THE ACT FRAMEWORK PACKAGE:

MEASURING SOCIAL NORMS AROUND FEMALE GENITAL MUTILATION

ACT IMPLEMENTATION TEMPLATES

December 2020

UNFPA

DREXEL UNIVERSITY Dornsife School of Public Health

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ACT IMPLEMENTATION TEMPLATES

December 2020

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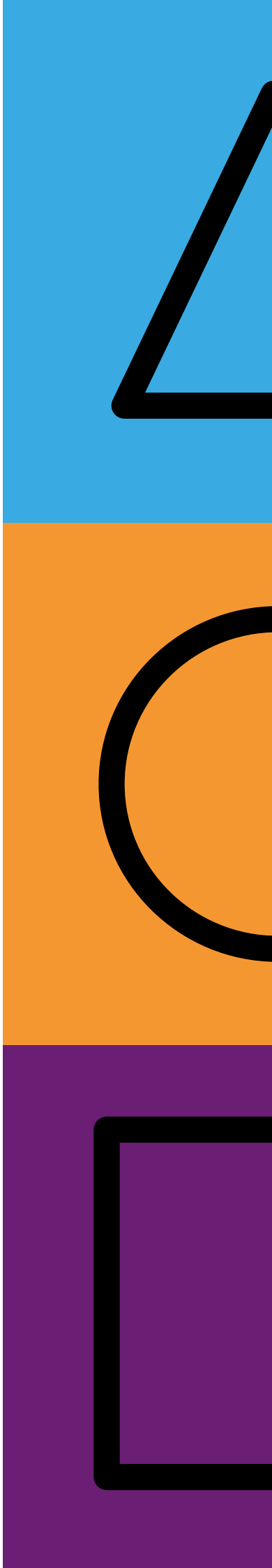


ACRONYMS AND ABBREVIATIONS

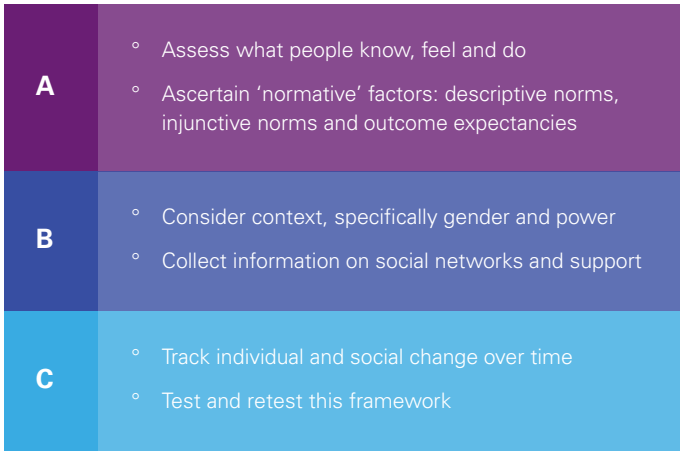
C4D	Communication for Development
CAPI	Computer-Assisted Personal Interviewing
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
IDI	In-Depth Interview
IO	Implementing Organization
IRB	Institutional Review Board
LRP	Local Research Partner
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
RFP	Request for Proposals
SBCC	Social and Behaviour Change Communication
SI	Structured Interview
TOR	Terms Of Reference
UNFPA	United Nations Population Fund

INTRODUCTION

The templates in this document are intended for use with reference to the ACT Framework. **The ACT Framework Package**[1] includes three core documents: the **ACT Framework**, the **ACT Instruments**, and the **ACT Implementation Templates** (this document). *Figure 1* shows what 'ACT' stands for and outlines what is included in each of the three core ACT documents.

The ACT Framework Package was developed under the oversight of the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change. It seeks to respond to the need for a macro-level monitoring and evaluation (M&E) framework for social norms change, specifically for female genital mutilation (FGM), which can be adapted to local country contexts.

Figure 1: Act framework package core documents[2]



ACT Framework	· Explains the framework · Describes the indicators included in the framework · Provides guidelines for implementation of the framework
ACT Instruments	· Contains the quantitative and qualitative data-collection tools: Structured Interview at Household Level, Focus Group Discussion Guide, and In-Depth Interview Guide · Includes notes on preparing the tools for use, pretesting questions and training data collectors
ACT Implementation Templates (this document)	· Offers adaptable templates that give additional support to researchers for implementing the framework · Specifically meant to accompany Section 3 of the ACT Framework ('Implementing the ACT FRamework')

In addition to the three core documents, the ACT Framework Package contains supplementary materials that can be accessed for reference. These provide further relevant contextual information and explanation. These supplementary materials include:[3]

1. **Social Norms Desk Review:** Outlines the results of a 2016 literature review of existing information on social norms and measurement of FGM, which was used to design the core documents of the ACT Framework Package.
2. **ACT Global Validation Process Report:** Details the steps taken to develop and validate the ACT Framework and the ACT Instruments (measurement tools).
3. **Summary of the ACT Framework:** Presents a four-page overview of the ACT Framework, published in February 2020. This document was published before the ACT Framework was finalized so it may contain some discrepancies with the final ACT Framework.

[1] All the documents in the ACT Framework Package are available online

[2] The four sections of the ACT Framework are: (1) Background; (2) ACT Framework Overview; (3) Implementing the ACT Framework; (4) The ACT Framework Indicators.

[3] All the documents in the ACT Framework Package are available online

The ACT Framework was validated in two countries – Guinea and Ethiopia – and the information and templates in this report are largely based on those validations.[4] (Details of the validation process are provided in the **ACT Global Validation Process Report**.) The information and templates provided here may be used by both the implementing organization (IO) and their local research partner (LRP). It is important to note that these guides are not prescriptive; they are a starting point and should be adapted to fit the local context. If the IO already has tools or templates that they have used to conduct similar data collection, they should feel free to employ those when implementing the ACT Framework.

Figure 2 is a flowchart of ACT implementation steps 1–9 which also lists the resources and tools included in this guide, associated with each step. Further details on each of the ACT implementation steps can be found in the **ACT Framework**, Section 3 (Implementing the ACT Framework).

Figure 2: Structure of this document based on act implementation steps

[4] Special thanks to Frontieri in Ethiopia and Sonfonia University in Guinea for sharing their templates for adaptation in this guide.

STEP 1
PLAN THE IMPLEMENTATION

1.1 SAMPLE BUDGET AND BUDGET LINE ITEMS

This sample budget is to illustrate potential line items for the local research partner (LRP) and is based on validation of the ACT Framework and ACT Instruments, conducted in Ethiopia. The input quantity and unit measure days will depend on the sample size decided for implementation, along with the number of indicators being measured. Either the Joint Programme's implementing organization (IO) or the LRP should anticipate covering training costs for the data collectors, which includes hiring a room large enough for all of the data collectors and trainers, printing costs, refreshments, and per diem for the data collectors attending. Details on the training for data collectors can be found in the **ACT Framework**[5] and in *the sample training agenda* (*section 7.1*).

Fees	Input quantity	Unit measure days	Unit price (Br)	Total costs (Br)	Total costs (US$)
Key staff					
Senior expert	1	40	11,000	440,000	13,568.86
Project manager	1	35	3,500	122,500	3,777.69
Field operator	1	35	2,000	70,000	2,158.68
Data and analysis specialist	1	35	2,000	70,000	2,158.68
Total for key staff				**702,500**	**21,663.91**
Field operation expenses					
Data collectors fee: quantitative tool	24	20	850	408,000	12,582.03
Data collectors fee: qualitative tool	8	20	800	128,000	3,947.30
Field supervisors	4	20	850	68,000	2,097.00

[5] The ACT Framework is available online

Local guides for mapping and listing	8	20	300	48,000	1,480.24
Per diem for members of field teams	41	20	200	164,000	5,057.48
Vehicle rent for pilot testing	4	20	2,100	168,000	5,180.84
Vehicle rent for pretesting	2	1	5,000	10,000	308.38
Translation and transcription	72	1	500	36,000	1,110.18
Questionnaire back translation	3	1	6,000	18,000	555.09
Communication fee	10	2	1,500	30,000	925.15
Stationery and printing	1	2	20,000	40,000	1,233.53
Simultaneous translator, if international expert is engaged	6	14	2,000	168,000	5,180.84
FGD participants refreshments	4	8	200	6,400	197.37
Local IRB compensation	1	1	20,000	20,000	616.77
Total for field operation expenses				**1,312,400**	**40,472.20**
Grand total				**2014,900**	**62,136.11**
Official exchange rate as of 10 March 2020 used: US$1 = Br 32.4272 (Ethiopian birr)					

Uganda
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1.2 WORKPLANNING TASKS

The tasks below are suggested activities to be considered and incorporated when planning ACT implementation. This table can be used by the implementing organization (IO) or the local research partner (LRP) as is, or as a foundation for creating a Gantt chart for the research. If incorporating ACT into an existing M&E framework, not all of these tasks will be necessary. Consult the **ACT Framework** to help determine which tasks are necessary for your programme. Additionally, the estimated times provided here are based on the ACT validation study; the actual times may vary widely, depending on your office procedures and local context. Use your knowledge of similar projects in the local context to determine the length of time each task will require to complete. Some tasks may also happen concurrently. For example, the process for securing ethical approval can begin as soon as the LRP is chosen and can continue as the tools are adapted, translated and transferred to electronic format for computer-assisted personal interviewing (CAPI).

Task	Estimated time	IO	LRP
Review ACT Framework Package (6 documents)	1 week	X	
Workplanning	1 week	X	
Draft TOR for LRP recruitment	1 week	X	
Proposal submission period	3 weeks		X
Review proposals	2 weeks	X	
Complete contract with LRP	4 weeks	X	
Orientation and planning with LRP	2 weeks	X	X
Adapt data collection tools	2 weeks	X	X
Translate data collection tools	3 weeks		X
Back-translate data collection tools	2 weeks	X	X
Secure ethical approval	6 weeks	X	X
Transfer tools to CAPI	2 weeks		X
Pretesting	2 weeks	X	X
Revise tools based on pretesting	1 week		X
Recruit field staff	2 weeks		X
Prepare for field staff training	2 weeks		X
Conduct field staff training	1 week	X	X
Final revisions to tools	1 week		X
Preparations for field movement plan	2 weeks		X
Community mapping and data collection	4–8 weeks		X
Cleaning and labelling datasets	1–2 weeks		X
Data analysis and report writing	4 weeks		X

1.3 SAMPLE TOR FOR ACT FRAMEWORK STAKEHOLDER ADVISORY COMMITTEE

1. BACKGROUND

This template provides information on why a Stakeholder Advisory Committee is important when implementing the ACT Framework. This may be revised as appropriate for the local context.

Implementation of the ACT Framework, and application of its recommendations to programming, require support from all key stakeholders, including the relevant national and subnational government ministries and departments, United Nations agencies, relevant research institutions and/or universities, and international, national and local non-governmental organizations and groups, to ensure that implementation of the ACT Framework is appropriately adapted to local contexts, and that recommendations stemming from this process are applied at the appropriate scale.

The sample Terms of Reference (TOR) presented here can be adapted and used by the implementing organization (IO) to establish a National ACT Framework Stakeholder Advisory Committee to guide implementation of the ACT Framework, review and advise on the resulting recommendations and their implementation, and ensure that the efforts of all relevant stakeholders are aligned.

2. OBJECTIVES

The National ACT Framework Stakeholder Advisory Committee will have an oversight role, ensuring that implementation of the ACT Framework is appropriately adapted to the local context and addresses the needs of the country/programme. The Stakeholder Advisory Committee will remain in place to implement the recommendations that emerge from the process of implementing the ACT Framework, and will develop/amend a joint social and behaviour change communication (SBCC) plan, ensuring coordinated and synergistic implementation. Below is a list of responsibilities that can be assigned to the Stakeholder Advisory Committee, for you to adapt to your context and needs.

The National ACT Framework Stakeholder Advisory Committee is established to oversee implementation of the ACT Framework and the application of the recommendations that emerge, ensuring all are appropriately adapted to the local context and address the country and programme needs adequately. The Stakeholder Advisory Committee assumes the following responsibilities:

- Review the ACT Framework and agree on how to implement it locally (geographic areas for data collection, respondents, indicators of interest, etc.);
- Review and provide input and final approval for the TOR and request for proposals (RFP) in order to find and select a research institution or university to implement the ACT Framework, under a contract as the local research partner (LRP);[6]
- Schedule and attend regular committee meetings, establish mechanisms for exchange of information, and define and agree on priorities;
- Oversee implementation of the ACT Framework by the LRP(s), receiving regular updates from them;
- Explore and make recommendations on how to include some of the ACT indicators in national data collection tools such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS);
- Review the recommendations resulting from the ACT data collection and analysis to ensure they are applicable to the operating context;
- Use the information and recommendations from the implementation of the ACT Framework to develop a social and behaviour change communication (SBCC) plan or amend an existing one in the light of the ACT Framework findings – things to consider when developing the SBCC plan include: theory of change taking into account the results of the ACT Framework, priority behaviours, key audiences/communication participants, communication objectives and interventions/activities;
- Regularly review the agreed-upon SBCC plan, receiving input from implementing partners, including feedback from community members where possible;
- Coordinate joint implementation of the SBCC plan among committee members and agree upon complementary roles and responsibilities to optimize resources and geographic coverage, avoiding duplication of efforts;
- Review and authorize any materials developed for the SBCC plan and facilitate translation into relevant languages if required;
- Facilitate creation, dissemination and implementation of shared materials, plans, projects, activities and events, as appropriate.

[6] Sample TORs for the LRP are provided in section 3.1 of this document.

3. MEMBERSHIP

The ACT Framework Stakeholder Advisory Committee members should include actors who operate in the field of FGM elimination. Although specific organizations and institutions will vary from country to country, it is important to consider a range of stakeholders from relevant government ministries and departments, United Nations agencies, the donor community, universities/research organizations, umbrella organizations for faith and traditional leaders/healers, international, national and local organizations, including faith-based organizations, and women's and youth groups. It is also recommended to include representation of stakeholders from the subnational level to ensure that the range of different populations/contexts within the country are taken into account. UNJP countries will already have a National Committee for the Elimination of FGM in place, and it is recommended that members of that committee who have an interest in M&E and SBCC activities be members of the ACT Framework Stakeholder Advisory Committee as well, at least in the initial ACT Implementation Phase. Once results and recommendations become available after that initial phase, then the implementation of recommendations and development/amendment of an SBCC plan should be done with representation from all members of the National Committee for the Elimination of FGM. This will ensure synergy and complementarity of activities across actors.

The list below provides examples of organizations/institutions from which potential members for the Stakeholder Advisory Committee could be invited. Please adapt according to your country's context and, if applicable, in relation to the membership of the existing National Committee for the Elimination of FGM.

You will also need to consider assigning the roles of Chair and Co-chair to key members.

Government ministries and departments:
(exact names may vary)

- Ministry of Social Welfare
- Ministry of Gender and Women Affairs
- Ministry of Education
- Ministry of Health
- Ministry of Youth
- Ministry of Religious Affairs
- Ministry of Information
- Office of National Statistics
- National or public broadcasting institutions

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United Nations agencies:

- UNICEF
- United Nations Population Fund (UNFPA)
- United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
- World Health Organization (WHO)

Donors:

- United Kingdom Foreign, Commonwealth & Development Office (FCDO) (formerly the Department for International Development, DFID)
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- United States Agency for International Development (USAID)
- The World Bank

Non-governmental organizations (NGOs) – international, national and local: Consider all NGOs that work for the elimination of FGM in your country.

National and local groups, committees and associations: Consider women's and girls' groups, youth groups, faith-based organizations, traditional leaders' groups, religious bodies.

Other sectors: Consider other potential partners that could help expand the reach of your interventions, such as academia, the media, telecommunications and advertising agencies.

4. COORDINATION AND COLLABORATION MECHANISMS

REGULAR MEETINGS

The ACT Framework Stakeholder Advisory Committee will meet regularly according to a pre-determined meeting schedule. It is likely that meetings will happen more frequently during the ACT Implementation Phase (agreeing on implementation locations, selecting and forming a contract with the LRP, reviewing findings and recommendations from the data collection) and while developing/amending an SBCC plan. Once the SBCC plan is being implemented, committee meetings can become less frequent and be dedicated to reviewing SBCC implementation progress and any challenges encountered. Below are ideas for agenda items to be covered during the meetings; you should add, amend or remove items, depending on your situation.

