of an emergency and the completion of return or resettlement activities. The type of settlements that 'transition' populations live in vary from camps or resettlement areas to communities of origin.

This training package was developed–with support from USAID–primarily to support PVOs/NGOs working with transition populations. Of course qualitative research is needed in all types of humanitarian assistance programs, including relief programs and development programs, and therefore this guide will be of use to staff of these programs too.

There are three main reason's that we developed a training package in qualitative research methods for PVO/NGO programs. These are the following: (1) improve participation of beneficiary populations of transition[*], development and relief programs; (2) improve cross-cultural communication between program beneficiaries and program staff; and (3) improve quality of program planning and management. Each of these is discussed below.

1. Improve participation of beneficiary populations of transition, development and relief programs.

A consensus is emerging among humanitarian agencies of the need for increased program participation by affected populations (Harvey, 1997). This is partly to improve program sustainability through increased local cooperation. Agencies also acknowledge that increased participation supports the right of communities to have a voice in programs that affect them, and are a means toward recovering self-reliance (SPHERE Project). This is especially important in transition and relief programs that serve very vulnerable populations where means of self-reliance have been seriously challenged, destroyed, are only beginning to recover. An example from a livestock provision project to returnees in Eritrea is illustrative. According to Kibreab (1997):

> "The assumption that the majority of the returnees would want to return to their previous occupation and lifestyle... was misconceived because it disregarded the considerable degree of social and economic transformation the refugees had undergone in exile... During this period, not only had the vast majority been sedentarized, but they had been deriving their livelihoods in a variety of ways including crop production, participation in labour markets both in urban, semi-urban and rural areas, and self-employment in diverse off-farm income-generating activities. A sizeable portion of the refugees had been

urbanized and had become accustomed to public utilities such as access to health care, education, clean water, and transportation. Most of the facilities in the refugee settlements or camps were also perceived to be superior to those the refugees expected to find in rural Eritrea. Thus, the assumption that reintegration assistance packages should aim to enable returnees to resume their pre-flight occupation or to regain their lost lifestyle is a misconception... It is an imperative that the design of reintegration programmes should take into account the changes refugees undergo in exile." (p 157)

In developing countries many or most humanitarian assistance programs involve people with little education. Therefore special methods are needed to allow program beneficiaries to participate as partners with outside agencies. Many of these agencies have begun to use qualitative data-gathering methods to achieve this. Qualitative methods focus on gathering in-depth information about a population through in-depth interviews with selected knowledgeable community members. The methods are designed to elicit information without leading informants, and to enable the user to interpret the information with as little cultural bias as possible. They do not generate numerical data, and are therefore within the reach of less educated people. Instead, qualitative methods generate verbal data to explore why a situation came about.

2. Improve cross-cultural communication between program beneficiaries and program staff.

International aid flowing from developed to developing countries necessarily crosses cultures. Programs funded by this aid are often implemented by persons of different culture and circumstances than those receiving the assistance. The greater the differences the greater the potential for misunderstanding and poor communication. These misunderstandings can go undetected until they result in program difficulties or failures. Our experience is that poor communication can deny to affected populations an accurate voice in programs that affect them and their future. Humanitarian agencies may waste resources on programs which are ineffective or even harmful because staff do not understand what is acceptable to local people or the real causes of their problems. The danger is there wherever humanitarian assistance crosses cultures. When realized it commonly results in frustration on both sides, program failures, loss of opportunities for self-reliance, waste of resources, loss of life, and ultimately disenchantment on both sides.

The issue is not just one of good translation. Even when translation is literally accurate, the real meaning of communications on both sides is easily misunderstood if there is no appreciation of how the other person perceives the world. In other cases direct translation is not possible. In Angola we discovered that people in a malarious area do not recognize malaria as a distinct illness. In our discussions with local people translators resorted to the Portuguese word for malaria without making this clear to us. The problem was only recognized by means of qualitative methods. Without this information a program purporting to address malaria would have made no sense to the local population.

