Section VI.

Applying Data to Programs

Applying Data to Programs

- Needed: 4 - 6 days minimum
- Group Analysis (1-2 days)
  - Summarize findings
  - Identify biases
  - Tentative program recommendations
- Feedback to Community (1 day/ session)
  - Present findings of study
  - Elicit ideas/reactions to recommendations
- Write Study Report (1-2 days)
  - Write initial sections before study is completed
  - Write results, discussion & recommendations in 1-2 days after study is completed
- Possible Follow-on Actions:
  - Example: Improving Health Behaviors

Group Process for Analysis - 1

Phase I: (1/2 up to 2 days)

- Select topics (that are coded) to analyze at this time; CAN analyze other topics later.
- Sub-divide team members into analysis groups by study site or topical area.
  - When sub-dividing by topical area, balance expertise with perspectives from different sites
  - Provide one copy of coded expanded notes of data collection activities.
  - Expanded notes placed in a file folder with summary information attached on front
- Summarize findings about each topic (ones that are coded) selected for analysis
  - Refer to 'coded' expanded notes
  - One flipchart paper per topic/code
  - Top half of paper: summarize patterns of findings and identify data sources
  - Bottom half: write key quotes supporting findings and numbers where appropriate (e.g. 15 of 20 persons mentioned 'diarrhea' as a serious illness during free listing)

Group Process for Analysis - 2

Phase II (1/2 to 1 day)

- Small groups present summary of findings to the larger analysis group
- Larger group *judges* representativeness of findings (likely/potential biases)
  - when presenting by study site, this requires a comparison of findings across sites first.
- Larger group draws preliminary conclusions from presentation of findings
  - Recommendations for actions
  - Recommendations for further study
  - Note the Conclusions are preliminary...
    - Feedback/agreement from community and other stakeholders needed
  - Example of possible conclusions:
    - community priorities to consider when deciding on program interventions;
    - specific behaviors or attitudes to target;
    - environmental factors to target;
    - vulnerable groups to target;
    - persons to train/educate;
    - organizations/individuals to work with/through;
    - times/places for program activities;
    - role/actions for community
    - role/actions for NGO

Feedback Issues

(from IIED PL&A Trainers Guide)

- ***HOW?*** That is, determining the appropriate presentation style to encourage analysis and reflection on the information collected;

- ***WHO?*** That is, who presents AND who has a chance to react to the information collected;

- ***WHERE?*** Note that the place where feedback takes place may influence the quality of participation and the subsequent discussion;

- ***WHEN?*** That is, will the feedback meeting take place at a time that allows maximum participation by group of interest;

- **WHAT?** That is, of all the information collected, what should be included in the presentation.

Outline of the Study Report

- Title page
- Abstract
- Introduction/Background
- Goals and Objectives of the Study
- Methods
  - Emphasis on qualitative methods
  - Sampling
  - Qualitative methods used
  - Selection and training of data collectors
  - Qualitative data management
- Results and Discussion
  - By topic area and study objectives/questions
  - NOT by methods used
  - Include quotes to support results
- Recommendations:
  - priorities/possible approaches for programs
  - priorities/possible approaches for further study
- References
- Annexes
  - data tables
  - data collection forms

Write the Study Report

Phase I - complete before data collection:

- Title, Introduction/Background, Objectives
- Draft of methodology
  - Sampling, Methods to be used
  - Selection and training of data collectors
  - Plan for management of qualitative data
- Outline of results/discussion section by topic area and study objective/question
- Blank tables in the Annexes for data that is expected to be collected during the study
- Data collection forms in Annexes

Phase II - do during data collection:

- Update changes to study from what was written during Phase I
- Write description of study sites
- Include in relevant places of the results/ discussion section, important quotes as they occur
  - This will save much time later searching for quotes
  - Can be done while memory of the team is fresh

Phase III - Following data collection

- Complete data tables in annexes
- Complete results/discussion section by transferring information from group analysis flipchart sheets
- Write recommendations section
- Write abstract (do last)

Who Writes The Report?