The ACT Framework Stakeholder Advisory Committee will meet *[INSERT AGREED UPON FREQUENCY OF MEETINGS]* and more frequently when required. Meetings will take place in person and, where possible, opportunities to connect remotely will be arranged. A calendar invitation with the proposed agenda will be shared in advance by the *[INSERT RELEVANT ORGANIZATION HERE]* focal point. The meetings will be chaired jointly by the *[INSERT RELEVANT MINISTRY HERE]*, UNICEF and UNFPA, and will cover the following agenda items, as applicable:

During the ACT Framework Implementation Phase:

- Situation analysis of local and national needs, to determine the necessary geographical coverage and respondents, and to adapt the ACT Framework as appropriate to the context
- Review and provide input and final approval for the TOR for recruiting an LRP
- Updates about the LRP recruitment process
- Updates from the LRP on the ACT implementation process
- Review of findings and recommendations resulting from ACT implementation
- Any other business (AOB)

During the SBCC Plan Development and Implementation Phase:

- Assignment/revision of tasks and activities
- Development/selection and reporting of agreed-upon indicators
- Reviewing progress – key accomplishments and challenges
- Planning and developing materials and activities
- Review, refinement and dissemination of any materials developed
- AOB

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ADMINISTRATION AND REPORTING

Summarized minutes of each meeting and any other significant updates will be circulated by email by the *[INSERT RELEVANT ORGANIZATION]* focal point within one week of each meeting.

ONGOING COLLABORATION PLATFORM

Consider setting up a space on a digital platform for ongoing collaboration, where committee members can access and review relevant documents, a schedule of plans and any updates. Examples of such platforms include Google Docs, Dropbox or Microsoft Office SharePoint. Your country may also have a relevant national platform that could be used for this purpose.

In between meetings, members will collaborate on an ongoing basis on materials, plans, activities and more, in person or remotely, as needed. To facilitate this process, *[INSERT AGREED UPON PLATFORM]* will be utilized for ease of document and information sharing, soliciting input and facilitating discussion.

SUCCESSION AND ONBOARDING

To enable continuity, the ACT Framework Stakeholder Advisory Committee commits to the following:

- Each member represents their institution/organization with sufficient delegated authority with regard to their contributions related to FGM elimination; upon retirement from the Advisory Committee, the institution/organization will provide a replacement committee member.
- The ACT Framework Stakeholder Advisory Committee will upload the relevant documents, guidance and other resources to the digital platform so that new members may be swiftly onboarded and integrated into regular proceedings.

STEP 2

CHOOSE THE INDICATORS

STEP 3
SELECT A LOCAL RESEARCH PARTNER

1.3 SAMPLE TOR FOR ACT FRAMEWORK STAKEHOLDER ADVISORY COMMITTEE

This is a template for terms of reference (TOR) for recruiting an LRP to implement the ACT Framework. These TORs should be developed/adapted by the implementing organization (IO), with input and final approval from the Stakeholder Advisory Committee. Each section includes suggestions on what information to provide; not everything needs to be kept as written here – the sections should be modified as applicable for the research in your country context.

SUMMARY

Type of contract (tick the appropriate box)	**Consultant contract** ☐	**Individual contractor** ☐	**Institutional contract** ☑	**Temporary assignment (TA) consultant** ☐
Title of the research	Implementing the ACT Framework to measure and evaluate social norms changes related to FGM			
Purpose	The purpose of this institutional contract is to implement the ACT Framework in *[ENTER COUNTRY]* with technical assistance provided by *[ENTER EXPERT TA IF APPLICABLE]* and support from UNICEF and UNFPA. This contract seeks to [establish a baseline for/ monitor progress of/evaluate] programme activities that are part of the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation (FGM). · Provide additional details on the size/scope of the activities expected. The data collected will be used to *[ENTER PURPOSE]*.			
Expected fee /cost	The applicant (institution) is expected to submit a technical and financial proposal that details the expected cost for the institution to deliver the scope of work detailed here. Internal information: the expectation is that it will be in the range of US$ *[ENTER MINIMUM AND MAXIMUM AMOUNTS]*.			
Location	The implementation is tentatively expected to be conducted in *[ENTER REGIONS]*. · List any considerations related to the region, such as the languages to be used and whether or not the study locations are flexible.			

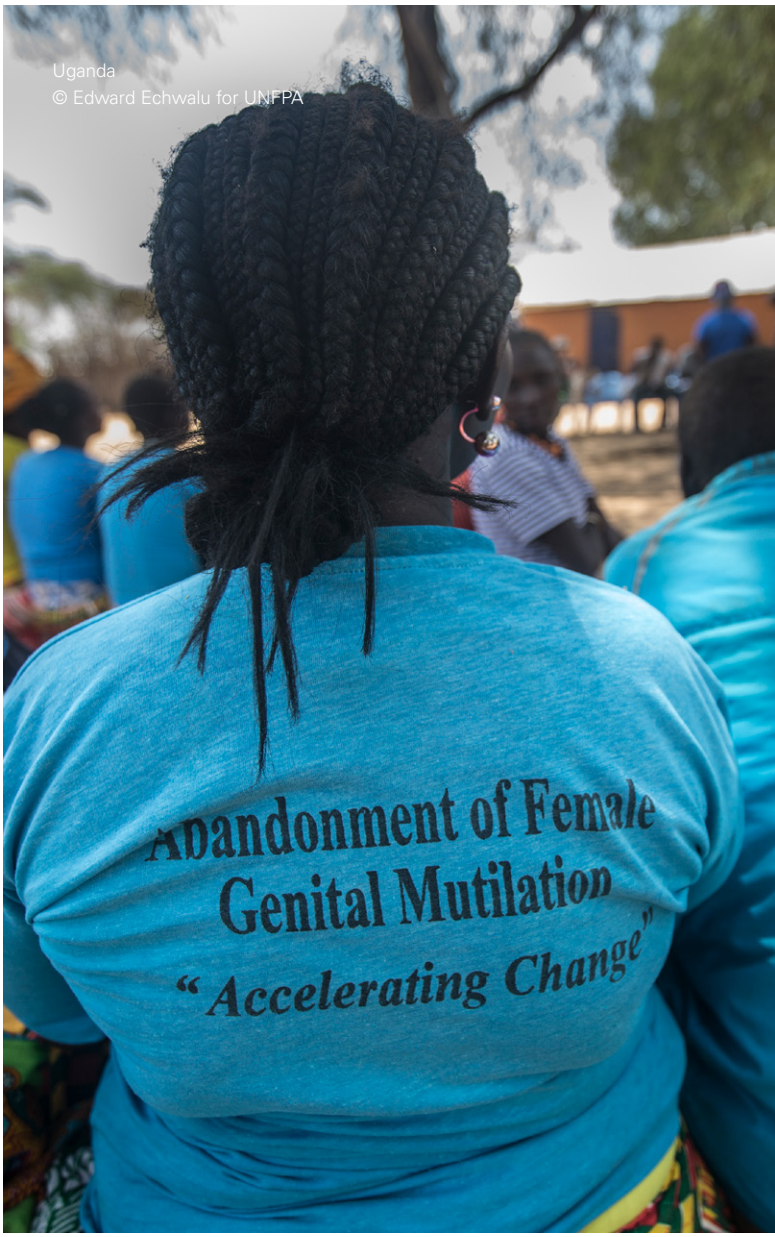
Duration	*[ENTER LENGTH OF TIME]*
Start date	*[ENTER DATE]*
Reporting to	*[ENTER CHILD PROTECTION WITH SUPPORT FROM C4D AND M&E]*
Programme output and Intermediate Result	
Type	☐ Study (an investigation designed to improve knowledge on a particular topic) ☐ Survey (an assessment of the conditions of a particular group at a point in time) ☐ Evaluation (an assessment of an ongoing or completed project, programme or policy)
Date of preparation of TOR	*[ENTER DATE]*

1. BACKGROUND

Since 2008, UNFPA and UNICEF have implemented the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, which provides financial and technical support to 17 countries. The Joint Programme uses a human rights-based and culturally sensitive approach to address the social and cultural norms that hold the practice in place. It also works under the leadership of national actors and in partnership with civil society, religious leaders, communities and other key stakeholders.

In *[ENTER COUNTRY]*, progress to end FGM has been made since the start of the UNJP in *[ENTER YEAR]*. [Note if the progress has or has not met expectations].

- Provide statistics about FGM in your country, such as the proportion of girls and women aged 15–49 who have undergone FGM (by age group if available), the ethnic group/religion and/or region among which it is most common, and the most common type of FGM.
- Provide a brief overview of data on any known attitudinal or knowledge indicators. For example, "Attitudes of the population don't completely seem to align with the prevalence of FGM. Only 18 per cent of women and 11 per cent of men aged 15–49 who have heard of FGM believe the practice should continue. Yet the practice continues even though it was criminalized in 2005. So, although national prevalence of FGM has been decreasing, down from 80 per cent in 2000, there is still a need to understand the social norms that contribute to the continuation of the practice in certain regions and among certain groups."



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2. RATIONALE FOR THE RESEARCH ACTIVITY/JUSTIFICATION

Monitoring and evaluation (M&E) programmes have been a high priority of the Joint Programme since it began. In the past, public declarations of FGM abandonment were one of the few available sources of information as a basis for assessing the shifting practices and norms around FGM, but this did not provide a reliable measures of shifting social norms, expectations and attitudes.

Provide a summary of what the Joint Programme has accomplished so far with the ACT Framework:

- In December 2016, the Joint Programme started a consultative process to develop a global M&E framework known as the 'ACT Framework' for tracking and measuring changes in social norms related to FGM.
- In 2017, UNICEF established a contract with Drexel University, Philadelphia, USA, to deliver this work. They completed an extensive desk review; a consultative process to gather feedback from UNFPA and UNICEF staff, donors and experts; the elaboration of the ACT Framework with incorporation of inputs from different stakeholders; and development of a road map for the validation process.
- Between 2017 and 2019, the ACT Framework was validated in Ethiopia and Guinea. The two countries were chosen because they presented different situations with regard to FGM – different regions of Africa, different languages, different prevalence of FGM, etc.)

Finally, provide the rationale for why you are incorporating the ACT Framework into your research, and the background of your organization's involvement with FGM and norm-related research.

3. OBJECTIVES

State the overall purpose as well as specific objectives for your research.

4. SCOPE OF THE STUDY

Include the details of the scope of your research, such as where your research will take place, with what respondent types, and what you will do with the data (what type of analysis and dissemination).

5. OWNERS OF THE RESEARCH AND USE OF THE FINDINGS

Explain who (which organization) will secure ethical approval, who will have access to the data, and for how long.

6. METHODS

The methodology proposed is a concurrent mixed-methods approach, where qualitative and quantitative data are collected at the same time. **Complementary and standardized primary data-collection tools will be used:**

- Structured interviews at the household level will provide information across all three elements of the ACT framework.
- Focus group discussions (FGDs) will be conducted to gather data on the social norms around FGM using participatory activities tailored to assess descriptive and injunctive norms, outcome expectancies, and the role of gender attitudes and norms in upholding FGM. In addition, the FGDs are designed to help us better understand the risks people associate with FGM.
- In-depth interviews (IDIs) will be used to collect data on the 'what people do' element of the ACT framework by focusing on FGM prevalence. Participatory activities will be used to examine how individuals would react in situations where decisions to practise or show support for FGM have to be made, as well as to uncover beliefs about FGM, and to gain understanding about respondents' sense of self-efficacy and agency.

Provide information on the participants who will be recruited for these activities (e.g., adolescent girls, female caregivers, male social network members).

Also provide information related to ethical approval for the study, such as:

- Any ethics courses that researchers involved in this study will be required to take, including information on the length of the courses, what institution provides them, and what information they cover)
- What ethics approval this research will receive (from which organizational or institutional review board), both internationally and locally (if both are applicable).

7. ESTIMATED DURATION OF CONTRACT

Include the estimated duration of the research, including the month and year it is expected to start and conclude. Include specific dates if possible.

8. SPECIFIC DELIVERABLES WITH TIMELINE

Include an estimated timeline giving the deadlines for each task.

Kenya
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Some examples of tasks for the planning phase:

- Familiarization with the ACT Framework tools
- Receiving ethical approval
- Recruiting data collectors
- Training the data collectors

Some examples of tasks in the implementation phase:

- Data collection with regular field updates
- Data entry and cleaning
- Data analysis
- Data dissemination

9. ROLES AND RESPONSIBILITIES OF LEAD AGENCIES

Include all of the organizations involved in your research. Provide descriptions of each organization and their roles and responsibilities; use a table if this will make it clearer.

10. EXPECTED DELIVERABLES

Make a list of all expected deliverables.

Some examples of key deliverables that may be expected from the LRP include:

- Inception report
- Final data collector training report
- Clean datasets and codebooks
- Final report and PowerPoint presentation

11. ACCOUNTABILITY AND RESPONSIBILITIES

State which organizations will be responsible for which tasks. Some examples of responsibilities to include are:

- Hiring the LRP
- Coordinating the field work
- Troubleshooting with the LRP if any issues arise during field work
- Communication with the LRP to confirm all deliverables

12. REPORT PRESENTATION, OUTLINE OF THE REPORTS

Provide the LRP with an outline or template of all presentations and reports that should be used to report back to the IO, which will be reviewed prior to dissemination of the data. Include which organization will be responsible for them.

13. REPORTING AND SUPERVISOR

Indicate to whom the LRP should report (the contract manager). List the names of specific people who will be overseeing this research, including the supervisor and those providing technical input. Ensure that the team includes representatives from Child Protection, Communication for Development (C4D) and, where possible, M&E. If some roles have not yet been filled, this can be noted.

14. EXPECTED BACKGROUND AND EXPERIENCE

List the necessary background and experiences needed for the LRP to take on this research. Some requirements include:

- **The project/team leader** should have a minimum of 10 years of experience in designing, planning, organizing and conducting participatory, quantitative and qualitative research and M&E, including sample (household) surveys, preferably associated with children, parents/caregivers, C4D, FGM and social norms.
- **The management team** should include a balance of project staff and consultants. Suggested minimum management team composition: 1 project/team leader, 2 project managers, 2 project assistants, 2 quantitative research experts, 2 qualitative (participatory) research experts, 1 field operations manager, 1 data entry/cleaning and analysis specialist, 1 writer/editor/graphic designer.
- **The field team** should comprise adequate numbers to complete data collection in no more than 30 days. Field supervisors should have a minimum of two years of experience supervising field research. Data collection teams, each with 1 field supervisor, should not exceed 4–6 members (e.g., 3 data collectors [interviewers and facilitators] and 3 note-takers). The composition of the field team should match the gender and ethnic composition of the proposed participants/respondents as far as possible.
- Both the management and field teams should be gender-balanced and embody a range of perspectives (drawn from a range of cultural or ethnic background, etc.).
- **The organization should have:**
  - fluency in english and local languages
  - proven experience of leading an evaluation in the last three years
  - access to quantitative software for data entry and analysis (e.g., CS Pro, EpiInfo, SPSS or STATA)
  - a demonstrated track record of producing reliable data from household surveys linked to an effective system for internal quality assurance
  - experience with conducting FGDs and IDIs, especially using community-based participatory research methods
  - experience with conducting research with adolescents
  - a data entry team, a data analysis team, a team qualified to write and report research results, lessons learned and recommendations, a quality control/assurance team, and adequate data transfer and storage capacity
  - experience with computer-assisted personal interviewing (CAPI) (if using tablets for data collection)
  - experience of working with United Nations partners (preferable).

15. FINANCIAL CODING (PIDB CODE)

Select one of the following Generic Interventions:

- ☐ Analysis, research, and studies
- ☐ Data, data bases, surveys and statistics
- ☐ Evaluations

16. AMOUNT BUDGETED IN ANNUAL WORK PLAN (AWP) FOR THIS ACTIVITY (US$)

Internal information: estimated cost of the assignment is *[ENTER AMOUNT]*.

17. GENERAL CONDITIONS: PROPOSAL, PROCEDURES AND LOGISTICS

The following example is based on the general conditions that were applicable to the ACT validation process.

[ENTER COUNTRY OFFICE/IO] shall invite interested local institutions or firms to submit proposals. **Proposals should include three parts:**

1. Presentation of the team, including a summary of the team's experience and CVs of all team members
2. A technical proposal including the conceptual framework, methodologies with justification, activities, and a detailed timeline, as well as a calculation of the number of persons and person-days needed to deliver on schedule (maximum 10 pages)
3. A financial proposal, including overall cost and explanation of inputs and unit costs.

All proposals shall be considered for selection of the competent institution.

[ENTER COUNTRY OFFICE/IO] may decide to organize a pre-bidding meeting to go through the methodology and expectations.