3. Improve quality of program planning and management

Qualitative research activities are needed throughout the life of transition and development programs or during relief programs following the acute emergency phase. This need begins with the planning stages through monitoring and evaluation. Qualitative research methods can be used for the following planning and management tasks:

- identify and understand the beneficiary population's overall priorities for action and the ranking of different sector issues (e.g., health, water, income, food, crop production) among priorities;

- identify and understand the beneficiary population's specific priorities within a specific sector such as health;

- identify and understand the underlying reasons for problems before developing solutions;

- identify and understand the beneficiary population's language, concepts and beliefs surrounding specific behaviors/situations targeted for change; and,

- assess stakeholder reactions to our programs to adapt implementation and evaluate (subjectively) the immediate effects of our program.

Currently many PVO and NGO programs do not systematically use qualitative methods to carry out the above tasks. Other programs fail to carry out some of these tasks altogether. This guide was written as a 'step' towards systematic use of qualitative methods to carry out the above planning and management tasks by all PVO/NGO transitional and development programs, and relief programs following the acute emergency.

WHAT are some examples of the use of qualitative methods in PVO/NGO programs?

1. SC/Angola in Ebo Municipality of Cuanza Sul Province:

Save the Children (SC) has been involved in Cuanza Sul, Angola since 1994 to improve livelihood security conditions in Ebo, Kilenda, and Kibala municipalities. The beneficiaries of SC/Angola's program in Ebo Municipality are mostly of the Ngoia ethnic group. In Ebo, SC/Angola worked with (1) populations who had recently resettled on traditional lands after a several years of displacement during and following the civil war in Angola; and, (2) populations who had left their traditional lands during the civil war for only short periods (or not at all) and who have been settled for more than three years. To date, Save the Children has provided emergency food and cooking/water kit distribution, seeds and tools, health training, infrastructure repair and construction and water projects.

A qualitative study provided data for a project proposal to address diarrhea morbidity and mortality and other childhood diseases in Ebo Municipality. The process of the training, the study and the findings are documented in detail in the

study report. The findings were used by SC to redesign the health program to better meet the health priorities of the beneficiary population and in ways more appropriate for the local context. For example, vaccine preventable diseases such as measles and pertussis were recognized with local terms as diseases that "kill quickly" and were reportedly responsible for many childhood deaths in recent years. Because of the communities' concerns with these illnesses, SC gave higher priority to addressing these illnesses than originally planned.

2. SC/Mozambique in Nacala-A-Velha District in Nampula Province
Save the Children began working in the district of Nacala-a-Velha, Nampula Province in 1996. The 1997 census counted the district population at 72,000. During sixteen years of war, Nacala-a-Velha and neighboring districts were areas of intense partisan contention and armed conflict, resulting in severe social disruption and internal dislocation of the population. Since the peace accords in October 1992, a majority of families, once separated, have reunited and returned to their communities of origin. In March 1994, the district was one of four hardest hit by Hurricane Nadia, with every family in the district suffering severe losses to living quarters, crops, fields, food reserves, and material possessions. In terms of transition stages, this population could be characterized as in the rebuilding stage after a particularly prolonged and devastating disaster.

SC has a USAID-funded Child Survival project addresses maternal and neonatal care, immunizations, control of diarrheal diseases; and vitamin A supplementation. SC also has a USAID Title II project that provides agricultural extension services, training in food safety (e.g., processing of bitter cassava), community-based nutrition education and rehabilitation of malnourished children. In addition, SC has been given a private donation for an adult literacy project. A qualitative study in support of this training gathered data on the major reported problems of pregnancy and delivery, and determined who were the main caretakers of women in pregnancy and labor. The data was to improve the design of training programs to address these issues. For example, we identified that male traditional healers were preferred providers for obstetric complications rather than traditional birth attendants who helped the majority of women deliver their children. Training in obstetric care and recognition of dangers signs needs to be extended to traditional healers as well as birth attendants.

3. ADRA/Sudan and partners in Khartoum State
The Adventist Development and Relief Agency (ADRA) began activities in North Sudan in 1984 with an emergency food assistance in the northern province of Karima and White Nile. ADRA also started a maternal and child health program in these areas, while at the same time expanding to Khartoum State, implementing maternal and child health programs and water drilling projects sponsored by USAID. In 1989 the Umjawasir Agricultural project (desert farming) was begun. In 1990 ADRA intensified water and sanitation activities. The following year ADRA began its biggest project, the Emergency Food Distribution Program for

displaced persons in Khartoum state, with the support of USAID. In 1993 the small enterprise development project for the displaced started in Khartoum and a food security component was added to the Karima program.

