WorldRenew

Qualitative Methods in Community Health Program Planning & Evaluation

For standardized design, implementation, monitoring, and evaluation of community-based maternal, newborn and child health and nutrition programs

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Abbreviations

ANC	Antenatal Care
ARI	Acute Respiratory Illness
CHW	Community Health Worker
CMAM	Community Management of Acute Malnutrition
COVID-19	Coronavirus disease – 2019
DBC	Designing for Behavior Change
FGD	Focus Group Discussion
GAM	Global acute malnutrition
IFA	Iron and Folic Acid (tablets)
KII	Key Informant Interviews
LMIC	Low- and Middle-Income Countries
M &E	Monitoring and Evaluation
MIYCAN	Maternal, Infant, Young Child, and Adolescent Nutrition
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NCD	Non-communicable diseases
ORS	Oral Rehydration Salts
PAR	Participatory Action Research
PD	Positive Deviance
PI	People's Institution
PMTCT	Prevention of Mother-to-Child Transmission
SAM	Severe Acute Malnutrition
SD	Standard Deviation
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
TTC	Timed and Targeted Counselling
VSLA / VSL	Village Savings and Loans Associations
VYA	Very Young Adolescents
WASH	Water and Sanitation Hygiene
WHO	World Health Organization

Introduction

World Renew and its partners have been working in partnership with local organizations and communities in community-based health and nutrition programming for more than 40 years, using participatory approaches to mobilize communities to form groups of mothers, and training and supporting local health volunteers to counsel these women and their families.

With a woman dying during pregnancy or childbirth every two minutes (United Nation's Trends in Maternal Mortality (Feb 2023), we are grateful that our MNCH programming has proved so effective and scalable, and that we can share our best practices and tools, beyond the targeted communities, to impact the health sector as a whole.

World Renew specializes in highly effective, low-cost programming by improving access to services and addressing sociocultural norms that keep families from adopting practices that ensure health and growth. Each program follows a uniform pattern but with significant cultural variations because of topography and unique social and demographic characteristics. The focus of our MNCH programming is on the first 1,000 days of life (from conception to a child's second birthday), which is the critical window of opportunity to improve the survival and nutrition of mothers and young children.

One aspect that makes our programming so incredibly impactful is how targeted the interventions are. Needs are identified through initial surveys that uncover issues particular to the region, and the exact reasons why mothers and families are not implementing good health practices. A targeted strategy related to the specific behavior changes desired is then laid out, focusing on care during pregnancy, safe delivery, postnatal care, child and family health, sanitation and hygiene, and family planning. Project staff also collaborate with local public health agencies to coordinate and ensure the delivery of services to communities, and community power holders – such as traditional birth attendants, men, mothers-in-law, and grandmothers - who also become engaged to increase the promotion of health and nutrition in their communities.

Qualitative data collection offers a rich and holistic viewpoint, making it a necessary component of complete research methodology. This form of research reveals the deeper 'why' behind participant behaviors through descriptive details like emotions, motivations and beliefs. In the following pages, you will be introduced to the benefits of Qualitative Research, then shown step-by-step how to conduct a variety of evaluations, conduct focus groups, and how to analyze and interpret your qualitative data. You will also receive samples of materials to use. Paired with Quantitative Data, our Qualitative research becomes an important statistical analysis of your targeted communities and the progress that is being made.

Part 1: The Case for Qualitative and Mixed Methods in Community Health Program Planning & Evaluation

Qualitative Research and Evaluation

Qualitative researchers and evaluators do not approach their research or evaluation topic with hypotheses, but they do have a central question they are trying to answer. This broad question cannot be answered numerically, or by counting or comparing variables. Once the main question is established, the researcher or evaluator creates a longer list of questions related to their main question. This list of open-ended questions allows the researcher to explore the topic of interest (e.g., health problem, solution or intervention, culture, setting, knowledge, biases, experiences) with great depth, often done through key informant interviews (KII) or focus group discussions (FGD).