- **Terms of payment shall be:**
  - Inception report (20 per cent)
  - Clean datasets and codebooks (40 per cent)
  - Final report and PowerPoint presentation (40 per cent)

Based on the terms of payment schedule and respective deliverables above, *[ENTER COUNTRY OFFICE/IO]* will facilitate the payment process.

Policy both parties should be aware of:
No work will commence until the contract is signed by *[ENTER COUNTRY OFFICE/IO]* and the institution (LRP) taking on this research.

18. INTELLECTUAL PROPERTY RIGHTS

All intellectual property rights related to the work to be performed under this agreement, including the collected data, will be entrusted to the organization responsible for funding and leading this research. The LRP shall not communicate any confidential information to any other stakeholders or use it to any private individual or institution's advantage.

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SUBMISSION AND APPROVAL OF TOR

SUBMITTED TO UNICEF RESEARCH AND EVALUATION COMMITTEE BY:

Name of P.O (Purchase Order).: _____

Signature of P.O.: _____ **Date** _____

Name of section chief: _____

Signature of section chief: _____ **Date** _____

Once the TORs have been finalized, collect all required signatures and submit to *[ENTER NAME AND EMAIL]* for review at the subsequent meeting of the *Research and Evaluation Committee*.

CONFIRMATION OF AMENDMENTS:

Name of P.O: _____

Signature of P.O.: _____ **Date** _____

TOR CLEARED BY:

	TOR cleared by: Chief of Research, Evaluation, Policy and Monitoring	**Approved by Rep/Deputy Rep/OIC**
Name		
Title		
Signature		
Date		

ANNEX

Below are examples of information that were included as an annex to the TOR for the ACT validation process. You should revise, add or remove documents or wording based on what is applicable to the research that will be conducted by the LRP. The following information provides examples for how the submitted 'technical proposals' and 'financial proposals' of each applying organization will be scored, as well as a sample template for preparation of the financial proposal and budget.

A. TECHNICAL PROPOSAL

Technical proposals will be evaluated against the elements outlined in the table below, and will receive a score out of 70. The technical proposal should address all aspects and criteria outlined in this TOR.

Technical proposals will be evaluated against the following:		
Ref	**Category**	**Points**
1	Significant past experience in conducting mixed-methods research across a variety of contexts and settings (demonstrated in part by submission of written reports produced for other clients and the qualifications and relevant experience of the proposed core team) *Note: Experience in research on social norms around harmful traditional practices is preferred*	20
2	Demonstrated abilities to develop training materials, conduct quantitative and qualitative interviewing and FGDs, recruiting, training and supervising/overseeing data collectors/ field teams (demonstrated in part by quality control measures and inclusion of past similar documentation produced for other clients)	15
3	Expertise in data transfer, storage, cleaning and analysis; specifically: ability to report key learnings from monitoring and evaluation processes and outcomes associated with implementation processes, demonstrated in part by quality control measures included in the technical proposal	15
4	Established track record in successfully undertaking and completing contracting arrange-ments similar to the requirements in this RFP (please provide evidence of existing or previous similar contracts/similar services and clients)	15
5	Proficiency in English; clear and concise writing style	5
Total technical proposal points		**70**
Only proposals which receive a minimum of 50 points will be considered further		

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B. FINANCIAL PROPOSAL

The costs should be broken down for each component of the proposed work, based on an estimate of time taken, which needs to be stated.

The financial proposal will be evaluated and receive a score out of 30. The maximum number of points will be allotted to the lowest priced financial proposal that is opened and compared among those invited institutions which obtained the threshold points (at least 50) for the technical proposal. All other financial proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Score for price proposal X} = \frac{\textbf{Max. score for price} * \textbf{Price of lowest priced proposal}}{\textbf{Price of proposal X}}$$

The financial proposal shall include a cost breakdown for the deliverables outlined above, detailing the types of roles proposed and working days required and any other cost elements deemed relevant. The proposal shall include a payment schedule linked to the timely submission and approval of deliverables.

All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.

The format shown below is suggested for use as a guide or template for preparing the financial proposal. The format includes examples of specific expenditures, which may or may not be required or applicable for your proposal (add/remove as needed).

Description of activity/item	Proposed person (job title/function)	All-inclusive rate (personnel)	No. of days proposed	Total cost in US$
1. Deliverable 1:				
1.1 Personnel				
1.2 Other				
Subtotal expenses				
2. Deliverable 2:				
2.1 Personnel				
2.2 Other				
Subtotal expenses				
3. Deliverable 3:				
3.1 Personnel				
3.2 Other				
Subtotal expenses				
4. Other miscellaneous costs (insert details)				
Subtotal fixed cost				
Grand total				

STEP 4
FINALIZE THE STUDY DESIGN

4.1 CALCULATING SAMPLE SIZES

The purpose of this section is to provide an overview of different sampling strategies and how to calculate sample sizes. Either the implementing organization (IO) or the local research partner (LRP) can use this as a starting point to decide the type of sampling strategy to employ for implementation of the ACT Framework and, if applicable, use the methods to calculate the sample sizes for participants to be enrolled for the structured interview questionnaire, the focus group discussions (FGDs) and the in-depth interviews (IDIs). The final selection of sampling techniques and sample sizes will need to be determined collaboratively between the M&E specialists at the IO and the LRP.

Usually the sample in a research study should be representative, meaning that what we discover about the individuals in the study sample is generalizable to (representative of) the whole population of interest – the population that the programme interventions will ultimately be designed to serve.

Before delving into sampling methods and calculations, it is important to have an understanding of a few basic concepts.

A 'sampling unit' refers to the 'things' about which you are collecting data. Sampling units are often individual people, but may also be other entities, such as households, hospitals, countries or laws. Different sampling units can be used to address the same research question. A sampling unit is selected from the 'sampling frame', which is a list of all the members of a population (all the sampling units). It is critical to obtain the best data possible for the sampling frame, being aware of the limitations. For example, using a telephone directory may not include everyone in a community; census data may not count the homeless; and hospital-based births will likely not account for all live births. Apart from having access to an exhaustive list, keep in mind ways to access these lists, especially if there are ethical or legal constraints. Sampling is about balancing the need for generalizability to a population with the practical realities of obtaining a sampling frame. Probability sampling and non-probability sampling are two broad sampling techniques.

Djibouti
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PROBABILITY SAMPLING

Probability sampling has the following advantages:

- Maximizes representativeness and thus generalizability (external validity) of the study sample
- Each element of the known population (each sampling unit) has a known and non-zero probability of being selected for the study sample
- Employs a method of random selection
- Reduces bias

There are several techniques for probability sampling; these are described below using a hypothetical sampling frame of 400 sampling units – households in this case – among which the desired sample size has been set at 100 (see the section below on 'Sample size calculations' for how to determine your desired sample size within your sampling frame).

Simple random sample

To achieve a simple random sample, each household is assigned a unique number from 1 to 400 and a list of 100+ randomly generated numbers are selected for interview.

- The random sample is 100 households
- If only one person is in a household, discard that one after selection
- Oversample by 5 per cent to select extras

Systematic sample

In a systematic sample, each household is assigned a unique number from 1 to 400 and a sampling interval is created to sample every Kth household for interview.

- K= Universe/Desired sample size; in this example, k= 400/100 = 4
- The sample would include every 4th household on the numbered list. If an eligible person from the 4th household is not available, you should substitute the 5th household, but then continue with the original selection (i.e., next you would select the 8th household, not the 9th).

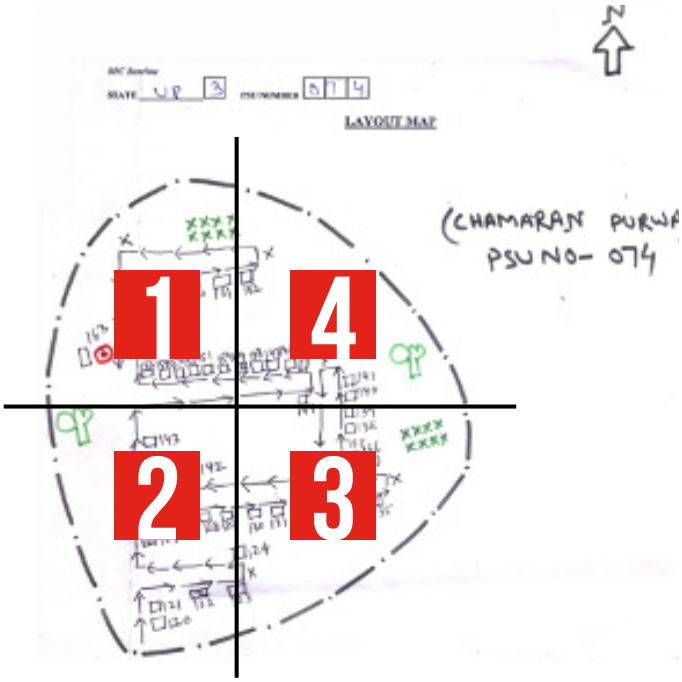
Stratified sample

Stratified sampling first stratifies or divides up the whole sampling frame into groups based on one chosen variable (e.g., income, religion), and then selects a proportionate number of sampling units from each group to arrive at the total desired sample size. For example, sampling from among 400 households that have been stratified by religion would yield:

- 4 groups (must select 25 from each to achieve a sample of 100)
  - Catholic (population of 120) – interview a person in every 5th household
  - Protestants (population of 100) – interview a person in every 4th household
  - Muslim (population of 100) – interview a person in every 4th household
  - Other religion (population of 80) – interview a person in every 5th household

Cluster sample

To derive a cluster sample, the population is first divided into clusters. This sampling approach is especially useful for network studies. For example, the image below shows the creation of four clusters of sampling units (in this case, households/respondents in quadrants of a settlement), and then respondents are only interviewed from selected clusters/quadrants.

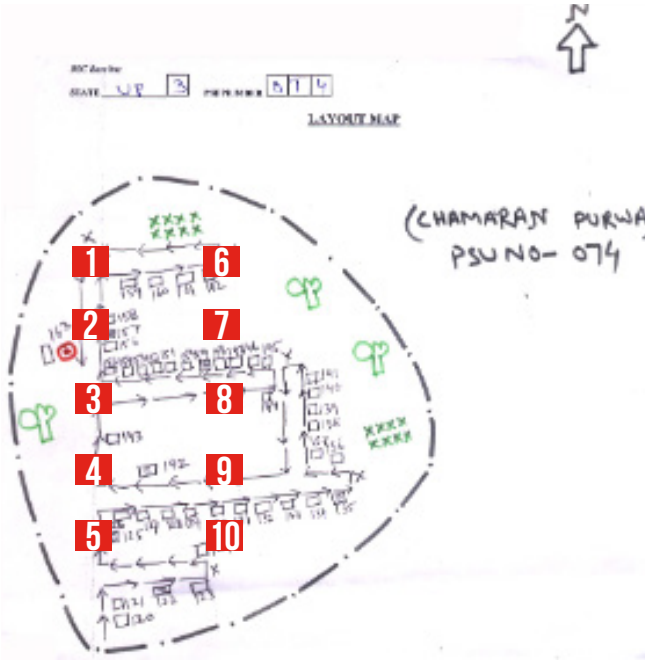


Multi-stage cluster sample

Obtaining a multi-stage cluster sample is a process that combines the previous sampling techniques. It includes a primary sampling unit (PSU), where the first set of clusters is identified and sampled, followed by the secondary sampling unit (SSU), where the second or sub-set of clusters are identified and sampled. For example:

- First divide the population of 400 households into 10 clusters.
- Next, take a sample of those clusters from which the final sample will be drawn (e.g. select half of the clusters by choosing every alternate cluster).

Finally, within each of the 5 selected clusters, use a simple random, systematic or stratified sampling approach to select the final sample of 100 households for interview (e.g., 20 interviews each from 5 clusters)



Stratified multi-stage cluster sample

Stratified multi-stage cluster sampling is similar to multi-stage cluster sampling, except in this case PSUs are first stratified by a selected variable prior to initial sampling. For example stratifying into three strata: urban, suburban and rural.

Census sample

To conduct a census, no sample is selected but rather the intention is to reach every sampling unit within the sampling frame. For example, with a sampling frame of 400 households, an interview would be sought with at least one member of each and every household.

NON-PROBABILITY SAMPLING

It is not always possible or indeed necessary to use probability sampling techniques. For example, such sampling will be impossible if the sampling frame is not available, such as for a narrowly defined or hard-to-reach population. And probability sampling techniques may be unnecessary for qualitative research. In such cases, you have to rely on subjective judgement to select a sample. There are two types of non-probability sampling: convenience sampling and purposive sampling.

Convenience sample

A convenience sample is where one selects a group of sampling units (e.g., individuals) that are conveniently identifiable and accessible, even though they may not be representative of the whole population of interest. For example, if you wish to interview people with a particular health condition, you might seek to recruit them at a location where services are provided for this condition. While convenient,

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this approach creates many opportunities for sampling bias, so it is important to consider the trade-offs of convenience with the potential bias, and to keep in mind that whenever you present your results you will need to justify the use of the sampling method and explain the potential extent and effects of bias introduced by using this method.

Purposive sample

In purposive sampling, sampling units (e.g., individuals, households, hospitals, counties, laws) are deliberately selected because it is expected that they will be able to provide information on the specific issue being studied. Two examples of purposive sampling are quota sampling and snowball sampling.

In **quota sampling**, you pre-select variables that are critical to the study (e.g., age and sex) and then ensure that the sample composition is proportionate to the population of interest in terms of those critical variables. This allows for a quota from each group. For example, the table below shows a purposive quota sample disaggregated by age and sex, having achieved approximately equivalent numbers in each cell.

	10–14 years	15–19 years	20–24 years	25–29 years
Males	25	25	23	22
Females	30	28	25	23

Snowball sampling begins with a 'seed', i.e., a sampling unit (e.g., an individual or household) that is part of the population you are studying. They are asked to identify and put you in contact with others they know that are also part of the same population. And these others are then also asked to identify others, and so on, until you have achieved your desired sample size. For example, if you are studying households where FGM is practised in a place/country where practising FGM is rare, you could start with one 'seed' household that you know of and then seek to enrol households that they put you in contact with, etc., as there would be no way to access a list of such households. This technique, while less robust than other sampling methods, is useful to generate an adequate sample of members of a hard-to-identify or hard-to-access population.

Burkina Faso
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SAMPLE SIZE CALCULATIONS

Accurate sample size calculations require that you first determine two key criteria for your study sample:

1. **Precision.** If you require your results/estimates to have a high level of precision, this generally requires larger samples. Setting the level of precision means selecting the tolerable sampling error (i.e. the statistical error that occurs when the selected sample is not representative of the population, such that the results are not generalizable to the population). In the social sciences, a sampling error of +/-5 percentage points is generally considered acceptable.
2. **Confidence interval (CI)**. This relates to standard error (SE) as follows: a 95 per cent CI is the range containing all values less than 1.96 SE away from the sample value. We can be 95 per cent confident that the true value lies within this CI, if we have selected a cut-off point for statistical significance of 0.05. Meanwhile, if we select a cut-off of 0.10, then we can only be 90 per cent confident, but we can achieve this confidence/significance level with a smaller-sample size.

There are several techniques that can be used for calculating the appropriate sample size for your study. The sections below summarize four commonly used methods: Tabulation method, proportions method, differences method and power analysis.

Tabulation method

There are two stipulations for this method to work. First, each independent variable (each response category) has at least 50 cases and, second, when cross-tabulating the data (2×2 table) each cell has at least 5 cases. This method is rarely used except in follow up to a pilot project. For example, suppose the independent variable 'exposure to a communication effort' is classified into 4 categories:

- **None** = 10 per cent
- **Low** = 20 per cent
- **Medium** = 35 per cent
- **High** = >35 per cent

The required sample size would be 500 to ensure that there will be at least 50 cases in the 'None' group.

Proportions method

The proportions method is useful when your total population is over 10,000. The formula for proportions sampling is:

$$n = \frac{z^2pq}{d^2}$$

where:

n = sample size needed

z = standard score for corresponding confidence intervals

p = estimated proportion of the variable of interest (e.g., behaviour) in the population

q = 1- p

d= degree of accuracy desired

If the proportion of the variable of interest in the population is completely unknown, 50 per cent should be used as it gives the most robust estimate.