The training study was carried out in the resettlement community of Dar-Es-Salam in the Jebel Aulia region of Khartoum State. The persons living in Dar-Es-Salam were displaced due to war and drought in southern and western Sudan. Many of these persons had arrived in Northern Sudan at least 5 years prior to the study and had previously lived in camps or squatter settlements in Khartoum or its surrounding area prior to moving to Dar-Es-Salam. The situation of the displaced living in North Sudan has been called a "chronic emergency." Dar-Es-Salam has 86,000 residents. The study supporting the training identified the issues/problems most important to the beneficiary population; those issues that should be given priority consideration when developing a program. The study identified the "lack of income generating activities" as the priority problem in Dar-Es-Salam. And informants identified women as the group most affected by this problem. This information led ADRA to develop a pilot proposal--after the training--to improve women's income in Dar-Es-Salam. In preparing the proposal, ADRA again used qualitative methods to evaluate a women's skills development program currently offered to some women in Dar-Es-Salam from the point of view of participants in the program. ADRA also used qualitative methods to get feedback from beneficiaries about its food program.

WHAT qualitative research methods are taught in the training?

To fulfill the objectives of improving local participation while improving cross-cultural understanding by humanitarian workers, we selected a variety of qualitative methods. A major consideration was to choose only methods that, in our experience and that of other qualitative research practitioners, have been found useful in planning and managing transition and development programs—especially programs attempting change human behavior—and relief programs following the acute emergency phase.

All the methods we selected come from Rapid Assessment Procedure (RAP) or Rapid Rural Appraisal/Participatory Rural Appraisal (RRA/PRA) manuals. RAP are a form of ethnographic study designed to be used by health program staff (with assistance from persons trained in RAP methods) to plan and manage their programs; the focus of these manuals is on information for programs rather than research for publication. Both RAP and PRA/RRA manuals are specifically designed for use by community-level health and development programs. From among the long lists of methods suggested by these manuals, we selected those we felt were most useful for work with transitional populations. These were:

Timeline (or Historyline) is a participatory data collection method for gathering time-related information such as the sequence of key events in the history of a displaced population. Informal groups of people, knowledgeable about the history of the population under study, are asked to use locally available materials, such as a stick or a straight line drawn on the ground, and stones, leaves and bark for marking events. Participants are asked to describe each key event. The dates or names representing important events are marked on the Timeline. Interviewers can probe the Timeline to ask about things such as the happiest and most stressful periods in the population's history to understand better how the population defines a good quality of life. It is often one of the first activities that a study team carries out because it sets the tone of participation and is a good 'icebreaker.'

Participatory Map is a participatory data collection method for geographically-related information such as water sources, health centers, markets, homes of key persons, settlement patterns, landmarks, fields, grazing areas. It is also one of the first activities that a study team carries out in a settlement to set the tone of participation and 'break-the-ice.' The information gained will help a team (especially those who are not very familiar with the area or settlement) find its way around, plan activities such as a Walkabout and select informants.

Walkabout is a type of direct observation that emphasizes recording actual events, situations and behaviors rather than reported or recalled events and situations. The Walkabout can focus on people (activities of men or women), locations (water collection site), and/or events (family meal). A checklist or guide is always developed by the study team before the exercise relating to specific issues of concern. During a Walkabout, observers walk around the study site (camp, village) in a meandering fashion absorbing the atmosphere, stopping to greet people and having informal conversations, and observing issues related to the Walkabout checklist or guide. The observer records as much behavior as possible, including actions, conversations, and descriptions of the locale and persons observed.

The Walkabout, along with the Participatory Map and Timeline rapidly provide the study team with an understanding of the local context as well as establishing a participatory relationship with the population. The study team uses this information to make adjustments in the study plan, such as selecting more appropriate informants, methods, questions, and times than is reflected on the original plan. Rapport building is also helpful in building trust and working with informants who have experienced extreme hardship by fault of other persons/groups and are rightfully mistrusting.