(From Freudenberger: CRS RRA/PRA Manual, 1998)

Phase I:

- All team members should be involved in this phase
- Especially writing the study objectives/questions

Phases II and III:

- Can be completed by a smaller number of people;
- Represented by those who worked in each study site

Principal Author:

- One person designated as the principal author, editor
- Responsible that all section fit together
- Nothing is left out, no duplicated parts

Reviewing drafts:

- All team members have the opportunity
- Can offer corrections and additions as needed.

Improving Health Behaviors

(From Gittelsohn et.al. 1998)

- Organize intervention development group
  - Local women, community leaders
  - NGO staff, local health providers
- Develop set of intervention ideas
  - **(See following slide)**
- Assess feasibility/form of interventions
  - additional data collection, if needed
  - e.g. interviews about best times for education
- Pretest/present intervention ideas
  - community group discussions, interviews
  - (See TIPS approach slide)
  - eliminate unacceptable ideas for interventions
  - further refine ‘acceptable’ ideas
- Pilot testing of different interventions
  - further refine interventions
- Initiation of full scale health education strategy

Develop Set of Intervention Ideas

(From Gittelsohn et.al. 1998)

- Review findings/recommendations of study
  - Clarify target behaviors
  - Clarify target individuals/groups
  - Clarify vocabulary for health messages
    - best words for face-to-face contacts
    - best words for mass media
- Create Messages
  - Work within/around existing local belief systems
  - Explore use of culturally appropriate metaphors
    - used to explain key concepts
    - involve familiar materials/activities
    - will need to be rigorously tested for understanding
  - Emphasize existing positive behaviors
  - Mutually supportive messages
- Select appropriate media for communication
  - Consider mass media if resources permit
  - Identify sources of localized media:
    - networks of friends, neighbors, relatives
    - school children to carry home messages
    - formal organizations (churches, women's groups)
    - local newspapers, radio stations
- Combine messages, targets & media
  - economically and logistically feasible
  - use mix of media & repeat messages frequently
  - sequence messages logically

Explore Possible Metaphors

(From Herman & Bentley, 1993)

- Ask key informants to help you visualize how to portray metaphors to explain appropriate health behaviors
- Ask about and look for local objects or images that can help explain the importance of key behaviors
- Ask if there are any local sayings or proverbs that could be used to emphasize messages
- *Example: "In a study in Indonesia, researchers held a contest among communities to identify local images to explain the importance of increased fluids during diarrhea. The objectives of the contest were carefully explained during village meetings. The best image found was that of a small kerosene lamp that farmers use when they stay in the fields overnight. An analogy can be drawn between a child with diarrhea and a lamp that develops a leak that cannot be repaired right away. The farmer will need to add more fuel than usual to keep the light strong and burning throughout the night. If only the usual amount is added, the flame will become weak and go out. Similarly, a child with diarrhea loses water and food from the body. He will need more fluids than usual, together with food, to keep the body strong. Otherwise the child will become weak and die."*

Trial of Improved Practices (TIPS)

(from Stopka, 1999)

- A series of visits to selected homes to test new behaviors
- Initial visit to gather background information on behaviors of interest

  (e.g., interview mother about diet of infant)
- Analyze information to identify problems

  (e.g., infant 2 months receiving semi-solid foods)
- Prepare for counseling visit
  - identify short list of recommended behaviors
  - develop counseling guide
- Counseling visit to present options for improving health behaviors
  - record reactions to options of health behaviors
  - negotiate options informant is willing to try over a reasonable time period (several weeks)
- Follow-up visit to determine if new behaviors have been tried
  - What happened? New behavior tried?
  - Informant willing to continue new behavior?
  - Why or why not? Modifications needed?
- Identify most acceptable options/modifications
- Use information to develop health messages