RARE Project
Field Assessment Training
Methods Workbook

(January, 2000)

Robert T. Trotter, II
Richard H. Needle

Section 1
RARE Training Introduction

1. Introduction to CBC RARE Project

In 1999, the Office of Public Health and Science (DHHS) announced the availability of technical assistance teams, known as crisis response teams (CRT's), to provide multidisciplinary technical assistance to cities highly impacted by HIV/AIDS within racial and ethnic minority communities (Federal Register 63:247 pp. 71290, Dec. 24, 1998). The HIV/AIDS epidemic has disproportionately affects racial and ethnic minority populations nationally, especially in major metropolitan areas and urban centers. The CRT program was developed to work in partnership with local community officials, public health personnel and community leaders. Its purpose is to create a local infrastructure that can further assess the local HIV/AIDS epidemic, implement culturally effective intervention strategies, and evaluate the impact of those interventions at the local level.

The purpose of the CRT program is to assist communities to identify potential strategies to enhance prevention efforts, and to maximize community health, support and services networks and to provide access to care for the most vulnerable populations. The findings of the crisis response team and the community participants will be provided to local elected and health department officials, the HIV community planning groups, and the planning councils for their consideration and action. The methodological basis for the CRT and community groups is the use of a Rapid Assessment, Response and Evaluation (RARE) approach to assessment and program implementation.

The CRT's provide technical assistance only at the request of the chief elected official (CEO) of an eligible jurisdiction, in collaboration with the director of the local health department and State/local HIV community planning groups and HIV planning councils. The CRT technical assistance is initiated by a letter of request from the CEO and the director of the local health department. The eligible jurisdictions include communities that had the following criteria. 1) eligible metropolitan statistical areas with populations of 500,000 or greater, 2) 1,500 or greater living AIDS cases among African Americans, 3) at least 50 percent of living AIDS cases within the MSA are African American and Hispanic American combined, and 4) a written request from the CEO to the U.S. Secretary of Health and Human Services requesting a crisis response team, indicating cooperation from the key health department jurisdictions, and a confirmation of the commitment of local officials to work with the communities most impacted by HIV/AIDS over a sustained period..

This methods workbook is designed to provide a basic introduction to Rapid Assessment, Response, and Evaluation (RARE) strategies that are being applied by the OHAP (Office of HIV/AIDS Policy) crisis response teams as part of the technical assistance program to eligible communities. It is also designed to provide the background materials and training exercises that will assure high quality data collection by local RARE field teams. These methods are processes that can be used in the United States, to provide a rapid response to the threat of continuing and increasing HIV transmission in local communities. The guide provides definitions of the RARE processes, establishes a rationale for rapid assessment and response, and provides a model for conducting the data collection that is necessary to produce targeted rapid responses in communities.

2. Aims

This workbook describes the Office of HIV/AIDS Policy CRT RARE approach that will be used to conduct rapid assessment and response programs in eligible U.S. metropolitan areas.

a. <u>What is RARE</u>?

RARE is a program for rapid assessment, community response, and evaluation. Rapid assessments are community based projects that collect the data necessary to help communities make decisions about appropriate interventions for health and social problems. In this case, the problem is an increase in HIV infections among local populations. The assessment methods are drawn from ethnography, epidemiology, survey research, other forms of qualitative research, and from evaluation research.

b. <u>Aims and objectives of the workbook</u>.

The objectives of the RARE methods workbook are to:

- describe the processes that are necessary to conduct rapid assessments
- provide a structure that assists the development of appropriate interventions

- outline the key behaviors, beliefs, cultural processes and topics that need to be investigated
- describe the methodological rationale for using RARE
- describe and provide models for the field research methods use in RARE
- describe sources of data used in a rapid assessment
- provide a model for using rapid assessment to build an action plan for intervention
- describe how the rapid assessment process and outcomes can be evaluated

4. **Scope of RARE**

RARE processes are designed to be used in communities that range from rural areas, to small towns and large metropolitan areas. The scope can vary from single homogeneous groups to multiethnic communities. The actual geographic and cultural parameters of the assessment will vary from place to place, time to time, and from issue to issue The methods described in this guide are designed to accommodate these varying levels of focus, and they must be modified in terms of the sample sizes, the mixture of methods used, and the focus of the data collection, to meet local needs and accommodate local conditions.

> **One of the key features of the RARE approach is that data must be collected from many different sources, using a variety of assessment methods. This process, called triangulation, allows the RARE team to continually check the reliability, validity, scope, and interpretation of the data collected. This allows them to determine the types of information that are needed to create an excellent intervention that meets all of the important local needs.**

The rapid assessment process consists of a number of *inter-dependent* parts. The findings gained from one research method are also relevant for answering questions in other areas of assessment. One of the main principles of RARE is that the methods and data are *not* simply used *sequentially* but are used *interactively* and *in combination* with each other. This allows the RARE team to be creative, comprehensive, and responsive to local conditions and needs.

4. PRINCIPLES OF RAPID ASSESSMENT, RAPID RESPONSE

The RARE process has its roots in the early rapid assessment processes developed in anthropology and other disciplines, which were designed to provide national and international organizations with the information they needed to deal with emerging crises. These crises ranged from influxes of refugees, to emerging disease conditions, to a need for rapid economic development and response to changing ecological conditions. The original rapid assessment model was one where experts with significant experience in a culture or area were brought in to determine the best advice for dealing with a specific problem. They were often brought in at the request of an international organization that was hoping to solve the problem through the application of outside expertise. This process then evolved into a model proposed and utilized by the World Health Organization, called Rapid Assessment and Response (RAR) projects (Stimpson et al. 1999). RAR projects utilize a technical assistance approach directed at establishing local infrastructure to conduct the rapid assessment. This approach is linked to a

need for creating a local response, not one imposed from the outside. The RARE model takes this approach one step further, adding an locally responsive evaluation component, to make the process not only community based, but one that can provide the community with a direct measure of the impact of its intervention effort.

a. Origins of RAR

Rapid assessment programs have been sucessfully applied across a diversity of issues. International examples include programs that focus on sanitation, suicide, malaria, epilepsy, diarrhoea, HIV and AIDS, as well as substance and alcohol use (Herman, 1993; Scrimshaw et al, 1990; Almedom, Blumenthal & Manderson, 1997; Shuiyuan, 1997, Agyepong et al, 1995; Long, Scrimshaw & Hurtado, 1988). In the recent past there have been increasing efforts to establish formal principles of rapid assessment and to clarify the research methodologies used for these projects (eg. Manderson and Aaby, 1992, and the WHO RAR manuals cited in the acknowledgement section).

Most of these programs have been established in developing countries, but the basic principles make them appropriate for use in communities in developed countries as well, wherever there is a need for quick turn around of data for policy development and application. Rapid assessment projects are designed to be conducted quickly and they focus on practical outcomes. Stimpson et al. (1998, 1999) have identified nine key features that distinguish rapid assessment from other forms of data collection.

b. Nine features of RAR

- *1. Speed.*

Time is of the essence when tackling rapidly unfolding social and health problems. The diffusion of new patterns of substance use and associated problems may occur more rapidly than the time it takes to undertake conventional research.