Free listing is a systematic data collection method where an informant is asked to list all the different components of some issue of interest (for example, all the different illnesses that children get; or, the main difficulties faced by persons living in the camp/community). This method is used as a preliminary exploration of the issue of interest and is often carried out at the beginning of a study. Free listing can

provide focus for the study as it provides a list of important items that can be explored in more depth during the remainder of the study. This method is especially useful in refugee and transition settings as interviewers can quickly collect information from a wide variety of informants (gender, age, ethnicity, area of origin, etc.).

Pile sorting is a systematic data collection technique used to understand how issues of interest (and/or their components) are inter-related in a culture by allowing informants to group together items (e.g., childhood illnesses, community problems) according to their own system of categorization. This helps understand how important issues are perceived by the beneficiary population prior to developing ideas or solutions to address them. As with Free Listing, we find this method is especially useful in refugee and transition settings as interviewers can quickly collect information from a wide variety of informants (gender, age, ethnicity, area of origin, etc.).

Venn Diagram is a participatory data collection method used to examine a how a population (in a camp or village or resettlement site) has organized itself and the population' relationship with outside organizations. Typical topics examined with a Venn Diagram include the following: identification of leaders and other decision makers; the role of leaders, persons and organizations within the population who make important decisions; role of the government and NGOs and other organizations that have an impact on the population, and relationships with other populations. This is useful in transition settings to help identify key persons and organizations to invite involvement in program planning and design.

Matrix Ranking is a participatory data collection method that allows examination of the relationship between two sets of variables such as a list of problems faced by a population and list of types of persons who could be affected by the problem. For example, the problem of 'distant water sources' might affect 'women' and 'girls' more than 'men' or 'boys'. The variables and the items included in each variable should be selected with care on the basis of information gained during the study. For this reason, this exercise is usually done during the middle to end of a study.

Key informant interviewing is a type of qualitative method where an interview between informant and interviewer proceeds flexibly much like a dialogue. The interviewer usually interviews the same informant several times to discuss certain issues in-depth; these can be issues raised in the first interview or earlier in the study. Questions are open-ended and the interviewer makes an active effort at building rapport with the informant. The interviewer can use an interview guide, but does not need to follow the interview guide exactly. Guides can be developed and revised based on information gained during earlier interviews or during earlier phases of the study. Usually, the interviewer explores topics on the guide or related topics as the informant brings them up during the interview.

Case (or event) narrative is a type of key informant interview used to record the actual activities surrounding an event, such as an illness, a birth or a death. The interview focuses on the sequence of events such as when symptoms appeared for an illness and what decisions a pregnant woman made in preparation for a birth. The interviewer refers to a list of topics as a guide for the interview but remains flexible as to the order of discussion of topics listed. Frequently, the initial interview is followed with another interview for clarification and discussion of decisions made during the illness.

Focus Group is a type of qualitative method that brings together a group of about eight to 12 people from similar backgrounds to examine topics of interest. Topics for discussion are carefully selected based on information gained earlier in the study. Focus groups, therefore, are usually done in the middle to end of a study after rapport and trust has been built and a better understanding of the local context has been gained by the study team. A facilitator guides the discussion probing into beliefs and attitudes underlying topics of interest such as health behaviors, quality of services, and community problems. Other study team members record verbal and nonverbal communications and interactions among participants.

Problem Tree is a participatory data collection method for gathering information about the root causes of an important problem identified during the study. A group of community members knowledgeable about the problem (e.g., women about the problem of fetching water for cooking and drinking) is invited to participate in the exercise. The facilitator asks participants to indicate the chain of events leading to a problem identified by the population as important earlier in the study. Lines connecting the events to the problem make a graphic 'problem tree' with the problem being the 'trunk.' The chains of causes leading to the problem become the 'branches'. Participants can then be asked to rank the root causes as to how much they contribute to the problem.