Advantages of employing qualitative methods:

1. The depth of the information provided is rich and naturally tells the researcher or evaluator a more complete, accurate story about the issues a community faces. The kinds of issues to look for could be intervention needed, potential barriers to uptake, local needs, resources, strengths, and priorities.

2. The researcher may develop a better understanding of the social and cultural determinants of the topic.

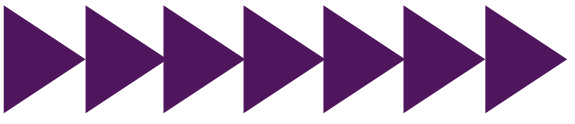
3. Qualitative methods can be emergent or may change, depending on what you uncover during the process of conducting your research or evaluation.

4. If qualitative methods are used right from the start, it may lead to a better intervention. For example, what we think a community needs or what we think is a solution might not be what they identify as a need or solution.

5. It may lead to enhanced relationship-building and trust.

6. Key informant interviewees are offered the opportunity to talk about aspects or details of the topic (e.g., problem, solution, context) that they think are most important.

7. Key informant interviewees can describe what is happening and how it impacts them, including feelings, opinions, perceptions, and understandings using their own language.



Who are the key informants you may want to talk to?

- Representatives from your target intervention group because they have deep knowledge about the problem and its impacts on their own lives. They also know solutions they have tried before that did or did not work, their inherent strengths, and their lived experiences before, during, and after your program.
- Family members, especially active parents, of your target intervention group because they can offer a close, yet outsider perspective on important aspects of the intervention.
- Individuals and organizations who provide services to your target population, because they can offer rich and crucial details about the target population, their needs, their receptiveness to your programming, existing resources or programs, and any other community-level contextual factors that might influence your program.
- For local physicians, nurses, and other healthcare providers specifically, it is important to build trust by involving them throughout the planning, implementation, and evaluation processes. It should be clear to them that your program is not competing with their services.
- Community and organizational leaders, including employers, because they have first-hand (insider) and high-level knowledge about the community, the culture, policies, and history impacting the community, as well as about your target population. Their social position affords them access to information that other people may not have.
- Government officials because they know about the historical, current, and upcoming policies that impact your target population.

Considerations before doing qualitative research or evaluations:

Qualitative research and evaluation take practice and confidence because the trustworthiness of the data is tied directly to the demonstrated competence and trustworthiness of the person who collected and analyzes the data.

Qualitative research and evaluation are time and labor-intensive. For example, conducting interviews and focus groups, gathering additional details, and analyzing the data takes hours for 1-10 participants, while surveying a room full of 100 people may take 10-20 minutes, plus the time it takes to analyze the survey data later.

Trust from the key informant interviewee, program participants, and/or community is necessary and may take time to build.

You must understand cultural norms related to interviews or other qualitative data collection. For example, in many settings, a male evaluator may not be allowed to interview a female key informant interviewee alone.

If your budget is tight, consider using a targeted approach to your data collection.

Benefits of employing mixed methods research or evaluation

1. Mixed methods research and evaluation involves using qualitative and quantitative data to understand the topic thoroughly.

2. Helps you to understand the meaning behind “the numbers” you get in surveys.

3. Allows you to present rates, as well as context, experiences, circumstances, and “the why” behind a topic, potentially revealing a more comprehensive presentation of the topic.

Ethical issues in conducting qualitative or mixed methods research and evaluation

The highest ethical standards must be followed when working with human participants in research and evaluation. We base our work on the Belmont Report, which includes three basic ethical principles: Respect for Persons, Beneficence, and Justice . These principles are then applied through informed consent, assessment of risks and benefits, and selection of subjects.

1. **Respect for Persons** incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection.

2. Under the principle of **Beneficence**, people are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being.

3. Who ought to receive the benefits of research and bear its burdens? This is a question of **Justice**, in the sense of "fairness in distribution" or "what is deserved." An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly.