- *2. Cost-effectiveness.*

RAR uses research techniques that have a high output of information in relation to input of research effort. There is a preference for cheap sources of information.

- *3. Relevance to interventions and practical issues.*

Rapid assessments are used to assist the development of interventions. They are not an end in themselves. The utility of a rapid assessment may be judged by its adequacy for decision making rather than by its scientific rigor alone.

- *4. Strengthening of local responses.*

Rapid assessments involve the community and those who will be involved in developing

interventions, or advocating on their behalf.

- *5. Use of available data.*

New data gathering exercises (such as surveys) are undertaken only where the existing sources of information are inadequate.

- *6. Multiple methods and data sources.*

RAR combines various methods and sources of data. A single method or source of data cannot encompass all aspects of complex social problems, particularly those that are sensitive and tend to be hidden. An overview is constructed from various data sources which individually may only offer a partial and incomplete description.

- *7. Investigative orientation and inductive analysis*.

Rapid assessments adopt a 'detective' approach. In many societies there may be a cultural or political incentive to deny the existence of various activities, and this is particularly significant with respect to substance use and sexual behavour. The advantage of RAR methods over other social science approaches is that it encourages the constant cross checking of information from various sources. For example, key informants' accounts can be checked against observations. Investigators work 'inductively' and build up their conclusions by collating and checking from a wide range of information.

- *8. Multi-level analysis.*

There is a need to see the problem in the social, cultural, religious, political and historical context. Rapid assessments commonly move across several levels of investigation in order to identify different levels for intervention. All societies are in a state of dynamic change, particularly those in developing countries. Substance use problems may be emerging or rapidly developing and may be linked beyond the community level with structural and economic features of these countries.

- *9. Scientific Adequacy rather than scientific perfection.*

Reliability and validity are established through cross-checking multiple sources of data - sometimes referred to as 'data triangulation'. Triangulation means getting information from different and multiple sources, often using different methods, until the researcher is confident of the validity and representativeness of the information, and of the diversity, conflicts and contradictions within a society. RAR methods are potentially more rigorous, reliable and valid, than investigations that use a single research method or data source.

This ninth area is one in which RAR and RARE differ in their basic premises. While scientific perfection is very difficult to reach, even within an experimental laboratory, the advances in qualitative sampling, methodological design, and analysis strategies in qualitative research in the past five years has lead to much greater rigor and defensibility of RARE data than is assumed by the RAR model.

b. Relationship between rapid assessment and intervention development

The data collected during the RARE process are focused and filtered by the ultimate goals of the project; to find effective, and inexpensive interventions that will stop the spread of HIV in local communities. These interventions can be new, can be expansions of existing interventions, or can be cultural modifications of available intervention designs. There is a direct relationship between the questions that are asked, the ultimate goals of the project, and the final outcomes. The result is a community based, community informed development of a culturally competent and locally responsive set of actions that have a high probability of being adopted and successfully carried out at the local level.

It is understood from the inception of the project that any local response will be influenced by social, cultural, political, religious, ethical and economic factors. Interventions will have to be made locally acceptable, and feasible. The goal of the rapid assessment process is to provide the information that is necessary for the local community to make informed decisions about the kinds of interventions that are required, the resources that are needed, and the types of programs that are acceptable to the community. This implies that rapid assessments should only be undertaken at times and in places where there is already a commitment to do something. However, rapid assessments can also be used to alert leaders and local organizations to new problems, or to critical changes in existing problems, where actions and responses will also need to be changed.

RARE projects must be closely linked to the development and evaluation of interventions. This means that the RARE process needs to provide an appropriate methodology not only for *planning* interventions, but also for assessing the *development* and *implementation* of interventions. In many cases this means that rapid assessment must be treated as a cyclical process, not a linear process, where it is necessary to gather information, develop interventions, evaluate them, and then conduct the rapid assessment to determine how the interventions have hand an impact on local conditions.

5. **ASSESSMENT MODULES**

The OHAP RARE assessment modules provide the primary organizational structure for the RARE field data collection program. They provide a model for collecting the information that will successfully guide the choice and the implementation of the RARE interventions.

There are four data modules that provide the data for the assessment process. There are

- Initial Local Data Profile
- Contextual Assessment
- Risk, Protective Factor and Consequences Assessment
- Intervention Assessment

The Initial Local Data Profile is assembled prior to the initial consultation meeting (CEO and Community Advisory Council orientation visit). It is a local community data profile is created by

the OHAP CRT (Crisis Response Team), in collaboration with local and federal agencies. The local data profile consists of all readily available epidemiological data, planning data, information on local intervention and treatment programs, and local demographic conditions that are germane to the project. It is used to help the community advisory group guide the overall direction of the field based assessments. These data bases help target the field assessments by identifying key local conditions, including, 1) who will be the selected vulnerable populations that are the targets of the field assessment, 2) what are the geographical locations that should be investigated by the field team, 3), which are the priority types of risky behaviors that need to be investigated by the RARE team, and 4) what is the primary outline of the cultural context of risk and infection in the local community.

The RARE field assessment modules (Contextual Assessment, Risk-Protective-Consequence Assessment, and Intervention Assessment) are conducted once the primary focus (selection of vulnerable groups and risk behaviors) has been identified by the initial consultation. These modules are designed to explore the important characteristics of the population that is most in need of intervention, the local context and behavioral changes that impact that intervention, and the most culturally appropriate design for the intervention.

a. Initial Local Data Profile

The RARE OHAP CRT team is responsible for preparing an initial consultation database. The data is collected, and summarised from all of the available federal and local sources, including CDC, NIH, DHHS, etc. This data provides a profile of risk and intervention opportunities based on epidemiological data, prior surveys, planning documents, and research databases. It is presented to the community CEO and the Community Advisory Board as part of the information available during the initial consultation visit of the OHAP RARE team. The data is valuable in helping the CEO and CAC determine the populations most at risk in their community, the types of behaviors and contextual conditions that should be further investigated (information gaps that impact the development of localized interventions), and the potential interventions that could be established in the community to reduce AIDS risk, increase treatment efficacy, and delay the transition to AIDS. One of the primary purposes of this information is to help identify the information gaps that will be addressed by the RARE field team rapid assessment process.

The basic elements of the initial consultation database and visit are summarised below:

Aims and objectives

The Initial Consultation provides information to the community and identifies information gaps that must be addressed by the field assessment process. The data helps identify vulnerable populations that need to be assessed, behaviors that need to be accommodated in an intervention, and the local cultural and community context that has to be addressed in order for the interventions to be successful.

Key areas for the initial profile

The main elements are:

- identifying the level of existing knowledge regarding HIV interventions and related health and social consequences in the local community
- establishing the priorities for addressing the main problems regarding HIV from the perspectives of different stakeholders
- establishing the RARE team at the local level, including identifying the individuals, organizations and populations that need to be included in the RARE project as a whole, and the field assessment team in particular
- training the CEO and CAB on the scope and focus of the assessment
- identifying and committing the resources necessary to carry out the field assessments
- providing and overview of methodological and practical parameters of the rapid assessment
- establishing community involvement in the rapid assessment

Methods and data sources

The Initial Consultation is undertaken through meetings with the RARE team, the community CEO and the CAB (local experts and key informants in the fields of HIV, social research, and public health).