For example, if it is believed that 50 per cent of the population engages in a behaviour (p=0.5), there will be a 95 per cent CI around the estimate obtained from the sample (z=1.96), and it will be accurate 95 times out of 100 (d=0.05). The calculations for this example are as follows:

$$n = \frac{(1.96)^2.50\ (1 - .50)}{(.05)^2}$$

$$n = 372.4$$

There are two key considerations when using the proportions methods of calculating sample size. First, you must account for the **design effect**, which is the distortion produced by multi-stage cluster sampling. The general rule of thumb for this method of sampling is to multiply the sample by 2. However, it is helpful to look for any methods of off-setting distortion from the design effect that have been used in previous similar studies, if available. Secondly, if the total population is less than 10,000 and the sample is greater than 5 per cent of the population, then you should use a **sampling fraction** to adjust the sample downwards. The formula for this is:

$$n' = \frac{n}{\left(1 + \left(\frac{n}{N}\right)\right)}$$

where:

n' = adjusted sample size

n = calculated sample size (from initial calculations)

N = population size

For example, assuming the previous sample (n= 372.4) was calculated for a population of 7,000 (N=7,000), the appropriate adjusted sample size (n') would be 354.

$$n' = \frac{372.4}{\left(1 + \left(\frac{372.4}{7000}\right)\right)}$$

$$n' = 353.6$$

Differences method

The differences method is similar to the proportions method, but it is specifically designed to examine the effectiveness of communication efforts. Here the denominator is based on the expected change envisioned as a result of a communications programme. The expected change can vary widely, depending on the programme and context, but in general a positive change of between 5 and 10 per cent is considered acceptable. The formula for the differences method is:

$$n = \frac{2(z^2)pq}{d^2}$$

Where:

n = sample size

z = standard score for corresponding confidence intervals

p = estimated proportion of the variable of interest (e.g., behaviour) in the population.

q = 1- p

d = estimate of expected difference (i.e., change, effect)

Example: It is estimated that 50 per cent of the population currently enact the behaviour of interest (p=0.5; q= 0.5). Using a confidence interval of 95 per cent (z=1.96) and assuming your programme expects to see an 8 per cent change in the behaviour (d=0.08), you would need a sample size of 312.

$$n = \frac{2(1.96)^2.50\ (1 - .50)}{(.08)^2}$$

$$n = 312$$

It is important to note that for both the proportions method and the differences methods, the sample sizes refer to the number of sampling units (e.g., individuals or households) and does not account for your needs for future data disaggregation and tabulation (e.g. by age, gender, income level, area of residence). So, if you intend to stratify and analyse your data by certain key variables, the value of such disaggregated data may need to be supported by a substantially larger sample; and each level of desired disaggregation increases the sample size requirements exponentially.

Power analysis

Power analysis is useful when you are testing a specific research hypothesis and have decided the type of statistical analysis to be conducted. The sample size is computed using power calculations, which reflect the ability of a statistical test to detect a significant association when such an association actually exists. For example:

- Effect size (d) (magnitude of difference); e.g., low, medium, high
- Significance level (Type 1 error or alpha level (α): 0.05 is standard)
- Sample size (number of subjects)
- Power: confidence in test results (80–90 per cent)

Once three of these values are known, one can calculate the fourth, using any statistics software to run the numbers.

Kenya
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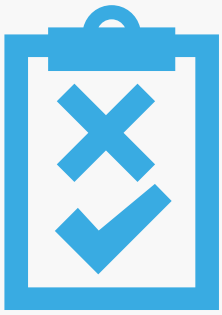
STEP 5
ADAPT THE INSTRUMENTS



5.1 SAMPLE MULTILINGUAL GLOSSARY

The words that are included in this multilingual glossary were identified to be of importance during the process of validating the ACT Framework in Ethiopia and Guinea. We included the English and French words that were used in Guinea as well as their definitions, as confirmed by experts. You can add columns to the right of the existing columns to add translations in other languages that are applicable to your research. It may be that not all words listed are relevant to your research activities, if you are only partially implementing ACT; words (rows) should be added or removed to suit your research needs.

Term in English	Term in French	English definition
Analytical tools	*Outils d'analyse*	Methods used to process and interpret information (OECD, 2010)
Assent	*Assentiment/accord*	Agreement to take part in research given orally or in writing (Frey, 2018)
Assumptions	*Hypothèses*	Hypotheses about factors or risks that could affect the progress or success of a development intervention (OECD, 2010)
Attitude	*Attitude*	A settled way of thinking or feeling about something (Stevenson, 2015)
Attribution	*Attribution (Imputation)*	The ascription of a causal link between observed changes and a specific intervention (OECD, 2010)
Autonomy	*Autonomie*	The quality of being self-governing (Wrenn, 2015)
Behaviour change communication	*Communication pour le changement de comportement*	Strategic use of communication approaches to promote desired, positive behavioural outcomes (Ngigi & Busolo, 2018)
Behavioural intent	*Intention comportementale*	The degree to which a person has made conscious plans to perform or not perform some specified behaviour (Warshaw & Davis, 1985)
Benchmark	*Référence (Étalon)*	A reference point or standard against which performance can be assessed (OECD, 2010)

Beneficiaries	*Bénéficiaires*	Individuals, groups or organizations that benefit, directly or indirectly, from the development intervention (OECD, 2010)
Bias	*Parti-pris/Biais*	A loss of balance and accuracy in the use of methods, which can happen at various stages in research, and which means that the study results will not be representative of the wider population (University of Southern California, 2020)
Capacity-building	*Renforcement de capacités*	The developing and strengthening of the resources and capabilities of individuals, communities, organizations or societies (UNDP, 2009)
Case-control study	*Contrôle de cas*	Retrospective studies that identify subjects from the same population who have the outcome of interest (cases) and those who do not (controls), and then assess them for the presence of exposure factors that may have predisposed the cases to have that outcome; well suited to investigate rare outcomes or outcomes with a long latency period (Song & Chung, 2010)
Ceremony	*Cérémonie*	An act or series of acts performed according to traditional or prescribed form (Stevenson, 2015)
Clitoridectomy	*Clitoridectomie*	Partial or total removal of the clitoris and/or the prepuce (28 Too Many, n.d.)
Cohort study	*Cohorte*	A study in which an outcome-free study population is identified by the exposure or event of interest and followed over time until the outcome of interest occurs; this design can provide the strongest evidence of causality, especially for rare exposures (Song and Chung, 2010)
Coming of age	*Age de maturité*	The age or occasion when one formally becomes an adult (Stevenson, 2015)
Communication for Development (C4D)	*Communication pour le développement*	A process that uses a mix of communication tools to facilitate community participation and engagement for positive social and behaviour change (UNICEF, 2018)
Community mobilization	*Mobilisation communautaire*	The process of engaging communities to identify their priorities, resources, needs and solutions (Mercy Corps, 2009)
Conceptual model	*Modèle conceptuel*	A model that lists all relevant concepts, explains their relationships to each other and how they apply to the programme (Johnson & Henderson, 2011)
Conflict of interest	*Conflit d'intérêts*	When two or more contradictory interests may compromise a researcher's professional judgement (University of California San Francisco, 2016)
Consent (in the context of research)	*Consentement*	Agreement to participate in research; does not include process by which consent was obtained (Isles, 2013)
Construct	*Construction*	Concepts that are developed or adopted for use in a particular theory (Glanz et al., 2015)
Context	*Contexte*	Circumstances that form the setting for an event, statement or idea, and in terms of which it can be fully understood (Stevenson, 2015)

Contraceptives	*Contraceptifs*	Any behaviour, device, medication or procedure used to prevent pregnancy (Bansode et al., 2019)
Country programme evaluation/ Country assistance evaluation	*Évaluation de programme national/ Évaluation-pays*	Evaluation of a donor or agency portfolio of development interventions, and the assistance strategy behind them, in a partner country (OECD, 2010)
Cross-sectional study	*Étude transversale*	Cross-sectional studies are observational in nature (the weakest of the observational designs) and give a snapshot of the characteristics of study subjects at a single point in time, with no follow-up period; as the exposure status and outcome of interest are collected at the same time (e.g., by survey), these studies cannot confirm cause–effect relationships but are generally used to assess the prevalence of a disease in a population (Munnangi and Boktor, 2020)
Data collection tools	*Outils pour la collecte de données*	Methods used to identify information sources and collect information (OECD, 2010)
Descriptive norm	*Norme descriptive*	Cognitions concerning dominant beliefs, values and behaviours of particular reference groups (Gelfand & Harrington, 2015)
Descriptive study	*Étude descriptive*	Study designed to describe existing distribution of variables without concern for causal relationships or hypotheses (Porta, 2016)
Dose delivered	*Dose livrée*	Amount or number of units of each intervention delivered to participants (Steckler & Linnan, 2002)
Dose received	*Dose reçue*	Extent to which participants actively engage with, interact with, and are receptive to the intervention (Steckler & Linnan, 2002)
Effect	*Effet*	Intended or unintended change due directly or indirectly to an intervention (OECD, 2010)
Effectiveness	*Efficacité (Succès, réussite)*	The extent to which a development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance (OECD, 2010)
Evaluation	*Évaluation*	The systematic and objective assessment of and ongoing or completed programme or policy, its design, implementation and results, to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact and sustainability (OECD, 2010)
Empowerment	*Responsabilisation*	The process through which people gain greater control over decisions and actions affecting their health (World Health Organization, 1998)
Feedback (in the context of evaluation)	*Réactions*	The transmission of findings generated through the evaluation process to parties for whom it is relevant and useful, so as to facilitate learning (OECD, 2010)
Female genital mutilation (FGM)	*Mutilation génitale feminine (MGF)*	Female genital mutilation (FGM) comprises all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2016)

FGM (traditional) practitioner	*Pratique traditionnelle*	A non-medical practitioner who aims to perform FGM as part of religious or cultural rites and sometimes for economic benefits (Odukogbe et al., 2017)
Fidelity	*Fidélité*	Extent to which delivery of an intervention adheres to protocol or programme model (Mowbray et al., 2003)
Focus group discussion	*Discussion de groupe*	Research method where small groups of participants gather to discuss a specified topic or an issue to generate data (Wong, 2008)
Gender dynamics	*La dynamique du genre*	Sociocultural ideas about gender and the power relationships that define interactions (European Institute for Gender Equality, 2019)
Gender norms	*Normes de genre*	Accepted attributes and characteristic of male and female gender identity at a point in time in a specific community (UNICEF, 2017)
Genital area	*Zone génitale*	The area of the external reproductive organs (Stevenson, 2015)
Genitalia	*Organes génitaux*	Male or female external reproductive organs (Shiel & Stöppler, 2008)
Harmonization of norms	*Harmonisation des normes*	The extent to which different types of norms (social, legal, moral) are consistent with each other
Impact	*Impact*	Positive and negative long-term effects produced by a development intervention, directly or indirectly, intended or unintended (OECD, 2010)
In-depth interview (IDI)	*Entretien approfondi*	Qualitative research method for asking questions and following up on the responses with further probing questions to extract as much information as possible from the interviewee on a particular topic (Morris, 2015)
Indicator	*Indicateur*	Factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess performance (OECD, 2010)
Informed consent	*Consentement éclairé*	Adult participant receives sufficient information about the study or intervention and makes an informed decision about participation (Isles, 2013)
Infibulation	*Infibulation*	Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (WHO, 2016)
Injunctive norm	*Norme injonctive*	Perceptions of what members of a social group think others should and should not do (Lilleston et al., 2017)
Joint evaluation	*Évaluation conjointe (partenariale)*	Evaluation in which different donor agencies, organizations and partners participate (OECD, 2010)
Legal norms	*Normes légales*	Norms declared and sanctioned by the state (Mackie et al., 2015)
Lessons learned	*Enseignements tirés*	Generalizations based on experiences with programmes or policies that can be applied to broader situations; lessons highlight strengths and weaknesses (OECD, 2010)

Likert scale	*Échelle Likert*	A scale used to represent people's attitudes to a topic (Stevenson, 2015)
Logical framework	*Cadre logique*	Management tool that facilitates planning, execution and evaluation of a development intervention; it involves identifying strategic elements (inputs, outputs, outcomes, impact) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure (OECD, 2010)
Matrix	*Matrice*	System of rows andcolumns that contain components of research project (Choguill, 2005)
Measurement and evaluation framework	*Cadre de mesure et d'évaluation*	Table that describes indicators that are used to measure whether the programme is a success (Bisits Bullen, 2014)
Medicalization of FGM	*Médicalisation des MGF*	Medicalization of FGM refers to situations in which FGM is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of re-infibulation at any time in a woman's life (WHO, 2018)
Monitoring	*Suivi*	A continuing function that uses systematic collection of data on specific indicators to provide evidence of the extent of progress and achievement of objectives and use of allocated funds to management and main stakeholders (OECD, 2010)
Moral norms	*Normes morales*	Norms that are motivated by conscience rather than social expectation (Mackie et al., 2015)
On the mat	*Sur le tapis*	This is a reference to the period of time after undergoing FGM when girls remain in seclusion, and spend time sitting on a woven mat on the ground (Yoder & Mahy, 2001)
Operationalize	*Opérationnaliser*	Put into operation or use (Stevenson, 2015)
Outcome	*Résultat*	Short- or medium-term effects of an intervention (OECD, 2010)
Outputs	*Extrant (Produit)*	Products, capital goods and services that result from a development intervention; may also include changes resulting from the intervention which are relevant to the achievement of outcomes (OECD, 2010)
Outcome expectancies	*Résultats attendus*	A person's expectations about consequences, either physical or social, of taking action (Kelder et al., 2015)
Participatory evaluation	*Évaluation participative*	Evaluation method where stakeholders and agencies work together to design, implement and interpret an evaluation (OECD, 2010)
Participatory research	*Recherche participative*	Research that is conducted by partnering with communities in all aspects of the research (Holkup et al., 2004)
Power dynamics	*Dynamiques de pouvoir*	The phenomenon wherein different levels of perceived authority, social position or privilege may influence relationships, especially if one of the persons is marginalized (Association of Fundraising Professionals, 2018)

Pretesting	*Pré test*	Simulating the formal data collection process on a small scale to identify issues with data collection instruments and methodology (Hurst et al., 2015)
Process evaluation	*Évaluation des processus*	An evaluation of the internal dynamics of implementing organizations, their policy instruments, service delivery mechanisms, management practices, and the linkages among these (OECD, 2010)
Programme evaluation	*Évaluation du programme*	Evaluation of a programme (a set of interventions), designed to attain specific objectives (OECD, 2010)
Psychographics	*Psychographiquie*	The study and classification of people according to their attitudes, aspirations and other psychological criteria (Stevenson, 2015)
Qualitative research	*Qualitatif*	Research that relies heavily on descriptive data and subjective analysis (Gall, Gall & Borg, 1999, cited in Sogunro, 2002)
Quantitative research	*Quantitatif*	Research that relies heavily on numerical data and statistical analysis (Gall, Gall & Borg, 1999, cited in Sogunro, 2002)
Readiness to change	*Disposition au changement*	The extent to which individuals and groups are willing to accept and support implementation of new programmes, behaviours and norms in community (Anderson-Carpenter et al., 2017)
Religious norms	*Normes religieuses*	They function as social, legal or moral norms but are distinctive because of their reference to divine command (Mackie et al., 2015)
Results	*Résultats*	The output, outcome or impact (intended or unintended, positive and/or negative) of a development intervention (OECD, 2010)
Scope	*Champ*	The extent of the area or subject matter that something deals with or to which it is relevant (Stevenson, 2015)
Self-approval	*Auto-approbation*	Approval or appreciation of oneself (Stevenson, 2015)
Self-efficacy	*Auto-efficacité*	Confidence in one's ability to succeed at a task; it is the primary influence to motivate a person (Frey, 2018)
Social-ecological model	*Modèle socio-écologique*	A framework for understanding interactive and multifaceted effects of personal and environmental factors that determine behaviour (UNICEF South Asia, n.d.)
Social mobilization	*Mobilisation sociale*	A process that engages and motivates a wide range of partners and allies, including community members, to raise awareness of and demand for particular objective (UNICEF, n.d.)
Social norms	*Normes sociales*	What people in a group believe to be normal, typical or appropriate; a social norm is constructed by one's beliefs about what others (a reference group) do, and by one's beliefs about what others think one should do; it is maintained by social influence (approval or disapproval) or by the belief in the legitimacy of others' expectations (Mackie et al., 2015)
Social network	*Réseau social*	A network of social interactions and personal relationships (Stevenson, 2015)

Social status	*Statut social*	Relative social standing or rank (Stevenson, 2015)
Social support	*Soutien social*	Supportive information and behaviours from others indicating that one is loved and valued and part of a network of communication and mutual obligations (Kim et al., 2008)
Stakeholders	*Parties prenantes (Protagonistes)*	Agencies, organizations, groups or individuals who have a direct and indirect interest in the intervention or its evaluation (OECD, 2010)
Stigma	*Stigmatisation*	A process that attempts to discredit or disgrace a person or group based on an identity or circumstance (Cody, 2018)
Structured interview	*Entretien structuré*	An interview for which the questions (and often the response options also) have been developed and compiled in a specific order to be administered by the interviewer
Subscale	*Sous- échelle*	A sccale used to obtain a rating or measurement that contributes to a rating or measurement on a larger scale (Merriam-Webster,n.d)
Target group	*Groupe cible*	Specific individuals, communities or organizations whom the intervention is intended to benefit
Traditional birth attendant (TBA)	*Accoucheuse traditionnelle (TBA)*	A person who assists mothers during childbirth and who developed their skills by delivering babies herself and/or learning from other TBAs (Falle et al., 2009)
Trained midwives	*Sages-femmes formées*	Midwives professionally trained to provide care to women during pregnancy, labour, birth and the postpartum period (American College of Nurse-Midwives, 2016)
Validation	*Validation*	Continuous monitoringprocess of compilation and of the results oftheprocess (UNDP,2009)

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STEP 6
PERFORM AN ETHICAL REVIEW

6.1 RESEARCH PROTOCOL (IRB) TEMPLATE

This template can be used by the local research partner (LRP) to prepare a research protocol for ethical review. It can also be used by the implementing organization (IO) as a guide for the type of information that can be included in the LRP's research proposals during LRP recruitment. This template is based on the research protocol that was submitted to Drexel University's ethical review board for ACT validation in Ethiopia and Guinea. This can be used as guidance and it may be that not every section is relevant for every research context; consult your ethical approval committee about what information and documents are needed for your research.