Not all methods were used in each training or study - the choice depended on how best to answer the particular study questions (For example, case narratives were used in Angola to investigate diarrhea, but not in Sudan where the issues were wider than health). Also, the list is not meant to be complete and other qualitative methods we did not try may prove as, or more, appropriate than these, depending on the study question and situation. Some methods were especially useful in transition setting and other methods appear universally useful across settings. In training workers in this cross-section of methods our emphasis was on providing them with the basic skills to select and use not only these but other methods as appropriate.

WHO is this guide for?
This guide is for use by trainers of PVO/NGO program staff who have prior training and experience in qualitative methods and preferably adult education.

WHO will be the participants of the training?

This training is designed for persons who will design and lead qualitative studies for the purpose of managing a community health, development or transition program. Usually, these persons will be program officers, management information system specialists, and educators working in community-based programs. Participants usually will be staff or partners of private, voluntary organizations (PVOs) or non-governmental organizations (NGOs). The training design also assumes that participants will have completed secondary school or equivalent and can write fairly well in the national language.

WHAT does this guide contain?

This guide describes a set of sessions over a 12 Day training period. Each session includes the following items:

1. Title
2. Estimated Time
3. Behavioral Objectives for participants
4. Materials
5. Description of Recommended Activities
6. Objectives Checklist
7. Notes and hints for the trainer.

WHAT are the purposes and objectives of the 12-day training?

It is the expectation that this training will give participants the knowledge and skills to approach and use or adapt the numerous qualitative study guides currently-available on a variety of health and development topics. The 12-day training course provides skills in designing and carrying out a qualitative study useful for program management (planning, monitoring and evaluation). The methods included in the training are a sample of commonly used qualitative methods: structured and unstructured interviews, participatory learning methods, group and individual methods. The cross-section of methods covered in the training should give participants skills and confidence to use and adapt other qualitative study methods.

The objectives of this 12-day training course are to provide the knowledge, skills and attitudes to do the following:

1. Use key qualitative research methods useful for programming;

2. Manage and analyze qualitative data;

3. Design/lead qualitative studies for program management purposes.

HOW will you adapt the proposed training agenda to meet your needs?

Refer to the last page of the Introduction for a detailed 12-day training agenda.

The proposed agenda of 12 training days can be divided into the following four phases, by sequence and approximate amount of time needed for training:

A. <u>Opening the training</u>: <u>Sessions 1.1 thru 2.1 (about 1 ½ days)</u>
   - Introduction to the training and qualitative research;
   - Interviewing skills used with qualitative methods

B. <u>Data Collection</u>: <u>Sessions 2.2 thru 9.2 (about 7 ½ days)</u>
   - Preparations for first field activities
   - Data collection with "just-in-time" training for individual methods.

C. <u>Use of Qualitative Data</u>: <u>Sessions 10.1 thru 11.2 (about 1 ½ days)</u>
   - Qualitative Data management
   - Analysis
   - Feedback and Report Writing

D. <u>Designing a qualitative study</u>: <u>Sessions 11.3 to 12.3 (about 1 ½ days)</u>
   - Process of designing a qualitative study
   - Exercise: design a qualitative study
   - Evaluating the training

Given the above proposed agenda, several options for modifying the training come to mind:

<u>Option 1</u>: Use the same general schedule but modify Phase B to train in the use of different or additional or fewer qualitative research methods. Time for training will be adjusted accordingly (same, longer or less). Note that unless a cross-section of types of qualitative methods are used (e.g., structured and unstructured interviews, participatory learning methods, group and individual methods, etc.) the goals of the training will change from what is proposed.

<u>Option 2</u>: Skip or move to a later time the last element of Phase C (Feedback and Report Writing) and all of Phase D. This will reduce the time of training to about 10 days. However, it also removes one of the objectives of the training: skills in designing/leading a qualitative study.

<u>Option 3</u>: Modify or adapt the sessions and activities as currently proposed. This may increase or decrease the time needed for training. For suggestions about this option see the next section below.

<u>Option 4</u>: Combine options 1 thru 3 above to develop a training that can be completed in a week to ten days knowing that the objectives as currently proposed will modified or not accomplished.

HOW will you adapt each of the sessions and activities?