Outcomes

The outcomes for the initial assessment are 1) a data base and assessment presented to the CEO and CAC, 2) establishment of the RARE field team, and commitment of resources to the RARE project. The Initial Consultation preliminary findings feed directly into the planning of the rapid assessment and the eventual development of the action plan.

Aims and objectives

The Initial Consultation initiates the RARE project at the local level. The process includes compilation of the initial community profile data base, the community CEO orientation meeting and the CAC orientation meeting. The initial consultation also provides the basic structure for the creation of the RARE field team and the subsequent field data collection and assessment (Rapid Assessment).

Aims of the Initial Consultation:

The Initial Consultation allows the community to :

- to make initial judgements about the scope and focus of the assessment
- creates a forum to involve local stakeholders in the RARE process
- establishes the RARE field assessment team

Four principles of the consultation

There are four organizing principles that guide the Initial Consultation. These are:

Four principles of the Initial Consultation:

- It allows the community to explore and discuss existing knowledge in order to avoid duplicating existing work and to build on community strengths, while identifying gaps in knowledge that need to be filled.
- It provides the process that allows community stakeholders to *decide* (prioritize) what new information needs to be collected.
- It allows the community stakeholders to focus on information that will lead to *practical* outcomes.
- It provides a mechanism to *involve* stakeholders and the community in the assessment and implementation phases of the interventions.

The first principle is that the initial consultation allows the community to identify the scope and focus of the rapid assessment that will take place in their community. The rapid assessment works best when it is directly linked to the local situation, particularly in terms of the extent and nature of existing knowledge, compared with gaps in that knowledge that need to be filled to produce locally acceptable and effective interventions. It takes advantage of the existing expertise on health problems associated with HIV risks and consequences in the local community.

The second principle is the need to strike a balance between available knowledge and the need for new information. Some information will be available, but it needs to be highly focused and directed at the actual intervention needs of the community, not simply generic. The information gaps need to be filled to localize knowledge about key conditions that would have an impact on interventions. Existing knowledge can provide *initial indicators* of what should - and what should not - be targeted by the rapid assessment, and by the interventions. Participants in the Initial Consultation, including local research, intervention and policy experts, should be encouraged to use their existing knowledge creatively. This means sharing the information and experiences available in one part of the community, which may be very different, and even contradict, the knowledge and experiences in other stakeholder groups. One function of the rapid assessment is to follow up initial ideas in an investigative and inductive manner, and to either resolve these discrepancies, or identify their causes

and consequences.

The third principle is that the practical needs for successful interventions are paramount. The success of local rapid assessments is dependent on the production of practical findings for populations at greatest risk of, and in greatest need of interventions and services. It is also dependent on the ability of the RARE team, especially the local assessment team, to provide information that can be directly translated into meaningful and successful local adaptations of existing interventions.

The fourth principle is that the involvement of stakeholders, and the overall community, is critical to the success of any rapid assessment, in terms of whether it leads to appropriate interventions. Inviting key stakeholders to participate in the project from initial consultation through implementation and evaluation increases the chance of success of any future intervention. Key stakeholders should actively be consulted regarding the parameters of the RARE assessment and the likely applicability of rapid assessment findings. The following key questions help guide the preconsultation data assessment process.

There are a number of key questions that can guide the initial consulation:

Key questions to help plan the Initial Consultation:

- What is the level of existing knowledge regarding local HIV risks and consequences?
- What are the main problems of initiating successful interventions, from the perspectives of different stakeholders?
- What individuals, organizations and populations need to be included in the rapid assessment?
- What is the best scope and focus of the local assessment?
- What resources are available to conduct the assessment and implement interventions?
- What are the methodological and practical parameters of the rapid assessment?
- what kind of community involvement in the rapid assessment is desirable and feasible?

These key questions should be used to guide and direct the Initial Consultation processes.

Methods and data sources

The Initial Consultation is undertaken *before* the field portion of the rapid assessment begins. The information generated should provide the local RARE team (CEO, CAC and Field Team, supported by CRT technical assistance) with enough data for preliminary judgements to be made about how to plan and conduct the assessment, and to begin preparations for the initiation of interventions.

Possible participants in the initial consultation include: The community CEO (Chief Elected Officer) and stakeholder representatives (Community Advisory Council) from: government and municipal departments - including health, education and criminal justice; health and community organizations; hospital and community health clinics; non-governmental organizations; community based organizations, social science and health researchers; youth affairs; educationalists; political

and policy organizations; and international agencies active in the study area. It should also include any individuals who have been identified as part of the RARE field assessment team, prior to the initial consultations.

Outcomes

The primary outcomes of the initial consultation is the involvement of key community representatives in the assessment process, the establishment of the RARE field assessment team, and an agreement on the part of all stakeholders to utilize the assessment data to complete an action plan that 1) identifies critical vulnerable populations, 2) identifies appropriate interventions to stop the spread of HIV infection, improve treatment programs, and/or stop the progression to AIDS and reduce mortality among infected individuals, 3) provides the infrastructure for implementing the interventions, and 4) provides the infrastructure and resources to evaluate the outcomes of the interventions.

b. Contextual Assessment Module

The contextual assessment is one of the three field assessment modules that form the core of the RARE rapid assessment program. The contextual assessment helps identify the important social and physical (environmental) contexts within the community. It provides key information on the places and social conditions that make individuals vulnerable to HIV infection. It provides information on the environmental conditions that affect individuals that are in need of services after infection and on people who are in need of services to minimize the impact of HIV infection (treatment and prevention of progression to AIDS). Following the CAC identification of the vulnerable populations, this assessment is an important source of data for understanding the social and environmental conditions they face, the values that have an impact on their participation in both prevention and treatment programs, and the conditions that must be overcome (or reinforced) in order for successful interventions to be developed which take advantage of existing local conditions.

The following information summarizes the objectives and processes involved in the contextual assessment.

Aims and objectives

The purpose of the contextual assessment is to describe the structural and sociocultural factors which may influence patterns of behaviors related to HIV risk and protection, to seeking and utilizing services, and to defining the environments within which prevention, treatment, and care programs operate**. These are primarily descriptions of time, place, and sociocultural processes within the context of HIV risk taking and protective behaviors. This module answers basic questions about WHERE people do things, WHY the do them, and HOW the social and physical environments have an impact on peoples lives.**

There are multiple *contexts* to be addressed. They include:

- geo-environment, population, health context
- social structure, values and beliefs, religion and the economy
- policy, government and administration

Key areas of assessment

There are six *areas* addressed by the Contextual Assessment. These are:

- the environmental factors likely to facilitate the spread of HIV, and its consequences
- the social factors likely to protect certain groups from HIV and its consequences
- the environmental factors increasing the adverse health and social consequences of HIV
- the environmental factors decreasing the adverse health and social consequences of HIV and its consequences
- the social and environmental actors that make certain groups vulnerable to infection or progression towards disease and mortality
- the environmental factors likely to hinder the development and implementation of prevention, care and treatment interventions
- the environmental and social factors are likely to enable the development of prevention, care and treatment interventions

There are several basic Context Assessment Questions

- Who are the vulnerable populations within each key context?
- Which locations produce the most intensive risk configurations that must be addressed?
- What types of behaviors, and behavioral processes or sequences are associated with each key sociocultural and structural context condition?
- What are the key cultural elements that are associated with risks and contexts?