1. **Protocol title**
   Insert title of study.
2. **Objectives**
   Insert objective(s) of study.
3. **Background**
   Insert background of study. Include information such as experience your organization has with FGM and social norms-related research, and available FGM statistics for the country where the study will be conducted.
4. **Inclusion and exclusion criteria**
   Include descriptions of respondent groups (e.g., gender, age, occupation, spoken language) and what criteria will make them eligible and ineligible for the study. Include mention of any special populations that will be included (e.g., children, pregnant women, adults unable to consent, prisoners).
5. **Study timelines**
   Include a brief timeline of the study.
6. **Study milestones**
   Include key milestones of the study, explaining what will be accomplished by each milestone.
7. **Procedures or methods involved**
   Include an overview of the study design, details on the sampling frame and sampling unit, details on the sample size calculation, details on training the data collectors/facilitators (including ethics training), details on the data collection procedures, and an overview of the instruments/tools that will be used. Include consent and assent forms, tools, and training guides.
8. **Data banking**
   Include how data will be stored and for how long.
9. **Data management**
   Include details on how data will be cleaned, shared in a secure manner, and analysed. Mention any software that will be used for data management and analysis.
10. **Provisions to monitor the data to ensure the safety of subjects**
    While this research should not present more than a minimal risk to participants, include information about how issues will be handled if they arise.
11. **Withdrawal of subjects**
    Participation should be completely voluntary, and participants can choose to withdraw their consent or assent at any time. Describe how withdrawal of participants will be handled.

12. **Risks to subjects**
While only minimal risk is anticipated, include details about any potential discomfort, burden of time and the lack of any anticipated cost by the participants

13. **Potential benefits to subjects**
While there may be no direct tangible benefits to individual participants, confirm that the study poses minimal risk and that there are potential benefits to society.

14. **Vulnerable populations**
Include the age of majority in the country the study is taking place in and state whether or not minors/children will be included in the study. Describe how assent will be taken from children and how consent will be taken from their caregivers.

15. **Community-based participatory research**
Some of the activities in the in-depth interviews (IDIs) and focus group discussions (FGDs) are drawn from community-based participatory research methods. Confirm whether these will be used.

16. **Sharing of results with subjects**
While results will not be directly shared with participants, include how study results will be shared and with whom/which organizations.

17. **Setting**
Include the specific in-country locations where the study will take place.

18. **Resources available**
Include the names and titles of team members who will be involved in the research and describe the extent of their field research experience relevant to FGM and social norms.

19. **Prior approvals**
IRB approval should be obtained in country before any data collection commences.

20. **Recruitment methods**
Describe the subject recruitment process (going into the field, community mapping, identifying households, requesting consent/assent, etc.) and approximately how long it is expected to take.

21. **Number of subjects**
Mention how many participants will be enrolled in the study in total.

22. **Confidentiality**
Include any confidentiality mechanisms that will be put in place to protect the privacy of participants and the confidentiality of their data after data collection, such as secure storage of data and removal of all identifiers.

23. **Provisions to protect the privacy of subjects**
Include the steps that will be taken to protect the privacy of participants during data collection, such as obtaining consent/assent prior to beginning any data collection and conducting data collection in a private location.

24. **Compensation for research-related injury**
This research should not involve more than minimum risk and, therefore, research-related injury should not be applicable.

25. **Economic burden to subjects**
There should be no economic burden on participants.

26. **Consent process**
Include the consent and assent procedures, including respect for language preference of participants, plans for giving participants time to ask questions both before and after they give consent, and confirm that the person conducting the process will be a trained team member.

27. **Process to document consent in writing**
If a waiver of written documentation of consent is being requested, reiterate that the study presents minimal risk to participants. Participants will still be provided with a contact information card (see section 6.5) and should also be given the choice to keep a copy of their entire consent form.

List of attachments:
Create a list of any documents that will be attached when submitting the research (IRB) protocol, such as tools, consent and assent forms, and any training guides.

6.2 CONSENT FORM FOR ADULTS

This is a template of a consent form for adult research participants that local research partners (LRPs) can adapt for ACT implementation. Modify the form based on what is relevant and necessary to your research. Check with your ethical review board for specific requirements. For question 9 about what someone can expect if they give consent, provide appropriate information based on what activity the consent form applies to. In the 'For interviewer use only' section, participant signature was deemed optional for the validation process as only verbal consent was needed, so delete 'optional' if that is not the case for your research.

[TITLE OF STUDY]

[NAME OF ORGANIZATION]

Consent Form for Adult Participants

[RESEARCH ACTIVITY NAME]

1. **Title of research study:**
   [TITLE OF STUDY]

2. **Researcher:**
   [NAME(S) OF LEAD RESEARCHERS]

3. **Why are you being invited to take part in a research study?**
   State who is conducting the research, the purpose of the research, and state that caregivers of adolescent girls are being recruited for their input on social norms around FGM. Make it clear that they have been randomly selected rather than being invited based on any personal information.

4. **What should you know about this research study?**
   Explain how the research will be conducted and emphasize that even if the participant agrees to participate now they can still change their mind later without any consequences.

5. **Who can you talk to about this research study?**
   Tell the participant that they can ask questions now or later, using the contact information on a card that will be given to all participants (see section 6.5).

6. **Why is this research being done?**
   Give the reason why the research is being done, explaining that you want to learn more from the participant about how they, their family and members of their community feel, think and act with regard to FGM.

7. **How long will the research last?**
   Give an estimate for how long the activity will take. Focus group discussions (FGDs) should take no more than 2 hours, In-depth interviews (IDIs) should take no more than 1.5 hours, and structured interviews (SIs) should take no more than 1.5 hours.

8. **How many people will be studied?**
   Insert the total number of participants being recruited.

9. **What happens if I say, "Yes, I want to participate in this research"?**

   If this form is for SIs:
   Describe how the SI will be conducted and how the data will be managed. Include information such as:

   - a research team member will ask the participant some questions relating to FGM
   - there are no right or wrong answers
   - the participant's answers will be electronically recorded on a tablet computer
   - the data will be stored securely (include details)
   - answers from all SI participants will be grouped together and individuals will not be identifiable in the report of the results

If this form is for FGDs:
Describe how the FGD will be conducted and how the data will be managed. Include information such as:

- an FGD will include 8–12 adult participants
- a research team member will ask everyone to discuss questions relating to FGM
- there are no right or wrong answers
- an audio recording will be made of the discussion
- the audio recording will be transcribed and then destroyed
- the transcribed data will be stored securely (include details)
- answers from all FGD participants will be grouped together and individuals will not be identifiable in the report of the results

If this form is for IDIs:
Describe how the IDI will be conducted and how the data will be managed. Include information such as:

- a research team member will ask the participant some questions relating to FGM
- there are no right or wrong answers
- an audio recording will be made of the interview
- the audio recording will be transcribed and then destroyed
- the transcribed data will be stored securely (include details)
- answers from all IDI participants will be grouped together and individuals will not be identifiable in the report of the results

10. **What are my responsibilities if I take part in this research?**
Provide information such as how the participant should follow instructions, let the facilitator know if they feel uncomfortable or would like to stop, and – in the case of FGDs – to respect the privacy of the other participants and not speak about what they said later to people who were not part of that discussion.

11. **What happens if I say, "No, I do not want to participate in this research"?**
State that there will no consequences.

12. **What happens if I say "Yes", but I change my mind later?**
Include that the participant can change their mind at any time without any consequences and that if they do decide to withdraw from participation, then the information and responses they have provided up until that point will be removed from the data base and the report of results (to the extent that it can be clearly attributed to that person, which may not be possible for FGD transcripts).

13. **Is there any way that participating in this study could have negative consequences for me?**
State that there are no risks besides the potential discomfort of answering some questions. Emphasize that the participant does not have to answer any questions they are not comfortable with. There is no risk of physical injury.

14. **Will being in this study benefit me in any way?**
While there may not be any tangible benefits, explain that the study is very important, their participation is greatly valued, and the results will be used to understand local knowledge, attitudes, practices and norms associated with FGM, and will contribute to development programmes associated with FGM.

15. **Do I have to pay for anything while I am on this study?**
State that there is no charge and no anticipated expenses for participating in this study.

16. **What happens to the information we collect?**
State that any personal information from participants will never be made available to the public, and explain that the reports of the results will present data in such a way that no individual participant could be identified, providing only general patterns and findings from all participants.

This research is being funded by *[NAME OF ORGANIZATION]* and conducted by *[NAME OF ORGANIZATION]*.

ASK THE RESPONDENT TO REPEAT BACK THEIR UNDERSTANDING USING THEIR OWN WORDS:

For example:
"I have been told about the research and know why it is being done and what to do. I also know that I do not have to do it if I do not want to. I can stop at any time."

Do you have any questions for us? If not, then please let us know that you agree to be part of the research today or let us know if you would prefer not to participate and you can leave at this point.

For interviewer use only:

Consent not given: *STOP. THANK THE PARTICIPANT FOR THEIR TIME.*

Consent given: *THANK THE RESPONDENT. HAND THEM A CARD WITH CONTACT INFORMATION. PROCEED.*

Contact information card: *Today we will give you a card [HAND PARTICIPANT THE CARD] that lists the contact information of the local and international principal investigators [POINT TO PI CONTACT INFORMATION ON CARD]. These are the people overseeing this study. The card also provides the contact information of the local and international institutional review boards (IRB) [POINT TO IRB CONTACT INFORMATION ON CARD]. The IRBs reviewed and approved of this study to ensure that we are taking the necessary steps to protect your privacy, rights and welfare during this research.*

Optional participant signature:

_____

Optional interviewer signature:

_____

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6.3 CONSENT FORM FOR CAREGIVERS

This is a template of a consent form for caregivers of adolescent girls that local research partners (LRPs) can adapt for ACT implementation. Modify the form based on what is relevant and necessary to your research. Check with your ethical review board for specific requirements. For question 9, about what someone can expect if they give consent, provide appropriate information based on what activity the consent form applies to. In the 'For interviewer use only' section, participant signature was deemed optional for the validation process as only verbal consent was needed, so delete 'optional' if that is not the case for your research.

[TITLE OF STUDY]

[NAME OF ORGANIZATION]

Consent Form for Caregivers of Adolescent Girls

[RESEARCH ACTIVITY NAME]

1. **Title of research study:**
   [TITLE OF STUDY]

2. **Researcher**:
   [NAME(S) OF LEAD RESEARCHERS]

3. **Why is your daughter being invited to take part in a research study?**
   State who is conducting the research, the purpose of the research, and state that adolescent girls are being recruited for their input on social norms around FGM. Make it clear that the girl has been randomly selected rather than being invited based on any personal information.

4. **What should you know about a research study?**
   Explain how the research will be conducted and emphasize that the caregiver can agree for their daughter (or the girl they care for) to participate now and can still change their mind later without any consequences to them or her.

5. **Who can you talk to about this research study?**
   Tell the caregivers that they can ask questions now or later, using contact information on a card that will be given to them and also to all participants.

6. **Why is this research being done?**
   Give the reason why the research is being done, explaining that you want to learn more from the adolescent girl about how she, her family and members of her community feel, think and act with regard to FGM.

7. **How long will the research last?**
   Give an estimate for how long the activity will take. FGDs should take no more than 2 hours, IDIs should take no more than 1.5 hours, and SIs should take no more than 1.5 hours.

8. **How many people will be studied?**
   Insert the total number of participants being recruited.

9. **What happens if I say, "Yes, I want my daughter/the girl I care for to participate in this research"?**

   If this form is for SIs:

   Describe how the SI will be conducted and how the data will be managed. Include information such as:

   - a research team member will ask the participant some questions relating to FGM
   - there are no right or wrong answers
   - the participant's answers will be electronically recorded on a tablet computer
   - the data will be stored securely (include details)
   - answers from all SI participants will be grouped together and individuals will not be identifiable in the report of the results

If this form is for FGDs:

Describe how the FGD will be conducted and how the data will be managed. Include information such as:

- an FGD will include 8–12 adolescent girls
- a research team member will ask everyone to discuss questions relating to FGM
- there are no right or wrong answers
- an audio recording will be made of the discussion
- the audio recording will be transcribed and then destroyed
- the transcribed data will be stored securely (include details)
- answers from all FGD participants will be grouped together and individuals will not be identifiable in the report of the results

If this form is for IDIs:

Describe how the IDI will be conducted and how the data will be managed. Include information such as:

- a research team member will ask the participant some questions relating to FGM
- there are no right or wrong answers
- an audio recording will be made of the interview
- the audio recording will be transcribed and then destroyed
- the transcribed data will be stored securely (include details)
- answers from all IDI participants will be grouped together and individuals will not be identifiable in the report of the results

10. **What are my daughter's/the girl's responsibilities if she takes part in this research?**
Provide information such as how the participant should follow instructions, let the interviewer or facilitator know if she feels uncomfortable or would like to stop, and – in the case of FGDs – to respect the privacy of the other participants and not and not speak about what they said later to people were not part of that discussion.

11. **What happens if I say, "No, I do not want my daughter/the girl I care for to participate in this research"?**
State that there will no consequences.

12. **What happens if I say "Yes", but I change my mind later?**
Include that the participant and/or the caregiver can change their mind at any time without any consequences and that if they do decide to withdraw from participation, then the information and responses they have provided up until that point will be removed from the data base and the report of results (to the extent that it can be clearly attributed to that person, which may not be possible for FGD transcripts).

13. **Is there any way that participating in this study could have negative consequences for me or my daughter/the girl?**
State that there are no risks besides the potential discomfort of answering some questions. Emphasize that the participant does not have to answer any questions they are not comfortable with. There is no risk of physical injury.

14. **Will being in this study benefit me or my daughter/the girl in any way?**
While there may not be any tangible benefits, explain that the study is very important, their participation is greatly valued, and the results will be used to understand local knowledge, attitudes, practices and norms associated with FGM and will contribute to development programmes associated with FGM.

15. **Do I have to pay for anything concerning this study?**
State that there is no charge for participating in this study.

16. **What happens to the information we collect?**
State that any personal information from participants will never be made available to the public, and explain that the reports of the results will present data in such a way that no individual participant could be identified, providing only general patterns and findings from all participants.

This research is being funded by *[NAME OF ORGANIZATION]* and conducted by *[NAME OF ORGANIZATION]*.

ASK THE RESPONDENT TO REPEAT BACK THEIR UNDERSTANDING USING THEIR OWN WORDS:

For example:
"I have been told about the research and know why it is being done and what to do. I also know that my daughter/the girl does not have to do it if she does not want to. She can stop at any time."

Do you have any questions for us? If not, then please let us know that you agree for your daughter/the girl you care for to be part of the research today or let us know if you would prefer for her not to participate and you/she can leave at this point.

For interviewer use only:

Consent not given: *STOP. THANK THE PARTICIPANT FOR THEIR TIME.*

Consent given: *THANK THE RESPONDENT. HAND THEM A CARD WITH CONTACT INFORMATION. PROCEED.*

Contact information card: Today we will give you a card *[HAND PARTICIPANT THE CARD]* that lists the contact information of the local and international principal investigators *[POINT TO PI CONTACT INFORMATION ON CARD]*. These are the people overseeing this study.