Read each of the sessions, activities, **Notes to trainer**, and **hints** in the 12 days of sessions of this guide. **Read through each session again at least two days prior to carrying out a session–this is because many preparations require field work on days prior to the session (e.g., pre-testing instruments,**

making appointments with potential informants) and this needs to be done at the same time as other field work is going on.

You can do the activities just as they are presented or you can adapt the activities and/or experiment with the new activities. If you do not anticipate having enough time to do all of the activities, decide before the session which ones you will do, and do these well. In general it is better to eliminate a training activity than try to cover too much in a given session. Also, make sure the activities are appropriate for your group of participants. If they are not, change the activities to match the experience of the participants. For example, if the reading skills of your group are poor, substitute discussion or diagrams for words on the charts/overheads you prepare. The **Notes to trainer** and **Hint**s explain items needing consideration in planning and carrying out activities.

WHAT are the things that have to be arranged for in preparation for the training?

Key planning tasks:
- Select a *program decision* that the organization hosting the training wants to make and that requires qualitative information;
- Identify *study questions* (for the training) that need answering to make the above decision: these questions become the training *study objectives*;
- Select a *mix of methods and sequence* of methods to be taught in the training, and that will help answer the above study questions (see example below);

Example of a goal and objectives of a prior training study by method[1] and source[2]

GOAL: <u>Decision</u> - What issues/problems important to the beneficiary population should be given priority consideration when developing a transition program?	METHODS					
	1	**2**	**3**	**4**	**5**	**6**
OBJECTIVES:						
1. Most salient issues/problems faced by the community?	m	m	a		a	a
2. Perceived inter-relationships among salient issues/problems?	a		m		a	a
3. Which of the salient issues/problems are the community's main priorities?		a	a		m	a
4. Who are the most vulnerable groups/persons for the priority problems?		a	a	o	a	m
5. Do priority problems occur at a specific times or places?			a		a	m

[1] **Methods**: The methods are numbered in the sequence they were carried out in the training. The methods, by number, are: (1) Walkabout; (2) Free Listing; (3) Free Pile Sort; (4) Venn Diagram; (5) Matrix ranking; (6) Key informant interviews.
[2] **Sources**: m = main data source (method tailored specifically to answer this question); a = additional data source (method can provide the opportunity to answer this question); o = optional data source (method can be tailored to answer this question at the cost of answering other questions, as planned).

Note: The selection of the program decision, study questions/objectives and methods to be taught in the training is an iterative (back and forth) process. This guide suggests a mix of methods to be taught during the training; and, includes lesson plans for training in those methods. So what is usually done in practical terms is to select (from among program decisions that the host organization wants to make) a decision that the methods included in this guide will help to make. Letting the methods in this guide help determine the program decision to be made is the tradeoff usually made to meet the training objectives.

Key preparation tasks:
- Estimate and develop a profile of the population that will be studied during the training study:
  - ethnic and language groups present and in what relative proportions,
  - places of origin (if population is displaced),
  - gender mix,
  - age mix,
  - organizations/persons with authority and power;
- Determine the number of study sites and study teams needed;
- Assign participants to study teams: team leader(s), interviewers, translators;
- Select study sites for each study team;
- Arrange for training facility;
- Arrange for per diem of those traveling and field visits;
- Arrange for translators, if needed;
- Obtain authorization for the field work activities with administrative and traditional leaders.

Hint: Our experience suggest that, if possible, the different study sites and study teams should be relatively close together for field work (without compromising representativeness). This will facilitate transportation efficiency and communication between teams.

   In order not to compromise representativeness, select sites within the program area that demonstrate the principle of TRIANGULATION. Due to limitations in the number of study teams, this may require that the data from the training study be representative of only one population group rather than all population groups in a program area (e.g., populations of one ethnic or language group; populations living in one sub-region, males or females). For the purposes of training and to demonstrate making conclusions from qualitative data, it is better to have more data from one population group than "sparse" data from many groups. Identify biases in your data and draw conclusions only about the groups your data represents.