Part 2: How to Conduct Qualitative Evaluations

How will you collect data and who will complete this important work.

Create a timeline for your evaluation, including surveys/interview guide and consent form development, translation of instruments, training data collectors, collecting and analyzing data, and disseminating your results.

If possible, your team should have experience conducting qualitative research.

Training data collectors: If only one person has prior experience, other members of your team may consider watching one or two interviews before conducting any, then conducting the first 1-2 interviews with a trained person observing. All data collectors on the team, including those with previous experience in qualitative methods, should meet as a group to review the evaluation protocol, consent form, and instruments/interview guides.

Surveys can be recorded using electronic tablets or paper forms.

Interviews should be audio-recorded, if possible, for transcription later. Once interviews are recorded, they should be transcribed verbatim.

Qualitative Evaluation Data Sources

*Please see part 1 for examples of key informants

1. Interviews

Questions are open-ended, avoiding yes/no or other one-word answers. There are no right or wrong answers. Common open-ended questions start with: Please tell me about, describe, recall when, how, what are/were, when, where did/does. The interviewer uncovers all the essential information that emerges from the interview.

An example of a qualitative interview question is: *Please tell me about your drinking water*. Sometimes, the interviewer may ask additional probing questions to gather more details. *Where do you get the water that your family drinks?* Describe the quality of your drinking water. *What do you do, if anything, to your water before you or your family members drink it?*

Individual, structured: The interview guide is set, without the option to ask additional questions that may arise. This type of interview is helpful when there are multiple data collectors so that the same type of information is covered across all interviews. It is also useful if there are time constraints per interview.

Individual, semi-structured: An interview guide is used, with optional probes as follow-up questions. This allows the interviewer to explore information in more depth than the interviewee initially offers. Semi-structured interviews may take longer than structured interviews. These types of interviews involve more dialogue between the interviewer and participant, rather than the question/answer style of structured interviews. The semi-structured interview questions are more flexible, with opportunities to ask follow-up questions or additional probes for further detail.

Open-ended, unstructured interviews: For unstructured interviews, the focus is on generating new knowledge, like theories, directly from your community members. The topic that you are interested in will guide your conversation. This methodology takes a high skill level in qualitative research and knowledge of the research project's primary goals to guide the conversation to the topics you are looking for.

Focus groups allow you to get information from multiple people at the same time.

- Typically, 6-12 individuals gather to answer a set of questions asked by the interviewer for about 60-90 minutes. Most of the time, you will use a structured or semi-structured interview guide for your focus groups so that the interview remains focused on your topic of interest. Individuals may be asked to participate in a group interview if they share important characteristics.

- For example, you may run one focus group with local healthcare providers as key informants and another focus group with adolescent girls as program participants. A good facilitator allows everyone a chance to share their responses to each question. Sometimes, the group will affirm others' responses or add additional details in agreement. Other times, group members will offer differing or unique responses to a question. In some cultures, it is common for focus groups to last up to 2 hours, though people tend to get fatigued if they last much longer than that.

- If more than 12 people are interested in participating, it is better to separate them into smaller groups because not everyone will have a chance to offer their answers to the questions. Interview guides can be semi-structured or structured.

- Focus groups are best conducted by at least two interviewers, one person asks questions and the other person takes notes and audio-records the interview. Focus groups take training and practice.