Methods and data sources

The module uses mainly

- *existing sources of information* from government, social, political and economic agencies
- supplemented by *key informant* interviews, focus groups, and direct observations.

Outcomes

The context assessment will run concurrently with other assessments. The outcomes of this assessment include profiles of key contextual conditions that directly impact our ability to develop interventions in the area of prevention, treatment, and care.

Each city and community has a unique mix of social, religious and cultural characteristics, practices, laws and economic resources. Many of the conditions that influence HIV risks and consequences are connected with the broader social context (resources, friends, institutions, community conditions) in which people live their lives. These are often conditions that are out of the control of the individual, and must be addressed on a community basis. There are major differences between communities (geodistributions, values, resources, etc.) that affect the distribution of HIV risks and consequences. These structural and sociocultural factors determine or influence which groups are affected and to what extent they can participate in effective interventions and services. These conditions also change over time. The social and cultural context of the community are directly associated with both positive and adverse health and social consequences, and the suitability of various public health interventions.

The Contextual Assessment is used to identify the main factors that affect the nature and extent of HIV risks and consequences and the abilities of communities and individuals to respond to it.

The module has three aims. These are to:

- *identify factors that influence HIV risks and consequences,* and in particular to identify environmental and sociocultural factors that may *be facilitating* or *discouraging* the spread of HIV risks and consequences and which make certain groups vulnerable - or resistant to - HIV risks and consequences.

- *identify factors that influence adverse health and social consequences,* and in particular those environmental factors that *are increasing* or *decreasing* the harm associated with HIV risks and consequences.

- *identify factors that influence the development of interventions,* and in particular those that *hinder* or *enable* the development of interventions.

The contextual Assessment is directed at discovering and interpreting the level of structural and sociocultural factors that have a direct positive or negative consequence on proposed interventions. These are factors that are often beyond the immediate influence of individual people. They include the demographic structure of the country, the economic system, the political system, the way services are organised and delivered, as well as cultural and religious beliefs and practices.

There are three main *areas* addressed by the CA.

1. Questions concerning influences on the spread of HIV risks and consequences:
    - what environmental factors (time, place, social conditions) are likely to facilitate the spread of HIV risks and consequences?
    - what environmental factors (time, place, social conditions) are likely to discourage the spread of HIV risks and consequences?

2. Questions concerning influences on the adverse health consequences of HIV risks and consequences:

- what environmental factors (resources, programs, problems, conditions) increase the adverse health and social consequences of HIV risks and consequences?
- what environmental factors (resources, programs, problems, conditions) factors decrease the adverse health and social consequences of HIV risks and consequences?

3. Questions concerning influences on public health interventions:

- what factors (values, resources, beliefs, environmental conditions) are likely to hinder the development of interventions?
- what factors factors (values, resources, beliefs, environmental conditions)are likely to enable the development of interventions?

Topics of assessment

This module has the broadest coverage of any of the modules in a rapid assessment. The following list (paraphrased from Stimpson et al. 1999) gives some examples of the topics which need to be considered during the contextual assessment. Local conditions may increase or decrease the importance of these elements, and may add other elements to the list.

- Geographical and environmental conditions
- population demographics
- public health conditions, disease, resources priorities
- political structure
- local economic conditions
- household economy and family structure
- migration and mobility
- ethnic groups and social divisions
- religion, values, ethical considerations for participation in interventions
- communication channels: languages and literacy, media and transportation
- role of men and women
- governmental programs
- health services
- educational system
- criminal justice system
- social security system
- norms and values - national, community, religious, ethnic
- role of local community organizations
- capacity for research and evaluation

The key questions that form the conceptual background for the contextual assessment can be divided into three sections to cover three areas of the assessment. (Adapted from Stimpson et al. 1999).

1. Factors that facilitate or discourage the spread of HIV risks and consequences

- Are there particular social groups who are vulnerable to HIV risks and consequences?
- Are there any racial, ethnic or other divisions in society which have an impact on HIV risks and consequences?
- What is the effect of the laws regarding HIV risks and consequences? How are the laws implemented?
- What is the role, effectiveness and fairness of the police, courts and prisons in relation to potential interventions?
- Are there features of the geographical environment that facilitate or constrain the spread of HIV risks and consequences?
- Are there significant movements of population (including migration and tourism) at a regional, national and international level that are relevant to the spread of HIV risks and consequences?
- What economic features are important to understanding the spread of HIV risks and consequences (e.g. occupational groups, mobility, urbanisation, income inequalities or other social disadvantages)?
- What features of the political and economic environment might contribute to the spread of HIV risks and consequences (e.g. economic uncertainty, rapid political change)?

Key questions to guide the assessment

2. Factors that exacerbate or ameliorate the adverse health consequences of HIV risks and consequences

- Does the health care system provide care and treatment for people with HIV risks and consequences problems.
- Are there movements of population (including migration and tourism) at a regional, national and international level that are relevant to the health consequences of HIV risks and consequences ?
- What aspects of the role of men and women affect the consequences of HIV risks and consequences?
- What are the key health problems that affect the population and which have an impact on HIV risks and consequences ?
- Does the social welfare system help people with HIV risks and consequences problems?
- What variety of views are held about HIV risks and consequences by different sectors of the population (e.g. in government, among local communities, or by families)?
- What economic features are important to understanding the consequences of HIV risks and consequences (e.g. income differences and economic resources)?
- Do households and families support or reject HIV risks and consequences?
- What are the laws regarding sexual behaviour, including the availability of contraception?

3. Factors that hinder or enable the development of interventions

- What health services are available and accessible (include services provided by the government and informal health services)? What types of health workers are there? What are

the priorities for the department of health? Are there alternative (e.g. traditional) health providers?

- Are there local powerful groups that affect the implementation of interventions?
- Can educational services assist interventions?
- Are there CBOs which operate in the field of HIV risks and consequences or in related fields? Are there constraints over CBO activity?
- Is there capacity for research and evaluation on HIV risks and consequences and interventions?
- How influential are religious groups? What are their views on HIV risks and consequences and sexual behaviour? What are relationships like between different religious groups?
- Are there any racial, ethnic, language or other divisions that help or hinder the development of interventions?
- Are there movements of population (including migration and tourism) at a regional, national and international level that are relevant to implementing interventions?
- What sources of media communication are accessible to and believed by the population? Who controls and influences the print and broadcast media?
- At what level are decisions made in the fields of law, health and welfare? Who is involved in decision-making?

Outcomes

The findings from the context assessment feed into the development of conclusions of other modules, and into the *action plan.* They form the part of the action plan that matches vulnerable populations with the information necessary to implement culturally appropriate interventions that will meet the needs, and avoid the pitfalls of the local conditions.

c. Risk and Health Consequences Assessment

The health risks and consequences assessment provides information on the types of risks that are encountered by vulnerable populations, the extent and nature of those risks,. It complements the contextual data and identifies the processes of risk taking that are involved and the psychosocial information associated with the risk taking and potential interventions. The following summary provides an outline of the assessment module.