Supplies needed:
- 4-5 pads of chart paper;
- 2 easels;
- 2 rolls of masking tape;
- 2 staplers with staples;
- 2 sets of chart markers (chisel tip): black, red, blue, green;
- 2 notebooks per participant and 1 notebook per translator;
- 3 reams copy paper;
- 2 boxes of file folders (100 each);
- 500 note cards or '3x5' cards.
- (Optional but preferred) overhead sheets <u>and</u> overhead markers in black, blue, red, green.

> **Note:** There are potentially over 100 presentation charts to be used in this training. To make 100 charts from paper or newsprint, while feasible, requires a large amount of time and effort to make. If electricity is available for the training, trainers can save time by creating overheads of the charts provided in the *participant's manual* and arranging for an overhead projector.

Equipment:
- Access to copier, computer, printer, word processing software;
- Access to vehicles/transportation;
- Sleeping, cooking and sanitation equipment if staying overnight in the field;
- (Optional but preferred) overhead projector.

Materials:
- *Trainer's Guide* for trainers;
- *Participant's Manual* for participants;
- CRS RRA/PRA manual for participants and trainers. Available full-text online at: http://www.catholicrelief.org/what/overseas/rra_manual.cfm
- As many reference materials on qualitative methods as possible;
- Paper copy of previous qualitative study report for each participant;
- Disk for each participant with previous report(s), consent forms, blank structured forms.

BUDGET information

The following budget line items are taken from training we did with ADRA/Sudan and partners. Using these may help users develop a budget for the training.

Trainer(s) salary & per diem	(If outside trainers are needed; 1 trainer for each 6-7 participants is needed)
Trainer air fare/travel	(If outside trainer is needed & traveling)
Training center rental	(each classroom and field day)
Snack./drinks for breaks	(each classroom and field day)
Mid-day meal per participant	(each classroom and field day)
Copier rental	(or access to a copier)
Overhead rental	(or access to overhead)
Copying	(participant manual, CRS RRA/PRA manual, trainer's guide per trainer)

Chart Markers, 2 sets
Chart paper, 3 pads
Copy paper, 3 reams of 100
File folders, Box of 100
Notebooks, 2 per participant
Highlighter per participant
Pen per participant

Pencil per participant
Stapler with staples
Hole punch
Masking tape, 2 rolls
Pencil sharpener
Overhead transparencies, 100 count   (If overhead can be borrowed)
Overhead markers, 4 colors   (If overhead can be borrowed)
Carrying bag per participant

Vehicle rental or access to sufficient number of vehicles
Petrol for vehicles

ABOUT the authors

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DETAILED TRAINING AGENDA

Below is a 12-day agenda that follows the training schedule and activities outlined in this manual. You should adapt this agenda as you adapt the sessions and activities to meet the needs of participants

Day	Activity Week 1	Activity Week 2	Day
1	- Opening ceremony & introductions - Purpose & agenda & expectations of training - Overview of qualitative research - Interviewing principles	- Training/preparations for matrix ranking - Matrix Ranking - Team interaction meeting - Optional: overview of focus group discussions	7*

2	- Interviewing techniques
	- Training/preparations for Day 3:
	    - Timeline & Walkabout exercises
	    - Team building & attitudes/rules
		- Training/preparations for 1st Key Informant interview
		- Key informant interview #1
		- Team interaction meeting
			8*

3*	- Introduction to community - Timeline & Walkabout exercises - Team interaction meeting	- Key informant interview #2 - Team interaction meeting - Optional: overview of case narratives method	9*
4*	- Training/preparations for free listing - Free Listing - Team interaction meeting	- Coding & Data management: code write ups of data collection activities and place into data file folders - Group Analysis Process: use a group process to carry out analysis for a few selected questions.	10
5*	-Training/preparations for Venn Diagram -Venn Diagram -Team interaction meeting -Prepare pile sort cards	- Group work on feedback to community/others -Group work on report writing: - Group work on study design	11
6*	-Training/preparations for pile sorting -Pile Sorting -Team interaction meeting -Optional: overview of community mapping	- Individuals or small teams design a qualitative study to answer one or two specific questions - Presentation of study designs and group reaction - Evaluation of the training	12

* Field Days: majority of time will be spent in the field on these days (preferable to stay overnight in the community if security is sufficient)