- For more information on focus groups, please visit the USAID Learning Lab *(https://usaidlearninglab.org/evaluation/evaluation-toolkit/managing-evaluation/conducting-evaluation).*

2. Field Research

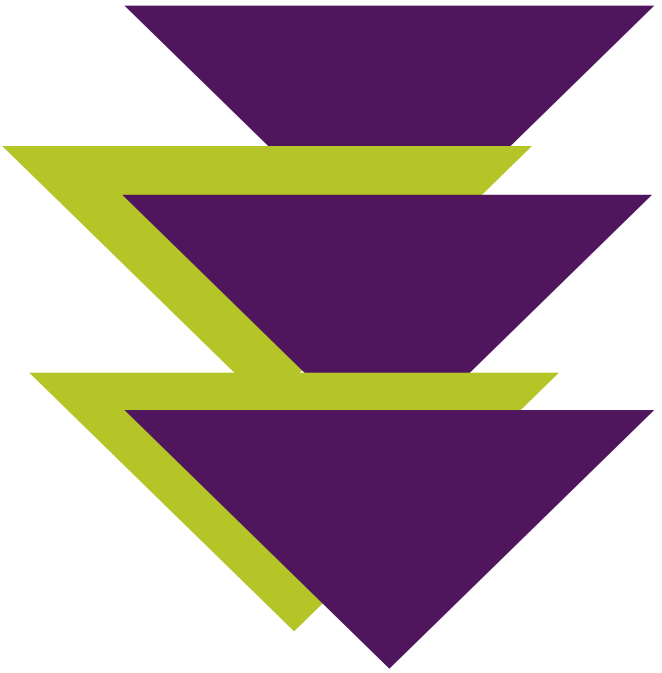
Observations can be made and documented through detailed field notes on program activities and dynamics between people.

Document review: Public and private documents can be accessed and systematically reviewed. Details about the type of document, the date of the document, and a summary of its contents can be captured and coded.

3. Asset mapping

Resources and strengths of communities can be mapped by describing them and documenting their physical aspects.

These include infrastructure, residential areas, commercial, agricultural, or industrial areas, demographics, economy, government/politics, places of worship, rest, exercise, play, congregation, healthcare, and other social institutions.



4. Community-based, participatory action research

Participatory action research (PAR) is a unique type of qualitative/mixed methods research through which program staff partner with local community members to address a health problem or reduce a health disparity. The main goals are to work together to facilitate action and build community capacity.

Together, program staff and community members gather information to plan an intervention, develop the details of the intervention and associated evaluation questions, cooperatively collect and analyze data for the program, and disseminate results in a way that community members understand.

PAR allows program staff and community members to co-create knowledge and solutions by uncovering the root causes behind health problems or disparities, especially through community member's perspectives. It can also positively influence sustainability of health programs because it leads to empowerment and inherent buy-in from participants who helped to create the programs.

A key practice within PAR is self-reflection, which helps program staff and community members improve their practices by reflecting on contextual and cultural elements, lived experiences and understandings, and historical influences.

Actively involving community members in the process of developing and implementing programs takes more time than traditional methods, but it is well worth the investment due to the ensuing relationship and capacity-building.

See "Additional Resources" Baum et al. (2006) for more details on PAR.

To see a community-based participatory approach in action, watch AMOS Health and Hope *(https://youtu.be/vPzz-E-61xc?feature=shared).*

For more information about Participatory Action , see World Renew. (2024). Capability statement: Participatory action and learning. *(https://worldrenew.net/wp-content/uploads/2024/07/Participatory-Learning-and-Action-Capability-Statement-2024-World-Renew.pdf)*

Part 3: Sample Consent Forms and Qualitative Guides

Please Note:

- The consent forms can be adapted as necessary given the context
- All consent forms and interview guides should be translated into the local language and then back translated by an independent translator into your reporting language to verify that the translation was done correctly.
- This form may be used to consent minor participants but will need to accompany a consent form from a parent or guardian. Changes may be made to the form to reflect the language used for parental consent (e.g., replace “you” with “your child”).
- Be sure that all consent processes follow local customs and laws (e.g., Islamic law).

See sample consent forms and qualitative guides on the following pages.

3.1 Sample Written Consent to Participate

"[Name of Program]"

Program Evaluation

Consent to Participate

Read the following to the key informant interviewee:

"The purpose of this evaluation is to better understand the [Name of Organization]'s program [Name of Program].