Aims and objectives

The Risk and Consequences Assessment aims to assess the extent and nature of risk behaviours, why people engage in risk behaviour, and the psychosocial factors which inhibit or enable risk reduction among them.

Key areas of assessment

- what are the risk behaviours in the vulnerable population?
- what is the extent and frequency of risk?
- why do individuals engage in risk behaviours (beliefs, knowledge, values)?
- how can risks be avoided or reduced

This assessment includes:

- behavior specific risks
- situational or context specific risks
- technique specific risks (type of transmission vector)
- lifestyle risks
- living conditions
- risks from beliefs and values
- barriers and facilitators for risk reduction
- co-existent risks and risks of *adverse social consequences* to the individual and others.

Data relating to each of these questions and topics needs to be collected on:

- individual risk behaviours
- community risk norms and context
- the influence of structural factors (policy, law and the physical and social environment) on risk behaviour

Methods and data sources

Useful methods include:

- focus group and qualitative interviews
- structured interviews and surveys
- collation of existing information and data
- observations

Outcomes

When completed, the key findings are used to develop the *action plan*. This highlights the implications of key findings for the development and feasibility of risk reduction interventions.

Aims and objectives

The Risk and Consequences Assessment focuses on the 'risk behaviours' of HIV risks and the broad health consequences associated with those risks. These are actions which increase the likelihood of adverse health or social consequences, they are beliefs that tie into the continuation of the risks, they are community values that have an impact on the risk behavior, and they are processes of engaging in risk.

The main aims of the risk and consequences module are to assess:

- the extent and nature of health-related risk behaviours among vulnerable populations
- why vulnerable populations engage in risk behaviour
- the factors which inhibit or enable risk reduction among vulnerable populations

It is also important to assess the impact of other individuals' behaviour (friends and family, acquaintances, and individuals in institutions) on risk taking, in addition to individual behavior. The influence of structural factors (such as the impact of the legal environment) should also be considered as these may increase or decrease risk or harm. Some of these are found in the contextual assessment, but should also be triangulated from the risk and consequences perspective. There is a RAR model for interdependent levels of risk and risk influences (Stimpson et al. 1999):

Risk can be influenced at three inter-dependent levels:

Individual: At the level of the *individual*, personal knowledge, attitudes, lifestyles, and beliefs about risk can influence behavior in risky situations.

Community: At the level of the *community* risk behaviour is influenced by wider community-wide 'norms' and settings, as well as the institutional processes that affect individuals.

Macro Structure: At the *structural level*, risk behaviour is influenced by general public attitudes, policies and laws.

Risk reduction often requires changes at all three levels, in conjunction or simultaneously. This means developing interventions that promote *individual change*, changes in peer group norms, structures and attitudes (*community change*) as well as changes in public attitudes and policy ('*structural change*').

There are three levels of assessment that need to be addressed by this module.

Individual risk behaviours

One assessment focus is at the level of *individual* risk behaviours and protective factors.

These are behaviours which to some extent are under the control of individuals themselves. These behaviors include risks for infection from unprotected sexual activities, or from injection drug use, or other sources of infection. The focus of the assessment is on the processes that lead to risk of infection and on the values, beliefs, and processes that cause people to take those risks even in the face of knowledge of their potential for harm. The assessment also focuses, at this level, on protective factors that reduce risk. In the area of treatment and progression to more involved levels of morbidity and mortality, the assessment focuses on the processes that make individuals more vulnerable to negative health consequences, such as dropping out of treatment, improperly taking medications (lack of compliance with regimens, etc.), or being prevented from having access to appropriate therapies based on their beliefs or the beliefs and values of the individuals that would treat them. Again, the assessment focuses on individual processes, knowledge, motivations, and behaviors that make the individual vulnerable to negative consequences, or improve their chance of completing effective interventions.

Community norms and context

The risk and consequences assessment also collects information on *community norms, values, and context*. Behaviour is influenced by wider peer group or community norms about what is considered to be socially acceptable or appropriate behaviour. Key information to be collected includes:

- how community norms and practices influence risk
- how community settings and contexts influence risk

Structural factors

Risk behaviours may also be influenced by wider structural factors The risk and consequences assessment must collect data on how structural factors (*for example, policy, law and the environment*) influence risk behaviour at the community level. Two of the issues investigated include:

- how local and national policies influence risk
- how the social, legal and economic environments influence risk

Key questions to guide the assessment

The following list is a guide to the questions that provide the framework that identifies the main kinds of adverse health and social consequences that need to be addressed by the assessment process.

Key questions to guide the assessment

Individual risk behaviours

- What behaviours increase the risk of adverse health and social consequences?
- What are the levels of knowledge and their perceptions of the risks associated with HIV transmission?

Community norms and context

- How do social norms influence risk behaviours?
- How do the social settings influence risk behaviour?
- Do particular groups have higher levels of risk behaviour?

Policy and the environment

- What impact do local and national policies have on risk behaviour?
- What impact does the social, economic and legal environment have on risk behaviour?

Methods and data sources

Focus group and *individual qualitative interviews* are extremely useful methods for identifying and describing risk behaviours and the settings in which risk behaviour occurs. The most useful methods for assessing and describing *individual risk behaviours* are: structured interviews; unstructured interviews; rapid assessment surveys, group interviews; and observations.The most useful methods for assessing and describing the influence of *community norms and context* on risk are:key informant and focus group interviews; and observations. The most useful methods for assessing and describing the influence of *policy, law and the environment* on risk are: existing information sources; interviews; and observation. *Observations* are particularly useful for identifying locally specific risk behaviours and for describing the mechanics of how risk behaviours occur. Observations provide:

- detailed descriptions of previously unidentified risk behaviours
- detailed case examples of particular risk behaviours
- descriptions of the situations and settings in which risk behaviours occur

Outcomes

The information generated from the key questions used in assessment needs to be summarised, with the key findings being included in the *action plan* for developing interventions.

c. Intervention assessment

The intervention assessment is conducted by the field team to determine the conditions and the positive and negative benefits of various types of interventions that could be recommended for the RARE project. The following summarizes the primary elements of the assessment.

Aims and objectives

The Intervention Assessment investigates current and potential interventions that prevent and reduce the adverse health and social consequences of HIV risk and treatment, and identify the need for new interventions where none are in existence.

Key areas of assessment

Three main *areas* are addressed
- what are the current local interventions targeting HIV risks and consequences?
- are current interventions adequate and effective?
- what addition new or expanded interventions are needed?

The main *topics* of the assessment are:

- interventions which target vulnerable individuals
- interventions which target the context of risks

Methods and data sources

Useful methods for conducting the IA include:
- collation of existing information
- surveys
- structured interviews
- observations

Useful data sources include:
- existing information
- key informants
- health service settings

Outcomes
When completed, the *key findings* are summarised. These are summmarized and prioritized in the *action plan*.

Aims and objectives

The Intervention Assessment is an assessment of interventions targeting HIV risks and consequences, treatment programs, and programs that reduce the threat of progression towards AIDS.