The card also provides the contact information of the local and international institutional review boards (IRB) *[POINT TO IRB CONTACT INFORMATION ON CARD]*. The IRBs reviewed and approved of this study to ensure that we are taking the necessary steps to protect your privacy, rights and welfare during this research.

Optional participant signature:

_____

Optional interviewer signature:

_____

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6.4 ASSENT FORM FOR MINORS

This is a template of an assent form for adolescent girls that local research partners (LRPs) can adapt for ACT implementation. Modify the form based on what is relevant and necessary to your research. Check with your ethical review board for specific requirements. Provide appropriate information based on what activity this consent form applies to. In the 'For interviewer use only' section, participant signature was deemed optional for the validation process as only verbal consent was needed, so delete 'optional' if that is not the case for your research.

[TITLE OF STUDY]

[NAME OF ORGANIZATION]

Assent Form for Adolescent Girls

[RESEARCH ACTIVITY NAME]

Insert what the study is about, why the participant is asked to participate, and that they have been randomly selected.

Insert that participation in this study is completely voluntary and that the participant can choose to participate and change their mind later without any consequences. The participant will be given a card with contact information if there are any questions.

If this form is for SIs:

Describe how the SI will be conducted and how the data will be managed. Include information such as:

- a research team member will ask the participant some questions relating to FGM
- there are no right or wrong answers
- the participant's answers will be recorded on a tablet computer
- the data will be stored securely (include details)
- answers for all SI participants will be grouped together and individuals will not be identifiable in the report of the results

If this form is for FGDs:

Describe how the FGD will be conducted and how the data will be managed. Include information such as:

- an FGD will include 8–12 adolescent girls
- a research team member will ask everyone to discuss questions relating to FGM
- there are no right or wrong answers
- an audio recording will be made of the discussion
- the audio recording will be transcribed and then destroyed
- the transcribed data will be stored securely (include details)
- answers for all FGD participants will be grouped together and individuals will not be identifiable in the report of the results

If this form is for IDIs:

Describe how the IDI will be conducted and how the data will be managed. Include information such as:

- a research team member will ask the participant some questions relating to FGM
- there are no right or wrong answers
- an audio recording will be made of the interview
- the audio recording will be transcribed and then destroyed
- the transcribed data will be stored securely (include details)
- answers for all IDI participants will be grouped together and individuals will not be identifiable in the report of the results

Insert the minimal risk, such as potential for discomfort in answering some of the questions, and no expectation of injury. Acknowledge that the adolescent girl's participation is very important, and results will be used to improve understanding of FGM.

This research is being funded by *[NAME OF ORGANIZATION]* and conducted by *[NAME OF ORGANIZATION]*.

ASK THE RESPONDENT TO REPEAT BACK THEIR UNDERSTANDING USING THEIR OWN WORDS:

For example:
"I have been told about the research and know why it is being done and what to do. I also know that I do not have to do it if I do not want to. I can stop at any time."

Do you have any questions for us? If not, then please let us know that you agree to be part of the research today or let us know if you would prefer not to participate and you can leave at this point.

Sample child's assent: "I agree to participate in the research today."

For interviewer use only:

Assent not given: *STOP. THANK THE PARTICIPANT FOR THEIR TIME.*

Assent given: *THANK THE RESPONDENT. HAND THEM A CARD WITH CONTACT INFORMATION. PROCEED.*

Contact information card: *Today we will give you a card [HAND PARTICIPANT THE CARD] that lists the contact information of the local and international principal investigators [POINT TO PI CONTACT INFORMATION ON CARD]. These are the people overseeing this study. The card also provides the contact information of the local and international institutional review boards (IRB) [POINT TO IRB CONTACT INFORMATION ON CARD]. The IRBs reviewed and approved of this study to ensure that we are taking the necessary steps to protect your privacy, rights and welfare during this research.*

Optional child signature:

_____

Optional interviewer signature:

_____

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6.5 CONTACT INFORMATION CARD

After receiving consent and/or assent for participation in the research, institutional review boards (IRBs, also known as ethical approval committees) require the data collector to provide participants (and caregivers of participants who are minors) with contact information for the IRBs. This is meant to serve as a safeguard in case the participants or their caregivers wish to contact the IRB with questions for clarification. Below is a template that LRPs can adapt for ACT implementation. Fill out this template with the contact information of the principal investigator from the local research team, the principal investigator from the international team working in collaboration with the local team, and the local and international ethical approval committees (IRBs). A copy of the contact information card should be provided to every participant recruited and to the caregivers of participants who are minors.

[TITLE OF STUDY]

Contact Information Card

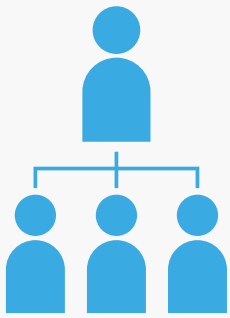
If you would like to speak to someone about this research, you may use this contact information.

Local team	International team
Principal investigator:	Principal investigator:
LRP name	LRP name
Tel:	Tel:
Email:	Email:

This research has been reviewed and approved by the *[NAME OF ETHICAL APPROVAL COMMITEES]*. Ethical approval committees review research projects to ensure that that steps are taken to protect the rights and welfare of human subjects taking part in the research. The contact information for the ethical approval committees is provided below.

Local ethical approval committee	International ethical approval committee
Name	Name
Location	Location
Tel:	Tel:
Email:	Email:

STEP 7
CONDUCT FIELD WORK



7.1 SAMPLE TRAINING AGENDA

This template is a sample agenda that can be adapted by the local research partner (LRP) for field staff training. The implementing organization (IO) should review and agree on the agenda with the LRP prior to implementation. You should use this template as a guideline and modify the activities and times of each activity to fit your training needs.

Date: (date, month, year)

Venue: (place and room)

DAY 1	Time		Topic/module	Responsibility
	Start	End		
Day of the week Date, month, year	**Quantitative and qualitative teams together**			
	08:30 AM	09:00 AM	**Registration**	Participants
	09:00 AM	09:15 AM	**Welcoming address**	*[ENTER INVOLVED ORGANIZATION]*
	09:15 AM	09:30 AM	**Round of introductions**	Presenters, training facilitators and participants
	09:30 AM	10:00 AM	**Introduction of the thematic area, objective of the ACT Framework implementation and purpose of the research**	*[ENTER INVOLVED ORGANIZATION]*
	10:00 AM	10:30 AM	**Introduction about the UNICEF–UNFPA Joint Programme on the Elimination of FGM**	*[ENTER INVOLVED ORGANIZATION]*
	10:30 AM	11:00 AM	**Coffee and tea break**	
	11:00 AM	12:30 PM	**Ethics and IRB: Presentation and discussion on appropriate procedures for study implementation (respect for person, beneficence and justice)**	*[PRESENTER FROM IO OR LRP]*

	12:30 PM	01:30 PM	**Lunch break**	
	01:30 PM	02:00 PM	**Roles and responsibilities of field supervisors and data collectors**	All data collectors
	02:00 PM	02:45 PM	**Methodology and community mapping**	All data collectors
	02:45 PM	03:30 PM	**Listing and participant selection forms**	All data collectors
	03:30PM	04:00 PM	**Coffee and tea break**	
	04:00 PM	04:30PM	**Listing and participant selection forms, continued discussion**	All data collectors
	04:30 PM	05:30 PM	**Quality control guideline/strategy**	
DAY 2	**Time**		**Topic/module**	**Responsibility**
	Start	End		
Day of the week Date, month, year	**Quantitative and qualitative teams together**			
	09:00 AM	10:00AM	**Structured interview questionnaire**	All data collectors
	10:00 AM	10:30 AM	**Coffee and tea break**	
	10:30 AM	11:30 AM	**Structured interview questionnaire, continued discussion**	All data collectors
	11:30 AM	12:15 PM	**Mock interview in local languages using CAPI**	All data collectors
	12:15 PM	12:30 PM	**Discussion on the mock interview**	All data collectors
	12:30 PM	01:30 PM	**Lunch break**	
	01:30 PM	03:30 PM	**Structured interview questionnaire, continued discussion**	All data collectors
	03:30 PM	04:00 PM	**Coffee and tea break**	
	04:00 PM	04:30 PM	**Structured interview questionnaire, continued discussion**	All data collectors
	04:30 PM	05:15 PM	**Mock interview in local languages using CAPI**	All data collectors
	05:15 PM	05:30 PM	**Discussion on the mock interview**	All data collectors

DAY 3	Time		Topic/module	Responsibility
	Start	End		
Day of the week Date, month, year	**Quantitative and qualitative teams together**			
	09:00 AM	10:30 PM	**Structured interview questionnaire, continued discussion**	All data collectors
	10:30 PM	11:00 PM	**Coffee and tea break**	
	11:00 PM	11:30 PM	**Structured interview questionnaire, continued discussion**	All data collectors
	11:30 PM	12:15 PM	**Mock interview in local languages using CAPI**	All data collectors
	12:15 PM	12:30 PM	**Discussion on the mock interview**	All data collectors
	12:30 PM	01:30 PM	**Lunch break**	
	01:30 PM	03:30 PM	**Structured interview questionnaire, continued discussion**	All data collectors
	03:30 PM	04:00 PM	**Coffee and tea break**	
	04:00 PM	04:30 PM	**Structured interview questionnaire, continued discussion**	All data collectors
	04:30 PM	05:15 PM	**Mock interview in local languages using CAPI**	All data collectors
	05:15 PM	05:30 PM	**Discussion on the mock interview**	All data collectors
DAY 4	**Time**		**Topic/module**	**Responsibility**
	Start	End		
Day of the week Date, month, year	**Quantitative and qualitative teams togethe**			
	09:00 AM	10:00 AM	**Assent and consent forms**	All data collectors
	10:00 AM	10:30 AM	**Coffee and tea break**	
	10:30 AM	11:30 AM	**Field movement plan**	All data collectors
	11:30 AM	12:30 PM	**Sampling frame**	All data collectors
	12:30 PM	01:30 PM	**Lunch break**	

	01:30 PM	03:30 PM	**QUANT: Mock SI, IDI and FGD in local languages**	**QUAL: IDI guideline (facilitators guide, activities and questions)**	QUANT: All data collectors	QUAL: Qualitative data collectors
	03:30 PM	04:00 PM	**Coffee and tea break**			
	04:00 PM	05:30 PM	**QUANT: Debriefing on the local languages mock interview**	**QUAL: Mock IDI in local languages (45 mins)** **Discussion on the mock IDI (45 mins)**	All data collectors	Qualitative data collectors

DAY 5	**Time**		**Topic/module**	**Responsibility**
	Start	End		
Day of the week Date, month, year	**Qualitative team only**			
	09:00 AM	10:30 AM	**IDI guideline (facilitators guide, activities and questions), continued discussion**	Qualitative data collectors
	10:30 AM	11:00 AM	**Coffee and tea break**	
	11:00 AM	11:30 AM	**IDI guideline (facilitators guide, activities and questions), continued discussion**	Qualitative data collectors
	11:30 AM	12:15 PM	**Mock IDI in local languages**	Qualitative data collectors
	12:15 PM	12:30 PM	**Discussion on the mock IDI**	Qualitative data collectors
	12:30 PM	01:30 PM	**Lunch break**	
	01:30 PM	03:30 PM	**FGD guideline (facilitators guide, activities and questions)**	Qualitative data collectors
	03:30 PM	04:00 PM	**Coffee and tea break**	
	04:00 PM	04:30 PM	**FGD guideline (facilitators guide, activities and questions), continued discussion**	Qualitative data collectors
	04:30 PM	05:15 PM	**Mock FGDs in local languages**	Qualitative data collectors
	05:15 PM	05:30 PM	**Discussion on the mock FGDs**	Qualitative data collectors

DAY 6	Time		Topic/module	Responsibility
	Start	End		
Day of the week Date, month, year	**Qualitative team only**			
	09:00 AM	10:30 AM	**FGD guideline (facilitators guide, activities and questions), continued discussion**	Qualitative data collectors
	10:30 AM	11:00 AM	**Coffee and tea break**	
	11:00 AM	11:30 AM	**FGD guideline (facilitators guide, activities and question), continued discussion**	Qualitative data collectors
	11:30 AM	12:15 PM	**Mock FGDs in local languages**	Qualitative data collectors
	12:15 PM	12:30 PM	**Discussion on the mock FGDs**	Qualitative data collectors

Notes:

- Supervisors participate in both the quantitative and qualitative tools sessions with the data collectors.
- Training language will be mainly in *[ENTER LANGUAGES]*, with translators assigned to *[ENTER TEAM MEMBERS]*.
- All field staff members recruited understand *[ENTER LANGUAGE]* and their respective local language.
- During training, the mock interviews, FGDs and IDIs will be conducted in the local languages.

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7.2 ETHICS TRAINING MANUAL

This is an ethics training manual for use during field staff training. It has been modified from the Johns Hopkins School of Public Health (JHSPH) Human Subjects Research Ethics Field Training Guide.[7] The 'Ethics and IRB' module of the field staff training may be led by someone from the local research partner (LRP) or the implementing organization (IO). In either case, it is important that the facilitator of that session has a thorough understanding of the principles of ethical research – respect for persons, beneficence, and justice – and how to put those principles into action.

ETHICS AND IRB MODULE

Instructions

The following pages are to be used as a guide for leading the 'Ethics and IRB' module on Day 1 of the 'Changing Social Norms around FGM' field staff training (see Section 7.1: Sample training agenda). The purpose of the 'Ethics and IRB' module is to train and assess participants (i.e., field team members: field supervisors, data collectors [interviewers and facilitators], note-takers) on the basics of human subjects research ethics. The module should last approximately 1.5 hours. The JHSPH Human Subjects Research Ethics Field Training Guide guided the development of this training module.

The module should be an interactive session with participation by all. The facilitator should make it clear that questions are welcome, and should take sufficient time to go through each section thoroughly. Each section of this module concludes with a series of assessment questions that should be posed to both the group as a whole and to individual participants, to confirm that each one understands the concepts. The leaders should be sure to ask all of the provided assessment questions and they are encouraged to use opportunities throughout the module for additional assessment of participant understanding. If further assessments are completed, they must be systematic and documented as part of the training programme.

It is important that every person involved with the implementation of the ACT Framework has a clear understanding of human subjects research ethics. While these concepts are serious, the presentations in this module do not need to be rigid or boring. Include all of the concepts presented, but make the session as fun, active and enjoyable as possible!

This 'Ethics and IRB' module is intended to be used as a tool for training individuals who will be 'engaged' in some aspect of a human subjects research interaction or intervention. This module is directed at field team members who will (1) obtain informed consent from research participants or (2) collect data from participants (human subjects) through structured interviews (SIs), focus group discussions (FGDs) or in-depth interviews (IDIs), or other procedures involving direct contact with human subjects; these team members are hereafter referred to as 'data collectors'. The content and language level of this module is specifically worded to help the facilitator convey basic research principles and practices to data collectors in accordance with the principles of human subjects research.

This module contains content under two main topics: (1) Ethical interaction with human participants and (2) Data integrity.

[7] Johns Hopkins Bloomberg School of Public Health, JHSPH Human Subjects Research Ethics Field Training Guide, 2010.

1. ETHICAL INTERACTION WITH HUMAN PARTICIPANTS

A. ROLE OF THE DATA COLLECTOR

The person who collects information on behalf of a research team operates as an 'ambassador' for the study. The data collector is sometimes the only person on the study team with whom a research participant will come into contact. People who come into contact with that person will have a good or a bad impression of the study, depending on how the data collector presents him- or herself.

The data collector has the responsibility for making sure that the information collected for the study comes from individuals who understand what they are agreeing to do. In addition, the data collector must ensure that the information is collected in a private location, that the written or typed record of the information is accurate and that those records as well as the audio recordings remain confidential, i.e., protected from loss or disclosure to individuals not authorized to have access to the data (anonymity). If the data collector does not fulfil these responsibilities, the study objectives will not be achieved. To be successful, the data collector must carefully follow the research procedures involving contact with human participants.

Kenya
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Assessment Question 1: What is a data collector?

Answer: A data collector is someone who collects information on behalf of a research study.

Assessment Question 2: What does it mean to be an 'ambassador' for a research study?

Answer: An 'ambassador' is a representative of the study.

Assessment Question 3: How can a data collector ensure the privacy of the interaction with the participant(s) and the confidentiality of the information collected from participants?

Answer: A data collector can ensure privacy by conducting data collection in a private location and can ensure confidentiality of the information collected from participants by making sure the data are not intentionally or inadvertently disclosed to anyone who is not authorized to have access to them.