You will be asked to answer a few brief questions about the program. There are no known risks for participating in this evaluation. There is no compensation for answering these questions, and you will not benefit personally from participating. All information we collect about you will be kept confidential.

Please feel free to ask questions at any time. Your participation is voluntary, and you can stop at any time. If you have any questions about this study, contact [email address] or [phone number].

Now I would like to ask if you agree to participate in the evaluation of [Name of Program]".

Signature or thumbprint:

Signature of interviewer:

Date:

3.2 Sample Verbal Consent to Participate

For focus groups and interviews only, not for surveys, read the following statement:

“For me to listen to you well during this interview, the interview will be audio-recorded so that I can listen to it again later. Recordings will be destroyed after 1 year. Your name or other identifying information will not be included in the recording.

Now I would like to ask if you agree to allow this interview to be audio-recorded”.

Signature or thumbprint:

3.3 Sample Focus Group for Participatory Action for Community Health Needs Assessment

This is a template/example that can be used for doing KII or FGD.

Section 1: Health and Wellbeing

1. Keeping in mind yourself and the people in your neighborhood, tell me the three community issues that have the greatest effect on quality of life.

2. Keeping in mind yourself and the people in your neighborhood, tell me about the three most important health problems, diseases, or conditions in [Name of Community]

3. Where do you usually go if you or a family member is sick, or you need advice about the health of you or a family member? If it's a child that is sick, do you go to a different source for advice?

4. Have you ever had something that prevented you or people in your household from getting necessary healthcare in the past year? If so, what prevented you?

5. In general, how would you rate your overall health? The health of your family members? The health of your neighbors?

6. What emotional and social support do you get? How often do you get that support?

7. In general, how satisfied are people in your community with life?

Section 2: Employment

8. Keeping in mind yourself and the people in your neighborhood, please tell me about the availability of employment opportunities. [Probe: Are there enough employment opportunities locally?]

    a. If you are or were employed, please describe your type of employment.

    b. Tell me about the types of employment of your family members and neighbors.

Section 3: Nutrition

[Note: this may be a sensitive question and there likely will not be consensus. If the group feels that they should be eating fruits and vegetables and they cannot afford them or they are not available, they may not want to answer while other people speak up.]

9. Describe the typical diet of people in your community. Tell me about your family's typical diet.

10. Describe your family's and your community's ability to access:

    a. Fruits and vegetables,

    b. milk, proteins (meats, eggs, fish)

    c. beans/peas, or nuts/seeds

11. How often do children in your neighborhood miss school because of hunger or go to school hungry?

Section 4: Health of Women and Girls

Depending on the type of focus group you are holding and the audience, the following questions may be added. Be cautious about the sensitivity of these questions and monitor group dynamics for the level of comfortability with these questions.

12. What types of family planning options are easily available in [Name of Community]? Are you or your spouse/partner doing anything now to keep you from getting pregnant?

13. Gender-based or intimate partner violence is common around the world. Without discussing details that would identify anyone, please tell me about gender-based/intimate partner violence in your community.

14. For girls of menstruating age:

    a. What products are available?

    b. How does their 'monthly cycle' possibly affect their daily activities?

    c. Are girls missing school because of it?

Section 5: Community and Family Decision-Making

15. How are decisions about the following made in your community?

    a. health and healthcare,

    b. education,

    c. nutrition,

    d. food production,

    e paid work,

    f. household duties,

    g. caretaking,

    h. marriage, and

    i. [other topics of interest]

16. Describe the process for making these decisions.

    a. Who is involved?

Section 6: Action

17. Of the issues we have talked about today, which 2-3 would you like to remedy in the next year? 5 years? 10 years?

    a. How feasible would it be to address [by name: issue 1, issue 2, issue 3]?

18. [For the single most critical issue that this group wants to address] What has been done in the past to address [issue]?

    a. By the government? [If applicable]

    b. By your local leaders?

    c. Health centers?

    d. Your local community?

    e. You and your neighbors?