The field program must include an assessment of the adequacy and effectiveness of existing interventions, from the perspective of all of the key stakeholders, as well as assess the need for developing future ones (based on existing gaps in coverage or accessibility of interventions).

The main aims of the assessment are to determine:

- the extent and nature of prevention interventions targeting HIV risks, treatment, and programs that prevent the transition to AIDS
- the adequacy and effectiveness of current interventions
- the need for changes to existing interventions or the development of new interventions

The overall question is: who is reached by what interventions and with what effect?

Four guiding principles of effective intervention

First, the development or expansion of effective interventions require a *comprehensive* response. This assessment identifies the ways in which different interventions work in combination with each other.

Second, intervention requires changes at *the level of the individual, the community, and the structural environment*. As behaviour is influenced by a variety of factors, it is also necessary for interventions to operate at these different levels.

Third, effective interventions must emphasise a *pragmatic* rather than idealistic approach

Fourth, effective responses must often adopt an *incremental* approach

There are three *questions* that form the framework for the intervention assessment:

- what are the current local interventions targeting HIV risks and consequences?
- what is the adequacy and effectiveness of current interventions ?
- what interventions are needed that do not currently exist?

There are five different types of intervention conditions that must be investigated, although many interventions are hybrid types in their pragmatic application. These are

- structural interventions (changes in context, or access conditions)
- environmental interventions (changes in time, place, or availability of interventions)
- influence on the population knowledge, attitudes, behaviour (public awareness and values campaigns, etc.)
- community based approaches (changes in policy, programs, norms)
- targeting the individual (changes in individual behavior).

The intervention assessment collects data on the *extent and nature* of current interventions, their *adequacy and efficacy*, and the *need* for developing new or expanded interventions. The assessment should provide an overall description of the institutional affiliations, types, extent and structural elements of current interventions. Key information collected includes:

- descriptions of existing interventions
- aims and objectives of interventions
- target strategies, and methods used to contact potential users
- geographic distribution of interventions
- accessibility, appropriateness and relevance of intervention from several stakeholder viewpoints
- sociocultural and structural limitations of interventions
- factors inhibiting and enabling interventions

New or expanded interventions

The assessment should identify the *gaps* in the coverage of existing interventions and the *need* for developing new or currently untried interventions.

Key questions to guide the assessment

Key questions to guide the assessment *Current interventions* • What types of intervention exist? • To what extent are existing interventions adequate and effective? *New or expanded interventions* • What interventions need to be expanded and what new ones are needed?

Methods and data sources

At the beginning of the assessment, it is useful to collate *existing information* on the extent and nature of interventions. This 'mapping exercise' can build up a descriptive picture of the types of interventions within a city. In addition, particular interventions may already have *existing information* - such as monitoring and evaluation records - which, when collated, will help assess the adequacy and effectiveness of existing interventions

Useful methods and data sources for conducting the IA

The most useful methods for assessing and describing the *extent and nature* of existing intervention approaches are: collation of existing data; surveys; and structured interviews.

The most useful methods for assessing the *need* for future interventions are: structured and unstructured interviews.

Outcomes

The IA must be summarised so that the findings feed into the *action plan.*

RARE FIELDWORK PRIMARY SAMPLING FRAMEWORK

The following table identifies the number of individual interviews, the number of observations and the secondary data analysis sources that will be used for the CBC RARE study. The sample size is based on standard practices guidelines established for ethnographic sampling, focus group data collection methods, and environmental rapid assessment techniques..

Methods	Community Cultural Experts	Health and other Institutional Experts	Community Leadership Experts
Key Informant Interviews	15	15	10-15
Focus Groups	3 groups, 8-10 people each	3 groups, 8-10 people each	6 groups, 8-10 people each, segmentation by gender and other demographics, as necessary
Geo-mapping	Map all sites recommended by community cultural experts in key informant and focus group interviews	Map all sites recommended by community cultural experts in key informant and focus group interviews	Map all sites recommended by community cultural experts in key informant and focus group interviews
Direct Observation	minimum – observation in 5 locations with 5 key informants, on policy issues for HIV	minimum – observation in 10 locations with 10 key informants – health and other service provider locations identified by affected populations	minimum – observation in 30 locations with 10 key informants, 15 risk venues, 15 service venues
Street Intercept Interviews	0	0	50
Focus Group Intercept Interview	30	30	60
Institutional Network Information	Identify interconnections among all institutions identified as important to interventions in KII and F.G. interviews	Identify interconnections among all institutions identified as important to interventions in KII and F.G. interviews	Identify interconnections among all institutions identified as important to interventions in KII and F.G. interviews

The RARE model takes advantage of the need to appropriately sample cultural variability, rather than individual variability. The propose behind the methods is to gain the greatest coverage (breadth and depth) of beliefs, actions, environmental barriers, and symbolic conditions that are directly connected to developing interventions locally, rather than the total breadth and depth of the entire culture, or individual variability in knowledge or beliefs about the culture. It is the shared aspects of culture, not the ideosyncratic aspects, that are needed to develop good interventions.

The methods both allow us, and demand the use of expert samples, rather than random samples of individuals. The positive result is that small samples are both appropriate and adequate. The individuals in the samples are asked to provide information based on two or more methods, to allow for integration of the data collected by the different methods, and to allow triangulation (validating the data by checking for consistent reaffirmation of findings based on different methods of data collection) based on the use of multiple methods. Each sample will contain some overlapping and some unique individuals for the persons who participate in each area of data collection. For example, the focus participants should include the individuals who provided key informant interview information, but also include individuals who did not participate in those interviews. This allows both cross validation and allows for a potential expansion in the diversity of opinions represented in each data set.

Sample Selection: Since the individuals who are interviewed or observed need to be ethnographically representative (have significant cultural expertise and experience in the areas being explored), they must be a nominated (consensual) sample, rather than a random sample. The sample will be created in successive waves. The research teams will identify individuals who are known to have experience and knowledge in the community (such as the Mayor, key agency personnel, community representatives) At least 10 individuals (more are better, but the process needs to be rapid) from each of the three community segments. A rapid nomination interview will then be conducted with these individuals, asking them to each name 10 cultural experts in each of the three areas and recording their suggestions. In order to get the greatest diversity of cultural expertise, the nominating individuals will be asked to nominate people with the following characteristics. 1. Please nominate individuals who have the most personal experience, the mot cultural expertise, and who are the most articulate in talking about the issues being explored. 2. Please include individuals who represent the greatest diversity of opinion and beliefs within the community. 3. Please identify the individuals who have accomplished the most in terms of changing conditions in the community.

This would produce a potential list of 300 names (10 nominators x 3 segments x 10 nominees). However, there will be individuals who are mentioned by several of the nominators. If necessary, a third wave of nominations will be requested by asking the top ten nominated people (excluding those already on the list) to name 10 people. Individuals who show up on a minimum of four expert lists will be eligible to be interviewed and to participate in other aspects of the study. This technique produces a list of recognized cultural experts.

SUMMARY ANALYTICAL FRAMEWORK

The following grid identifies the global questions that need to be answered by the RARE field data collection and analysis proceedures.