B. RESPECT

Each person who is part of the research team must show respect for:

- the goals and objectives of the research project
- the leaders of the project
- the individual study participants
- the participant community, and
- the data collected for the study.

This project has the potential to benefit the community that will be studied, but only if the research team is able to complete all the parts of the study. Each individual research team member must conduct all interactions with members of the participant community with respect. This includes respecting the participant's culture, gender, age, social status, religion and other characteristics that make people different from each other. It also includes respecting their right to be informed and to ask questions. An individual does not have to help the research team by participating in the study and they will not do so if the research team is not respectful of the participant's right to accept or decline participation, and their right to receive correct and complete information from all team members.

Tanzania
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The data collector conveys to each participant, in their preferred language, the importance of the study purpose by first explaining or reminding them of the purpose of the study and then by collecting data in a professional and respectful manner. For example:

- Always be polite to the participant whether or not she or he agrees to participate in the study.
- When asking questions, do so in a clear voice.
- Record the information clearly and correctly on the data collection sheets or the tablet computer.
- If the participant asks a question, provide the correct answer. If you do not know the answer, tell the participant that you will find out answer to their question and that you will let them know (and make a note so that you remember to do so).
- Thank the participants once they have completed the study procedures.

Assessment Question 1: How can a data collector show respect for the study?

Answer: The data collector can show respect for the study by completing all parts of the study in a professional manner.

Assessment Question 2: How can a data collector show respect for the participants?

Answer: The data collector can show respect for the participants by respecting them non-judgementally as individuals and by supporting their right to be fully informed about the study and to decline participation in the research if they so wish.

Assessment Question 3: How can a data collector show respect for the community?

Answer: The data collector can show respect for the community by greeting members of the community and answering any questions posed by community members prior to conducting data collection.

C. VOLUNTARY PARTICIPATION

No individual person is required to participate in a research project. Each person approached by a study team member to recruit them for study participation has the right to refuse to listen to information about the study, and the right to refuse to participate in the study. Even if an eligible person agrees to participate by providing verbal or written consent, he or she may still refuse to answer specific questions in a survey questionnaire, interview or FGD, and may decide to withdraw from the study at any time.

The research team member who obtains informed consent from participants is responsible for ensuring that the individual understands what the study is about and what will be expected of them. That team member, as well as the interviewer/facilitator subsequently, must also make sure that the participant truly agrees to join the study and is not joining because they feel forced to join or are afraid to say "No."

Assessment Question 1: If an individual is eligible for the study, is he or she required to participate?

Answer: No. No individual is required to participate in the study. Participation must be voluntary.

Assessment Question 2: If a woman says she wants to participate in the study, but then decides halfway through that she does not want to complete the study, is she required to answer the remaining questions?

Answer: No. A participant may withdraw from the study at any time.

Assessment Question 3: What does voluntary participation mean?

- A. An eligible person can refuse to listen to information about a study.
- B. An eligible person can refuse to participate in a study.
- C. A participant can refuse to answer any questions.
- D. All of the above.

Answer: D. All of the above

D. INFORMED CONSENT

Providing correct, factual information to people being approached to join a study is an essential part of human subjects research. Informed consent is an ongoing process that begins with the research team member explaining the purpose and procedures of the study to the participant.

Informed consent does not end with the participant signing the consent form and agreeing to be in the study. The process of informed consent continues throughout the study; for example, consent can be confirmed each time a data collector and participant interact, and it can be withdrawn at any point before the results are disseminated. There is no true 'consent' to join a study if a person does not adequately understand what is being asked of them. The investigative team determines ahead of time what is 'adequate' and how that information should be conveyed. The job of the person conducting the informed consent process with a potential participant is to present information about the study to the them in language that they can understand, and in a way that reveals the study purpose and procedures, and well as its potential risks and benefits. The language and style of communication should enable to person to understand. That discussion should also give them enough time to ask questions and to think about the decision whether or not to join the study.

The team member who is obtaining consent may have to ask the participant questions to check what they have understood and whether it is correct. The team member should also be aware of the participant's body language, as the participant may look physically uncomfortable or confused, but not say so. If these responses are observed, the team member should notify his/her supervisor for further guidance.

Assessment Question 1: What is the first step of the informed consent process?

Answer: Informed consent begins with explaining the research to the participant.

Assessment Question 2: What is the last step of the informed consent process?

Answer: There is no last step of the informed consent process. Informed consent continues throughout the process of collecting data from the participant.

Assessment Question 3: Name three signs that a person is experiencing discomfort during the informed consent process.

Answer: Crossed arms, non-verbal response, loss of eye contact, etc.

Assessment Question 4: How can a study team member obtaining consent ensure that the participant understands what the study is about and what it involves?

Answer: Ask the participant questions to see what the participant has learned, and whether the participant has the correct understanding.

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E. VULNERABLE POPULATIONS

Some people need extra attention and care when approached to participate in a research project because they have conditions that make it difficult for them to understand what is being told to them and thus difficulty providing informed consent. For example, children need extra protection and it is important that their parents make certain decisions for them. Adults who have memory loss, who are mentally ill or have learning difficulties may not understand what you are asking them to do. Pregnant women require extra care to ensure their own and their baby's health and safety. This study will include a group that needs extra protection: adolescent girls age 10–17 (those aged 18–19 in the study sample are already adults). What is important to know is that research team members must be very careful when enrolling vulnerable populations, such as children, because most of the time they cannot make decisions for themselves. When a study includes people who cannot make decisions for themselves, an authorized caregiver (such as a parent or guardian) must be available to decide for them.

Assessment Question 1: Why do some people need extra care and attention when they are recruited for and involved in research?

Answer: Some people need extra attention because they may not be able to fully understand what is being asked of them.

Assessment Question 2: What are some groups of people who need extra care and attention?

Answer: Groups that need extra care and attention include children (under age 18), individuals with memory loss, mental illness or learning difficulties, and pregnant women.

Assessment Question 3: What vulnerable group is included in this study?

Answer: Adolescent girls ages 10–17.

F. PERSONAL PRIVACY

Individuals have a right to privacy that the research team must understand and respect. Even if the local culture does not promote or generally give recognition to the concept of individual 'privacy', it is important that the right to privacy be protected to the greatest extent possible, for example by ensuring that interviews are conducted in a private location. Study team members should also respect local customs, such as if it is the custom that no one enters another person's home without being invited.

The study team should anticipate that the visit of a data collector to a home may attract curious onlookers, whose presence may be undesirable and will distract the data collector and participant from focusing on the important process of data collection. The study team must have a plan in place to minimize or resolve such problems.

Research team members must also respect the participant's personal privacy by not causing them any unnecessary personal embarrassment or discomfort. Interviews involving sensitive information should take place in a private location where other people cannot hear the questions or responses. Also, there are certain things that are considered to be 'private', such as sexual activity, personal health and care, or thoughts/opinions that a participant might not want to talk about in public or where they can be overheard.

Assessment Question 1: Why is it important to conduct research in a private place?

Answer: It is important to conduct research in a private place because participants may not feel comfortable in a public space, especially when discussing sensitive topics.

Assessment Question 2: Which place is better to conduct a health survey: outside a participant's house or inside the house?

Answer: It is better to conduct a health survey inside a participant's house (if you are invited in) to ensure privacy.

Assessment Question 3: Where is the perfect place to conduct a survey?

Answer: There is no 'perfect' place to conduct a survey. The best place to conduct a survey is a private place that minimizes discomfort to the participant.

G. PROTECTION OF PERSONAL INFORMATION

When a study participant discloses personal information about him- or herself to a data collector in private, that participant is at risk of having that information become 'public'. That is, there is a risk that their personal information will not be kept confidential. The risk is that if someone outside the study learns about that individual's personal information, there could be negative consequences for the participant, like embarrassment, loss of employment, legal problems or damage to social standing. The research team is responsible for protecting the participant from this kind of injury by guarding the confidentiality of their information.

After a study participant has provided information, that personal information must be kept safe. No one without the proper authority should see or have access to the information. If the information is written on paper, then that paper should be protected until it is locked in a cabinet. It must only be seen and processed by study staff who are authorized by the study investigators to handle the information. If the information is electronic, then all necessary precautions should be taken to make sure that no unauthorized person can access it.

Sometimes a random participant ID number is used to identify the record so that no one will know which participant the data came from. Any document that links an ID number with the name of the respondent must be locked up and kept safe and secure. The research protocol must be followed to make sure that the study data are protected exactly as prescribed in the protocol.

Assessment Question 1: Why is it important to protect private information about someone's health, beliefs and practices?

- A. Revealing this private information could be embarrassing.
- B. It is not important to protect private information. If someone tells you something, others have a right to know.
- C. Knowledge about this private information could lead to loss of employment or wages.
- D. Answers A and C.

Answer: D. Answers A and C. Revealing private information about someone could be embarrassing and could lead to loss of employment or wages.

Assessment Question 2: Is the chief/head/leader of a community allowed to view study materials?

Answer: No. Only members of the study team can view the study materials.

Assessment Question 3: Which member of the research team is responsible for protecting study information?

Answer: Every member of the research team is responsible for protecting study information.

Assessment Question 4: How should documents that link participant data with their name be stored?

Answer: Any document that links the name of the participant with their data must be locked up and kept safe and secure.

H. RESPONSES TO PARTICIPANTS' QUESTIONS

A data collector will meet many people, including prospective participants, existing study participants, and curious onlookers not involved in the study, who will have questions about the study. Some people will not understand what 'research' is or will not know anything about the researchers who are leading or implementing the project. They may have all sorts of questions, some of which may not have anything to do with the study procedures at all.

Investigators will train data collectors to address the many questions and concerns that are likely to be expressed by people. This is because on a day-to-day basis in the 'field', it is the data collectors who represent the study when talking with possible participants and members of the community they are operating in. It is important for the data collector to show proper respect to all individuals and do their best to address concerns.

A data collector must be patient and answer any question that a participant asks, so long as s/he knows the answer. A data collector should never answer a question for which a clear answer is not known, because giving wrong information can be worse than giving no information, at least temporarily. If you are a data collector and a participant asks a question that you are not sure how to answer, do the following: tell the person that you do not have a confident answer to the question, that you will ask your field supervisor or other team member, and that you will pass that answer on to the participant as soon as possible. This is very important because it shows respect to the participant and it ensures that the information you pass on to the participant is accurate. When you think the participant has no more questions, you may ask, "Do you have any other questions?" to make sure that all questions have been addressed. If there are no more questions, then you may proceed.

Assessment Question 1: Who represents the study on a day-to-day basis: the principal investigator or the data collectors?

Answer: The data collectors represent the study on a day-to-day basis.

Assessment Question 2: Why is it important that a data collector be patient?

Answer: A data collector may be asked many questions and, in some cases, may be asked the same question by many different people. It is important to always be patient, polite and respectful.

Assessment Question 3: Let's say you momentarily forget that this study is being conducted by UNICEF. You have had a long day and the name of the organization has escaped your memory. Should you:

[select one answer]

- A. Say you can't remember who is conducting the study and move forward with the procedures anyway.
- B. Ask your field supervisor if he is available to answer the question.
- C. Give the name of any organization you can think of, so that you do not seem ignorant.

Answer: B. Everyone has tiring days and makes mistakes. It is best to first reach out to your field supervisor if you cannot remember important study details. You should never make up or falsify information, even if you feel embarrassed that you don't know the answer. It is better to cope with feeling momentarily embarrassed than to compromise the integrity of the study or to tell a lie. Your supervisor is there to support you with any questions or concerns you may have.

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2. DATA INTEGRITY

A. RESPECT FOR THE SCIENCE OF THE STUDY

Data are the 'product' of research. It is very important that the information collected, recorded and stored by the data collectors is correct. Scientists will use these data to answer the research questions identified in the research plan.

If the data have been incorrectly collected or recorded, then the answers that the scientists produce will also be wrong. People whose lives may be affected by the results of the study may be put at risk, because the answers and actions that follow will be wrong. So, it is very important that all data at all times are collected properly, recorded properly and stored properly. If you make a mistake doing any of these things, it is important that you tell your supervisor right away so that the investigators or research team leaders know about it. They may be able to fix the problem, or they will know that some data may not be usable and should be excluded from the analysis.

Assessment Question 1: What should a data collector do if they suspect they have made a mistake?

Answer: The data collector should tell their field supervisor immediately if they suspects they have made a mistake, no matter how small the mistake may be.

Assessment Question 2: What if the mistake is very small?

Answer: It does not matter how small the mistake may be, it is important to talk to a supervisor about any mistakes.

Assessment Question 3: Why should data collectors not be afraid to tell their supervisors about mistakes?

Answer: They should not be afraid to tell their supervisor because there are no negative consequences for admitting mistakes, and by admitting the mistake you enable the research team to prevent possible problems with the data analysis and research results.

B. COLLECTING, RECORDING, AND STORING STUDY DATA

This five-day training will spell out the project objectives and how the research team will reach those objectives. The particulars of data collection and recording study data are covered, and there is also a manual that goes into more detail about how those jobs will be done. The data collector must understand exactly how the data should be collected and recorded. The research team leaders will train the data collectors on this process. If the data collectors have any questions, they must not be afraid to ask them. If the data collectors do not ask questions when they are unsure of how things should be done, they will not be able to ensure that they collect, record and store the data correctly.

Once the training is complete, the data collectors can begin their job. Good data collection means following the instructions and accurately completing the data collection sheet and computer-assisted personal interviewing (CAPI) program. Proper recording includes making sure that the answers to questions are written clearly and legibly, in the correct place. The data collector must record the information with honesty and accuracy. Extra information that is not required in the data collection sheet should not be included. For example, if there is no space for 'name' or 'address' on the data collection sheet, then this is intentional and these data should not be recorded. No information should be 'made up' and recorded on the data collection sheet, even if you realize that you skipped a question and left a field blank by mistake.

Proper storing of data means that all safety precautions should be taken while transporting or transmitting the data to the ultimate storage place. Data collectors should not put the data collection sheets down where they might be lost, stolen or read by someone outside the research team. The data collection sheets should be given to the person responsible for storage, and that person should follow all

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the instructions to protect data confidentiality. If data are collected electronically, the same principles and rules of honesty, protection and care must be followed.

Assessment Question 1: What should you do with your surveys if you take a break?

Answer: You should give your surveys to your field supervisor if you take a break; they must never be left unattended even inside a bag or folder.

Assessment Question 2: What should you do with your surveys at the end of the workday?

Answer: All materials must be given to your field supervisor every evening. You should never keep any materials in your possession overnight.

Assessment Question 3: Why is it important not to be afraid to ask questions?

Answer: The training facilitators may not have covered every detail that you need or wish to know. If a data collector has a question but does not ask it, he or she will not be able to make sure the data are correctly collected, recorded and stored.

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C. DEVIATIONS FROM STUDY PROCEDURES

Sometimes a data collector is not able to follow study procedures through no fault of their own, and sometimes a data collector may make a mistake. It is very important to let the field supervisors know about these problems because the study supervisors have the responsibility to report such issues to the relevant Institutional Review Board(s) (IRB). There is no shame in reporting these kinds of problems; they happen all the time. If the data collector fails to report these problems, this could mean that the data are invalid. It also means that the study supervisor will not be able to report the problem to the IRB. A good data collector will communicate these issues to his or her supervisor as soon as the issue arises and let that person decide what action to take.

Assessment Question 1: When should you report potential issues to your supervisor?

- A. At the end of the workday.
- B. As soon as the issue arises.
- C. It depends on whether the issue is serious or not.
- D. You should talk to a fellow data collector first.

Answer: B. As soon as the issue arises.

Assessment Question 2: Whose job is it to decide what to do when there are problems?

Answer: It is the field supervisor's job to handle problems experienced by data collectors.

Assessment Question 3: Why is there no shame in reporting problems?

Answer: Problems happen all the time; everyone makes mistakes.

FINAL DISCUSSION AND QUESTIONS FROM THE GROUP

7.3 FIELD MOVEMENT PLAN

This field movement plan template can be used by the local research partner (LRP) to map the timing and logistics of the field activities. The plan can then be reviewed by the implementing organization (IO) to ensure the field movement plan aligns with the overall research timelines. The plan should list the activities involved during deployment to the study sites, indicating the dates on which those activities will take place in which sites. The plan should also indicate the number of expected structured interviews (SIs), focus group discussions (FGDs), in-depth interviews (IDIs) and supervisor observations/back-checks that are expected to be completed during each day of field work. An additional table of field team assignments can provide information on the make-up of each field team, along with the expected activity completion rates by each team member. These tables should be adjusted to include information that is applicable to your research.