19. What activities/interventions related to [issue] worked well to address it?

20. What activities/interventions did not work to address [the issue]?

21. What activities/interventions related to [issue] made the problem worse or had unintended consequences? Please describe what happened.

22. What strengths do you as individuals and as a community have that can be used to work together with World Renew and [Local Partners] to address [the issue] in the next 1-2 years?

3.4 Sample End-of-Program Evaluation for Staff, Community Health Volunteer, and Health Surveillance Assistants

Interviewer Name: ***Date:***

1. Key informant interviewee name:

2. Role in the program at the time of [Name of Program]:

Start the audio-recorder.

3. Please describe the mission of your organization.

4. What is your (are your) role(s) for your organization? Describe your role in the [Name of Program].

5. In your own words, what were the main goals of [Name of Program]?

6. What behaviors or activities do you see program participants practicing today, because of the program?

7. Describe what you think the biggest barriers were for program participants.

8. What did you learn while conducting the program?

9. What program activities are still being conducted today by you or your colleagues?

10. What were the most challenging program characteristics or activities for you or your team to implement?

11. How has [Name of Program] changed the care or interventions you provide your communities today?

12. If you could improve [Name of Program], what changes would you make?

13. Do you have any additional comments about the program?

14. Is there anything I did not ask that you think I should have asked?

3.5 Sample STRUCTURED Interview or Focus Group Guide for Program Participants

In structured interviews, the interviewer asks all questions on the guide as written, without deviating from the guide.

1. What community(ies) are represented by KII?
2. Please tell me about the [Name of Program] that you participated in.
    a. In your own words, what were the main goals of [Name of Program]?
    b. What do you remember most about the program?
    c. What program activities were you involved in?
    d. Describe the training you received through [Name of Program].
3. What are the root causes of [target problem examples: poverty, conflict, violence, child marriage, hygiene, malnutrition, disease or illness, unplanned pregnancy, maternal or child death] in your community?
4. Describe the activity/group in detail.
    a. What did you learn in the groups?
    b. What parts of the program helped you the most?
    c. What parts of the program helped you the least?
    d. In what ways did you use what you learned to influence your family or community?
    e. In what ways, if any, did activity/group change the way you:
5. In what ways, if any, did the activity/group change the way you …
    a. list one by one each activity the individual or group named in Q 1 and Q2, then
    b. let the individual or group answer fully before moving on to the next activity
6. What were some challenges to participating in any of the [Name of Program or Group] activities?
7. In what ways, if any, did the program affect your mental, physical, and spiritual health or wellbeing?
8. If you could improve the activity/group what changes would you make?
9. Do you have any additional comments that you did not get to share earlier?
10. Is there anything I did not ask that you think I should have asked?

Interviewer observations:

3.6 Sample SEMI-STRUCTURED Interview or Focus Group Guide for Lead Women/Mothers of Groups

1. Please tell me about [Name of Program].
    a. In your own words, what were the main goals of [Name of Program]?
    b. What do you remember most about the program?
    c. What program activities were you involved in?
2. What are the root causes of [target problem examples: poverty, conflict, violence, child marriage, malnutrition, disease, or illness, maternal or child death] in your community?
3. Describe the [Name of Group] that you led.
    a. Describe the training you received before you began leading [Name of Group].
    b. What did you learn through leading your group?
    c. What topics did you cover in your group?
    d. What parts of the program helped your group members most?
    e. What parts of the program helped your group members the least?
    f. What made it difficult for [participants: girls, women, men, boys] to attend the group? [Probe: attendance, scheduling, meeting place]
    g. What made it difficult for you to lead the group? [Probe: tell me about any challenges with group dynamics, program content, your own experiences]
4. In what ways, if any, did [Name of Program] or [Name of Group] change the way you:
    a. [List one by one, each activity the individual or focus group named in Q1 and Q2, letting the individual or group answer fully before moving on to the next activity}.
5. In what ways, if any, did the program affect the mental, physical, and spiritual health or wellbeing of your group members? Their families?
6. If you could improve [Name of Program], what changes would you make?
7. Do you have any additional comments that you did not get to share earlier?
8. Is there anything I did not ask that you think I should have asked?
9. Interviewer observations:

3.7 Observation Guide

There are two main types of observation in qualitative research, direct (or nonparticipant) and participant (Center for Community Health and Development, 2024). When monitoring and evaluating your own programs, you will most likely conduct direct observations. In direct observation, you will not act as a participant in your programming, but rather as a quiet and unobtrusive outsider. For both types of observation, you will record and reflect on as much as possible that you observe.

Consider making observations on more than one occasion. This guide may be adapted to help you document what you observe.

1. Describe the physical location or setting for program activities.
    a. Describe other aspects of the setting.
    b. What resources are available for the program activities?

2. Describe the people/participants.
    a. Describe how the people/participants interact with one another. Document their attitudes and behaviors.
    b. Describe how staff and people/participants are interacting with one another.

3. Describe the activities and processes related to the activities.
    a. Describe how people/participants interact with program activities.
    b. Describe how long the activities/program took to complete.
    c. What, if any, adaptations were made from the original program plan/model?

4. Provide important details that you observe that were not already documented.

3.8 Asset Map

*(*Adapted from Helping without Hurting Africa-Participant Manual by Jonny Kabiswa Kyazze, Anthony Sytsma, Brian Fikkert, and the UCLA Center for Health Policy Research)*

First, define what you mean by community (boundaries, what/who is included). Second, ask your questions through individual interviews and/or focus groups. Then, ask participants to locate their answers on a map.

Describe your community's:

1. Financial resources:
2. Members' Abilities:
3. Knowledge and Skills:
4. Natural Resources:
5. Local Infrastructure:
6. Local Places and Organizations [schools, churches, libraries, hospitals, community centers, parks]:
7. Cultural Resources:
8. Social Resources [associations, citizen groups, networking, or community-building opportunities]:
9. Religious or Spiritual Resources:
10. Other Strengths:

3.9 Sample Bead Game

A method for asking questions about sensitive topics

Estimated time: 20-45 minutes

Description: The Bead Game is a confidential way to ask a group of people questions about sensitive topics. It does not require literacy skills of those being interviewed. Questions are read aloud by a facilitator, and participants answer 'yes' or 'no' using different-colored beads or other items. The method is typically used before and after a program to compare results and determine how much progress was made on program indicators. When used within a program, the total score for each question can be shared with the group to facilitate a discussion.

Materials Needed: A list of clear questions that can be answered with 'yes' or 'no.' The answer you desire should not always be 'yes' or always be 'no,' mix it up. One small cloth bag for each member of the group, with each bag containing two different colors of beads (for example red and green). There should be a bead of each color available for each question. Additionally, have one cloth bag per question to collect people's bead-answers. These bags should each be labeled with a question number.

For gender disaggregation: If you have both male and female respondents, and you want to disaggregate the data. There are multiple ideas to do this. You could have two different bags for the answers, so a Q1 bag for responses from females, and a different colored Q1 bag for responses from males. Alternatively, you could give bags with different styles of beads to males than to females, so both would have red and green beads, but different, so that the person noting the responses can tell how many males responded yes and how many females responded yes. Alternatively, you could just do the survey separately by gender.

Suggested steps:

• Explain the activity to the group. This explanation should include that the answers will be anonymous (there will be no way for you to know who answered what), the participants will answer the questions without discussing their answers amongst themselves , and what you will be doing with the resulting data. If someone does not want to participate or cannot, they do not have to. Help them understand that when they decide to participate, they will need to answer all the questions, to help with the analysis.

• Ask participants to sit in a large circle and hand out a bag with red and green beads to each participant.