ASSESMENT ANALYSIS FRAMEWORK

Context	Risk/Consequences	
• Who are the vulnerable populations? • What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services • What and where are the locations /settings in which behaviors occur that influence patterns that influence risk and protective behaviors? • How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors. • What is the extent and availability of exiting interventions , treatment and care • What are the factors that increase/decrease liklihood of changing risk behaviors, and or sustaining protective behaviors?	• What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and morality associated with behaviors and HIV/AIDS • Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS, experiencing morbidity and mortality associated with behaviors? • What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community? • Extent, availbility and accessibility for subgroups, relative to the their risk for HIV, progreesion to HIV/AIDS and morbidity/mortality	• What is accessi interve service • Who is reache • What is the inte • What a of the e • What is expand • What is discont • What i implem

Project RARE
BIBLIOGRAPHIC RESOURCES ON RAPID ASSESSMENT

The following is a partial bibliography of recent rapid assessment issues and projects.

1. Examples of Rapid Assessment Success

1. Kirsch, Henry Applied Research in the Development of Prevention Strategies in Heterogeneous and Rapidly Changing Societies. *Drugs, Education, Prevention and Policy*;1994, 1, 2, 153 168.;

ABSTRACT
Recognizing that transfer of drug prevention strategies from developed to developing countries had suffered because differences in economic & social deprivation factors & shifts in social systems within & between developing countries had not been recognized, the

Narcotic Awareness & Education Project of the US Agency for International Development developed rapid assessment procedures utilizing qualitative & quantitative research strategies. Drug abuse program managers & staff (N = 73) from governmental & nongovernmental organizations in Paraguay, Brazil, & Mexico were intensively trained to undertake ethnographic research that utilized focus group discussions & KAB (knowledge, attitude, & behavior) surveys in communities & schools to define risk factors & the nature & extent of drug & alcohol problems. Findings of KAB surveys of youth ages 13 18 & programs developed from the training in rapid assessment procedures are discussed. 9 Figures, 25 References. V. Wagener (Copyright 1995, Sociological Abstracts, Inc., all rights reserved.)

2. Vlassoff, Carol; Tanner, Marcel The Relevance of Rapid Assssment to Health Research and Interventions Health Policy and Planning;1992, 7, 1, Mar, 1 9.;

ABSTRACT

An introduction to this special journal issue (see related abstracts in SOPODA 14:2) on rapid assessment methods (RAMS) for tropical disease research, highlighting disease control problems that the combined skills of social & biomedical scientists must address, as well as problems hampering multidisciplinary research. Since traditional social science & epidemiological methods are often too time consuming to address the immediate & urgent needs of disease control programs, RAMS to provide information on health status, impact, services, & behavior are essential. A distinction is made between the efficacy of disease control tools as applied at the community level, & the potential for RAMS to improve community effectiveness is emphasized. The development & validation of RAMS is also considered. 1 Table, 1 Figure, 5 References. Adapted from the source document. (Copyright 1992, Sociological Abstracts, Inc., all rights reserved.)

3. Kendall, Carl The role of formal qualitative research in negotiating community acceptance: The case of dengue. Human Organization, Summer 98, Vol. 57 Issue 2, p217, 5p

Abstract:

Investigates the formative research consequences conducted on a dengue prevention intervention in El Progreso, Honduras. Success of the rapid assessment of formative research; Reference to applied anthropology; Indication that community based intervention research could be successful if it negotiates a practical epistemology with the community.

4. Okello, Rosemary Drug abuse toll uncovered in Kenya. Lancet, 7/8/95, Vol. 346 Issue 8967, p111, 2/9p

Subject:

Abstract:

Reports on the results of the study `Rapid Assessment of Drug Abuse in Kenya, a National Report,' undertaken by the Kenyan government and the United Nations

International Drug Control Programme (UNDCP). Drug abuse toll in Kenya; Trends in abuse of `social' and illicit drugs; Lack of special facilities for treatment and rehabilitation ofdrug addicts.

5. Nordberg, Erik Rapid Assessment of an African District Health System. Test of a Planning Tool International Journal of Health Planning and Management;1993, 8, 3, July Sept, 219 233.;

ABSTRACT
Tests the utility of a rapid method of assessing a subdistrict health care structure & service output in rural Kenya consisting of self administered questionnaires completed by 82% of the district's health facilities, follow up interviews with staff, & review of health facility records. The method produced descriptions of physical facilities, manpower, equipment, & financial resources of facilities, estimated population served, & provided statistics on immunization, inpatients & outpatients, most common diagnoses, & other service related indices. Main problems faced by facilities were lack of water, transport, & supplies, & shortage of trained staff. Methodological problems with the assessment approach are discussed. 7 Tables, 2 Figures, 25 References. Adapted from the source document.

Title:
6. Alila, Patrick O.Informal credit and rural small enterprises growth. Journal of Asian & African Studies, May98, Vol. 33 Issue 2, p159, 22p, 7 charts, 1 map

Abstract:
Examines small enterprises role in rural sustainable development in Vihiga, Western Kenya, while focusing on the contribution of informal credit. Utilization of the rural rapid assessment method to collect data; Determining factor in the origins and growth of small enterprises in the rural sector; Business activities of small enterprises which were observed.

7. T. Lee and M. Price Abstract. JAMA: Journal of the American Medical Association, 1/17/96, Vol. 275 Issue 3, p172d, 1/3p
Abstract:
Presents an abstract of the research article `Indicators and Research Methods for Rapid Assessment of a Tuberculosis Control Programme: Case Study of a Rural Area in South Africa,'

2. Validity And Reliability of Rapid Assessment

1. Manderson, Lenore; Aaby, Peter An Epidemic in the Field? Rapid Assessment Procedures and Health Research Social Science and Medicine;1992, 35, 7, Oct, 839 850.;

ABSTRACT

A variety of methods designed to quickly & accurately generate relevant social information pertaining to health & disease control are reviewed, focusing on KAP (Knowledge, Attitudes, Practices) surveys & the subsequent development of community diagnosis, rapid appraisal methods, rapid epidemiological assessment, & rapid assessment procedures (RAP) for anthropological studies. Focus is on the development of RAPs in response to the lack of professionally trained social scientists to work with disease control programs & ministries of health in developing health policies & programs. These developments are assessed in terms of scope & method, issues relating to the representativeness, reliability, & validity of RAP studies are discussed, & mechanisms by which to maximize the yield of valid data are presented. 72 References. Adapted from the source document. (Copyright 1993, Sociological Abstracts, Inc., all rights reserved.)

2. Harris, Kari Jo; Jerome, Norge W.Commentary. Human Organization, Fall97, Vol. 56 Issue 3, p375, 4p

Abstract:
Opinion. Reviews and critiques the Rapid Assessment Procedure (RAP). Definition of RAP as it applies to public health problems; Information RAP produces; Exploration of the RAP procedures that have been used.