Field movement plan											
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Region 1											
Distribute materials to field team	x										
Drive to study site	x										
Introductions and approvals with local authorities	x										
Household mapping		x									
Participant identification for structured interviews (SIs)		x									
Participant identification for qualitative FGDs/IDIs			x								
SIs			**48**	**48**	**48**	**48**	**48**				
FGDs				4	4	4					
IDIs				10	10	10					
Observations			4	4							
Back-checks					6	6	6				
Return home									x		

Region 2											
Distribute materials to field team	x										
Drive to study site			x								
Introductions and approvals with local authorities			x								
Household mapping			x								
Participant identification for SIs				x	x						
Participant identification for qualitative FGDs/IDIs				x	x						
SIs					30	30	30	30	30	30	
FGDs					6	6	6	6	6	2	
IDIs					12	12	12	12	12	5	
Observations					4	4	4				
Back-checks							2	6	6	6	
Return home											x

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Field team assignments												
No.	Name	Role	Type	AG 10–14	AG 15–19	Male CG	Female CG	CI	SN	Total	No. of days	No. per day
Region 1 Field Team												
1	Name	**Field supervisor**	QA	2 SI, 1 IDI, 1 FGD	2 SI, 1 IDI, 1 FGD	2 SI, 1 IDI, 1 FGD	2 SI, 1 IDI, 1 FGD	2 SI, 1 IDI, 1 FGD	2 SI, 1 IDI, 1 FGD	24	12	2
2	Name	**Quantitative data collector***	SI	12	12		12	6	6	48	12	4
3	Name	**Quantitative data collector**	SI			12		18	18	48	12	4
4	Name	**Qualitative data collector****	IDI	4	4	4	4	4	4	24	12	2
5	Name	**Qualitative note-taker**										
6	Name	**Qualitative data collector**	FGD	4	4	4	4	4	4	24	12	2

7	Name	**Qualitative note-taker**										
Region 2 Field Team												
1	Name	**Field supervisor**	QA	2 SI,								
2	Name	**Quantitative data collector**	SI	12	12		18	6		48	12	4
3	Name	**Quantitative data collector**	SI			6		18	24	48	12	4
4	Name	**Qualitative data collector**	IDI	4	4	4	4	4	4	24	12	2
5	Name	**Qualitative note-taker**										
6	Name	**Qualitative data collector**	FGD	4	4	4	4	4	4	24	12	2
7	Name	**Qualitative note-taker**										

* Quantitative data collector refers to 'interviewer' for SI.

** Qualitative data collector refers to 'facilitator' for IDI and FGD, and also to all 'note-takers'.

AG, adolescent girl; CG, caregiver; CI, community influential; FGD, focus group discussion; IDI, in-depth interview; QA, quality assurance; SI, structured interview; SN, social network.

7.4 SAMPLE FIELD WORK UPDATES TEMPLATE

This template can be used by the local research partner (LRP) to send the implementing organization (IO) updates on field work. While weekly updates are common and recommended, the IO and LRP should agree on the frequency with which the updates should be provided based on what works best for your project. Study area names should be listed on the left, based on the context of your research (to replace 'Region 1', etc.).

Study area	In-depth interview (IDI)			Focus group discussion (FGD)			Structured interview (SI)		
	Plan	Performance (as of *[ENTER DATE]*)	% completed	Plan	Performance (as of *[ENTER DATE]*)	% completed	Plan maximum*	Performance (as of *[ENTER DATE]*)	% completed
Region 1									
Region 2									
Region 3									
Region 4									
Total									

* The number in this column should be equivalent to or close to what was determined to feasible; e.g., if one interviewer can do four interviews in a day, then the planned maximum for two interviewers in two days should be 16.

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7.5 QUALITY CONTROL CHECKLIST FOR STRUCTURED INTERVIEWS

This table provides questions that a member of the core local research partner (LRP) team or an implementing organization (IO) staff member can use to assess the quality of data collection with the structured interview (SI). The 'Notes' column can be used to explain the answers to the questions and provide suggestions for resolution of any issues. Note that these are general questions, which should be adjusted to fit the needs of your project and quality control processes.

Topic	Yes	No	N/A	Notes
Participant selection				
Did the field supervisor obtain permission from the village leader or town/local authority for the interviewers to conduct the SIs?				
Was the field supervisor reachable by mobile phone?				
Is the number of data collectors (interviewers and note-takers) in the village/town the same as in the field movement plan? **(Notes should capture and explain any discrepancies)**				
Did the interviewer know how to contact the supervisor?				
Was the respondent selected according to the sampling protocol?				
Are the interviewer and respondent matched on gender? **(Notes should capture and explain any discrepancies, and should discuss how any issues was resolved)**				
Did the interviewer participate in the entire data collector training?				
Before the SI				
Did the field team members introduce themselves appropriately? **(i.e., clearly identifying themselves and their organization name)**				

Did the interviewer summarize the purpose of the study? **(Notes should capture the questions participants had and the answers that helped participants to understand)**				
Did the interviewer review the informed consent before starting the interview? **(Notes should capture the questions participants had and the answers that helped participants to understand)**				
Did the interviewer receive permission to conduct the interview?				
During the SI				
Was the interview being conducted in a location that would maintain privacy for the respondent? **(Notes should include any modifications necessary to ensure privacy)**				
Did the interviewer read out the information/questions from the CAPI?				
Did the interviewer read the complete question?				
Did the interviewer use ALL the props (visual aids/materials) to guide questions?				
Did the interviewer enter text responses clearly?				
Did the interviewer mark the appropriate box and write down the 'other' answer for non-listed responses ('others') under closed-ended questions? **(Notes should capture any difficulties in handling these responses)**				
Did the interviewer appear to be comfortable with the tool?				
Did the interviewer give the respondent adequate time to answer each question?				

Did the interviewer provide adequate and appropriate explanations if the respondent did not answer? **(Notes should include what explanations had to be provided to assist the participant in answering)**				
Did the interviewer over-probe despite evident respondent discomfort? **(Notes should mention questions where this happened)**				
Did the interviewer thank the participant?				
After the SI				
Did the interviewer debrief with the supervisor at the end of the day? **(Notes should include suggestions for debriefing)**				
Did the interview materials appear to be clearly organized? **(Notes should include suggestions for organizing the interview materials)**				

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7.6 QUALITY CONTROL CHECKLIST FOR FOCUS GROUP DISCUSSIONS (FGDS)

This table provides questions that a member of the core local research partner (LRP) team or an implementing organization (IO) staff member can use to assess the quality of the FGDs. The 'Notes' column can be used to explain the answers to the questions and provide suggestions for resolution of any issues. These are general questions that should be adjusted to fit the needs of your project and quality control processes.

Item	Yes	No	N/A	Notes
Participant selection				
Did the field supervisor obtain permission from the village leader or town/local authority for the facilitators to conduct FGDs?				
Was the field supervisor reachable by mobile phone?				
Were there two data collectors (facilitator and note-taker) at the FGD?				
Did the facilitators participate in the data collector training?				
Before the FGD				
Did the facilitators greet participants as they arrived?				
Did the field team members introduce themselves appropriately? **(i.e., clearly identifying themselves and their organization name)**				
Did the facilitators explain the purpose of the study to the participants? **(Notes should capture the questions participants had about the purpose of the study and the answers that helped participants to understand)**				
Did the facilitators go over the informed consent form? **(Notes should capture the questions participants had about the informed consent form and the answers that helped participants to understand)**				

Did the facilitators inform the participants that an audio recording would be made of the FGD? **(Notes should capture the questions participants had about the recording and the answers that helped participants to understand)**				
Did the facilitators answer any other questions from the participants? **(Notes should capture the questions participants had and the answers that helped participants to understand)**				
Did the facilitators receive verbal informed consent or assent from each of the participants?				
Did the facilitators audio record the FGD appropriately?				
During the FGD				
Was the FGD held in a place where the questions and answers could not be overheard? **(Notes should include any modifications necessary to ensure privacy)**				
Did the facilitators have the necessary materials (e.g., flip charts, markers) for the FGD activities? **(Notes should include any additional materials that would enhance the FGD or materials that were present but were unnecessary)**				
Did the facilitators appear to be familiar with the questions? **(Notes should mention which questions the moderators were unfamiliar with)**				
Did the facilitators speak clearly (without rushing) when asking the questions? **(Notes should capture any issues in moderators asking the question)**				
Did the facilitators give the participants adequate time to respond to each question? **(Notes should include the amount of time needed)**				

Did the facilitators provide adequate and appropriate further explanations or examples if the participants did not respond? **(Notes should include what explanations/examples had to be provided to prompt responses from the participants)**				
Were there any problems in completing 'Activity 1: Body Mapping' with the participants? **(Notes should identify any problems and how they were addressed/resolved)**				
Were there any problems in completing 'Activity 2: 2x2 Tables' with the participants? **(Notes should identify any problems and how they were addressed/resolved)**				
Were there any problems in completing 'Activity 3: Free Listing' with the participants? **(Notes should identify any problems and how they were addressed/resolved)**				
Were there any problems in completing 'Activity 4: Gender Boxes' with the participants? **(Notes should identify any problems and how they were addressed/resolved)**				
Did the facilitators thank the participants?				
After the FGD				
Did the facilitators debrief with the field supervisor at the end of the day? **(Notes should include suggestions for debriefing)**				
Did the FGD materials appear to be clearly organized? **(Notes should include suggestions for organizing the materials)**				

7.7 QUALITY CONTROL CHECKLIST FOR IN-DEPTH INTERVIEWS (IDIS)

This table provides questions that a member of the core local research partner (LRP) team or an implementing organization (IO) staff member can use to assess the quality of the IDIs. The 'Notes' column can be used to explain the answers to the questions and provide suggestions for resolution of any issues. These are general questions that should be adjusted to fit the needs of your project and quality control processes.

Item	Yes	No	N/A	Notes
Participant selection				
Did the field supervisor obtain permission from the village leader or town/local authority for the interviewers to conduct IDIs?				
Was the respondent selected according to the sampling protocol?				
Was the field supervisor reachable by mobile phone?				
Was there a note-taker present for the interview?				
Did the interviewer participate in the data collector training?				
Did the note-taker participate in the data collector training?				
Before the IDI				
Did the field team members introduce themselves appropriately? **(i.e., clearly identifying themselves and their organization name)**				
Did the interviewer explain the purpose of the study to the participant? **(Notes should capture the questions the participant had about the purpose of the study and the answers that helped them to understand)**				
Did the interviewer go over the informed consent form? **(Notes should capture the questions the participant had about the informed consent form and the answers that helped them to understand)**				

Did the interviewer inform the participant that an audio recording would be made of the IDI? **(Notes should capture the questions the participant had about the recording and the answers that helped them to understand)**				
Did the interviewer audio record the FGD appropriately?				
During the IDI				
Was the IDI held in a place where the questions and answers could not be overheard? **(Notes should include any modifications necessary to ensure privacy)**				
Did the interviewer have the materials required (e.g., charts, markers) for the interview activities? **(Notes should include any additional materials that would enhance the IDI or materials that were present but were unnecessary)**				
Did the interviewer appear to be familiar with the questions? **(Notes should mention which questions the interviewer was unfamiliar with)**				
Did the interviewer speak clearly (without rushing) when asking the questions? **(Notes should capture any issues the interviewer had asking the question)**				
Did the interviewer give the participant adequate time to respond to each question? **(Notes should include amount of time needed)**				
Did the interviewer provide adequate and appropriate explanations or examples if the participant did not respond? **(Notes should include what explanations/examples had to be provided to prompt responses from the participant)**				

Were there any problems in completing 'Activity 1: I am' with the participant? **(Notes should identify any problems and how they were addressed/resolved)**				
Were there any problems in completing 'Activity 2: Lifeline' with the participant? **(Notes should identify any problems and how they were addressed/resolved)**				
Were there any problems in completing 'Activity 3: Social Network Mapping' with the participant? **(Notes should identify any problems and how they were addressed/resolved)**				
Were there any problems in completing 'Activity 4: Vignettes/Complete the Story' with the participant? **(Notes should identify any problems and how they were addressed/resolved)**				
Did the interviewer thank the participant?				
Did the interviewer receive permission to conduct the interview?				
After the IDI				
Did the interviewer debrief with the field supervisor at the end of the day? **(Notes should include suggestions for debriefing)**				
Did the interview materials appear to be clearly organized? **(Notes should include suggestions for organizing the interview materials)**				

STEP 8
CLEAN AND ANALYSE DATA

8.1 QUANTITATIVE DATA CLEANING CHECKLIST

This table provides questions to guide the LRP when cleaning the quantitative data from the structured interviews. Any issues or comments of importance can be recorded in the 'Notes' column. While these questions emerged from issues or points that were raised during ACT validation, you should add, remove or revise items to fit the needs of your project.

Item	Yes	No	N/A	Notes
Were all interviews completed? (i.e., do the number of rows of data match the number of interviews reported as being conducted by the field team?)				
Are incomplete interviews (those with less than 80% of questions answered, or whatever cut-off is decided by the team) removed from the dataset?				
Are all data measures (e.g., string, numeric) correctly assigned?				
Is a unique ID provided for each interview?				
Are there any duplicate interviews?				
Is the age and respondent type consistent? (e.g., there are no 25-year-old 'adolescent girls')				
Is gender and respondent type consistent? (e.g., there are no 'adolescent girls' recorded as male or 'male caregivers' recorded as female)				
Is age and marital status consistent?				

Is age and occupation consistent?				
Are demographics and basic information all consistent for each respondent?				
Are all 'Don't know' responses coded in the same way? (e.g., 999)				
Are all 'Declined to respond' responses coded in the same way? (e.g., 888)				
Are all 'Other' responses coded in the same way? (e.g., 777)				
If more than 5% of respondents answered 'Other' to a single question, were the individual responses post coded?				
Were all the post coded individual responses to 'Other' in the same language? (e.g., all in English, all in French, etc.)				
Are all label variables and values labelled? (e.g., responses are labelled as 'Yes' and 'No' and not left as only numbers '0' and '1')				
Were all value labels checked for consistency of spelling and capitalization (e.g., 'Yes', 'yes', 'YEs', 'Y' and 'y' should count as the same response)?				
Were all answers recorded under the appropriate question (do all answers make sense)?				
Are missing values coded in the same way?				
Are questions with Likert scales all going in the same direction? (e.g., All questions with response options ranging from 'Not confident at all' to 'Very confident' should have 1 as 'Not confident at all', and 5 as 'Very confident')				

Were questions that should have only been asked to respondents of a certain gender asked only to respondents of that gender? (e.g., Question L.1 "Have you undergone FGM?" should only be asked to female respondents, so check that there are answers from female respondents only)				
Were questions that should have only been asked to respondents of a certain respondent type asked only to respondents of that type? (e.g., Question L.3 "Has your eldest daughter undergone FGM?" should only be asked to caregivers, so check that there are answers from caregivers only)				
If new responses were added for M.1, were the variable names and labels properly added to M.2, M.4, M.5, M.8 and P.2 also?				
If new response categories were added for M.14, were the variable names and labels properly added to M.14?				
For section 10 (N questions) on 'Injunctive Norms', do the questions match what was decided in section 6 (D questions) and section 7 (E questions)?				

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8.2 QUALITATIVE DATA CLEANING CHECKLIST

This table provides questions to guide the local research partner (LRP) when cleaning the qualitative data (FGDs and IDIs). Any issues or comments of importance can be recorded in the 'Notes' column. While these questions emerged from issues or points that were raised during ACT validation, you should add, remove or revise items to fit the needs of your project.

Item	Yes	No	N/A	Notes
Did all transcribers and translators use the same format (including font size and type) when entering data?				
Is a unique ID provided to all documents for or prior to data entry?				
Are demographics and basic information all consistent for each respondent?				
Was the transcription done in a verbatim way?				
For IDI Activity 2 (Lifeline), was the flowchart with the skip patterns followed?				
For IDI Activity 4 (Vignettes/Complete the Story), were all examples the facilitator provided to help participants entered in the same way?				
For FGD Activity 1 (Body Mapping), were all additional probes entered in the same way?				
For FGD Activity 3 (2x2 Tables), do the number of tallies match the number of participants?				
For FGD Activity 4 (Free Listing), were all examples the facilitator provided to help participants entered in the same way?				
Were all answers recorded under the appropriate question for each respective activity?				
Were all emerging themes recorded under the appropriate question for each respective activity?				
Were all questions that were skipped because the participant did not want to answer noted in the same way?				

STEP 9

DISSEMINATE RESULTS

THE IO WILL PROVIDE TEMPLATES FOR THESE TO THE LRP.

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