• Tell participants that you will read questions one at a time. If their answer to a question is "true" or "yes," they should take a green bead out of the bag and place it in the numbered bag you will pass around, keeping the bead hidden in their hand. If the answer is "false" or "no," they should place a red bead in the bag.

• Do the activity: It is easiest to run the activity with more than one person: one who asks the questions, one who goes around to circle of participants to collect the bead-answers (see photo), and possibly one who counts the answers and writes down the number of 'yes' and 'no' answers. This can be done afterwards because you numbered the bags.

• Fill in the chart with the number of yes and no responses, and then calculate the percentage of yes and no responses.

3.9 Bead Game Sample Reporting Form

Group:
Location:
Date of Bead Game:
Number of group members answering:
Bead Game done at the beginning or end of the program:
Name of the person who leads the activity:

No.	Question	YES	NO	YES	NO	Desired Answer
Questions on Knowledge		Answers Given (numbers)		Answers Given (%)		
1	AIDS can be transmitted from mother to child via breast milk. Yes or no?					YES
2	You can be infected with the AIDS virus through a mosquito bite. Yes or no?					NO
3	STI's are always accompanied by painful symptoms. Yes or no?					NO
4	A woman who is faithful to her husband can get AIDS. Yes or no?					YES
Questions on Attitudes and Beliefs						
5	AIDS is a punishment of God for people who behave badly. Yes or no?					NO
6	A woman can get pregnant from wearing a man's clothes. Yes or no?					NO
7	Women have the right to refuse being touched by a man. Yes or no?					YES
8	Men have the right to hit women when they are angry. Yes or no?					NO
Question on Practices						
9	Do you discuss issues concerning sexuality with your parents? Yes or no?					YES
10	Have you ever told another boy not to bother a girl he was harassing? Yes or no?					YES
11	Have you had sexual intercourse anytime during the past 30 days? Yes or no?					NO
12	Do you occasionally drink alcohol with your friends? Yes or no?					NO

Part 4: How to Analyze and Interpret Your Qualitative Data

1. Transcribe your audio-recording.
2. If needed, translate your transcription into your working language.
3. Decide what you are looking for, and give colors to different things (e.g. 'benefits' in one colour, 'difficulties' in another, etc.
4. Sample transcript and coding:

> I grew up in the country about three miles from the nearest small town. I loved my community. I went to a small school and had a lot of friends. My school was so small that I got to play a lot of sports. I used to ride my bicycle to sports and school events. My town and home felt safe. I don't remember hearing about any violent crime. People were always willing to help each other out.
>
> We lived on a gravel road, so everything was dusty. When we first moved into our new house, we had well water that smelled like metal and made everything rusty, including our faucets and our clothes. After a couple of years, they built a county pipe with drinking water. Even though we lived in the middle of two farms, they weren't the kind of farms that produced fruits or vegetables for us to eat. It was always corn or soybeans. There was a very small grocery store with about three aisles in it in town, but the nearest bigger grocery store was about a twenty-minute drive from our house. Sometimes, we got our groceries from the store that was 45 minutes away. I liked the stores that were bigger because they had more snacks, even though they took longer to get to. The only problem was that when it was so hot in the summer, our cold food was warm when we got back home because we drove home with it in the back of our truck.
>
> Once I was old enough to work, I worked at the hospital, which was also twenty minutes away from our house. Sometimes people we knew got in car accidents because everyone had to drive so much to get anywhere. My parents were in a very bad accident when I was young.

5. Sample categorizing:
    a. Rural: small town, small school
    b. Benefits of rural life: love of community, friends, helpfulness, safety
    c. Low infrastructure: gravel roads, dust (probe for air quality), well water (probe for water quality), county drinking water, small local grocery store
    d. Challenges of rural life: low access to healthy food
        i. Driving distances to grocery stores, hospitals, and work
        ii. Car accidents are common

6. Compare your coding and categorizing with a second coder.
7. Interpret your results
8. If possible, and where feasible, present your findings to the community.

Additional Resources

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