3. Harris, Kari Jo; Jerome, Norge W.; Fawcett, Stephen B. Rapid Assessment Procedures: A Review and Critique. Human Organization;1997, 56, 3, fall, 375 378.;

ABSTRACT
In "Basic Concepts and Techniques of Rapid Appraisal," James Beebe (1995 [see abstract 9507555]) expressed the need for an introduction to rapid appraisals & an explanation of the difference between rapid appraisal & traditional ethnography. In response to this call, the rapid assessment procedures approach is described, & its accuracy, feasibility, utility, & propriety are discussed. It is argued that this approach allows quick accumulation of ethnographic data in time sensitive situations, although the rapid gathering of data could threaten the accuracy & reliability of results. It is suggested that this problem be addressed by using multidisciplinary & culturally indigenous teams, multiple data collection methods, & random selection. 23 References. Adapted from the source document. (Copyright 1998, Sociological Abstracts, Inc., all rights reserved.)

4. Wakefield, Jerome C.; Kirk, Stuart A Unscientific thinking about scientific practice: Evaluating the scientist practitioner model. Social Work Research, Jun96, Vol. 20 Issue 2, p83, 13p

Abstract:
Evaluates the scientist practitioner model in social work. Single system designs; Standardized rapid assessment instruments to evaluate social work practices; Efficacy of the model; Misconstruction of the meaning of neutrality; Cost benefit analysis; Myth of

theory neutrality

5. Pratt, Charlotte; Chang, L.J.Educational materials in review: Books.RAP (Book) Journal of Nutrition Education, Jul/Aug94, Vol. 26 Issue 4, p201, 1/2p

Abstract:
Reviews the book `RAP: Rapid Assessment Procedures Qualitative Methodologies for Planning and Evaluation of Health Related Programmes,' edited by N.S. Scrimshaw and G.R. Gleason.

3. Development of Rapid Assessment Instruments

1. Nelson Gardell, Debra Child report of treatment issue resolution: Pilot of a rapid assessment instrument. Child Abuse & Neglect, Mar97, Vol. 21 Issue 3, p309, 10p, 4 charts

Abstract:
Describes the construction and pilot of a rapid assessment self report measurement tool to be used with child and adolescent sexual abuse victims to ascertain the effectiveness of psychotherapeutic intervention. Process of expert ratings of individual item relevance; Substantial correlation between the study instrument and the trauma symptom checklist for children.

2. Jacobson, Susan K.Rapid Assessment for Conservation Education (RACE). Journal of Environmental Education, Spring97, Vol. 28 Issue 3, p10, 10p, 3 charts, 1diagram

Abstract:
Examines the increasing importance of conservation education worldwide. Listing of the factors manifesting the importance of conservation education; Goals of conservation education; Information on Rapid Assesment for Conservation Education (RACE), a program addressing conservation problems.

4. Sampling Designs for Rapid Assessment Projects

1. Malilay, J.; Flanders, W. D.A modified cluster sampling method for post disaster rapid assessment of needs. Bulletin of the World Health Organization, 1996, Vol. 74 Issue 4, p399, 7p

Abstract:
Evaluates the cluster sampling method used to conduct the rapid assessment of health and other community needs affected by natural disasters. Description of the modification of the cluster sampling method; Proposal of n x k survey design for easy estimation of the damage; Advantage of the design; Possible application for the validity of estimates.

2. Malilay, J.; Flanders, W. D.; Brogan, D A Modified Cluster Sampling Method for the Rapid Assessment of Needs after a

Disaster; Metodo modificado de muestreo por conglomerados para la evaluacion rapida de necesidades despues de un desastre Revista Panamericana de Salud Publica Pan American Journal of Public Health; 1997, 2, 1, July, 7 12

ABSTRACT
The cluster sampling method can be used to conduct rapid assessment of health & other needs in communities affected by natural disasters. Modeled after the World Health Organization's Expanded Programme on Immunization method of estimating immunization coverage, the method has been modified to provide estimates of (1) the population remaining in an area & (2) the number of people in the postdisaster area with specific needs. This approach differs from that used previously in other disasters where rapid needs assessments only estimated the proportion of the population with specific needs. A modified n x k design survey is proposed to estimate the remaining population, severity of damage, proportion & remaining housing units, & changes in these estimates over a period of time. 14 References. Adapted from the source document

3. New surveillance tool makes surveys easier. AIDS Alert, Jul95, Vol. 10 Issue 7, p93, 3/4p

Abstract:
Focuses on rapid assessment HIV survey or RAP survey tool used by Connecticut Department of Health in conducting seroprevalence surveys. Approval of the survey tool by Centers for Disease Control and Prevention in Atlanta; Required period for the completion of RAP surveys; Determination of HIV seroprevalence among people held in city jails.

4. IUCN to use new sampling technique to assess Sri Lanka's biodiversity. International Wildlife, Nov/Dec93, Vol. 23 Issue 6, p28, 1/3p, 1bw

Abstract:
Reports on the rapid assessment technique developed by the World Conservation Union (IUCN) for Sri Lanka's biodiversity program. Proposed moratorium on logging; Gradient directed transect sampling (gradsect); Determination of presence of animals from tracks and signs; Discovery of lizard species and localities for plants and animals.

5. Variations In Rapid Assessment Methodological Approaches

1. Tashima, Nathaniel; Crain, Cathleen; O'Reilly, Kevin; Elifson, Claire Sterk The community identification (CID) process: A discovery model. Qualitative Health Research.1996 Feb; Vol 6(1): 23 48.

ABSTRACT
Describes the community identification (CID) process as a structured qualitative research strategy that may be characterized as a rapid assessment method. The CID process facilitates the development of education and intervention programs that

positively affect public health risk related behaviors and values, such as in the case of HIV and AIDS. The CID process includes: defining the population, creating taxonomies, and acquiring materials; and interviewing gatekeepers/opinion makers and key participants. The CID process helps researchers to actively control preconceived notions, biases, and stereotypes that may affect the development of appropriate and responsive interventions and programs. ((c) 1998 APA/PsycINFO, all rights reserved)

2. Kirsch, Henry W. The use of rapid assessment procedures: Focus groups and small scale surveys for community programs. Narcotics Awareness and Education Project, Arlington, VA, USA in Kirsch, Henry W. (Ed); et al. (1995). Drug lessons & education programs in developing countries. (pp. 91 103). New Brunswick, NJ, USA: Transaction Publishers.

ABSTRACT
(from the chapter) the NAE [Narcotics Awareness and Education] project has developed specific rapid assessment procedures for use in training drug abuse prevention professionals in the design, implementation, and evaluation of communication, education, and community mobilization programs [in developing countries] / the decision to do this was made in recognition of resource constraints and the lack of adequate information with which to design programs and develop materials, especially at the local level / the rapid assessment procedure employs both quantitative and qualitative methodologies [focus groups and small scale surveys] in order to generate information on population groups at risk, and then the subsequent application of the data to guide the design of comprehensive [community] communication and educational programs and the development of prevention materials ((c) 1997 APA/PsycINFO, all rights reserved)

3. Kirsch, Henry W. (Ed) Drug lessons & education programs in developing countries. New Brunswick, NJ, USA: Transaction Publishers. (1995). xii, 331 pp.

ABSTRACT
(from the overview) This collection aims to provide strategic, methodological, and practical insight to public health and education officials, managers of private voluntary organizations and international development assistance agencies, social and behavioral scientists, and communication specialists, with an eye to their future efforts to fight drug abuse in developing countries and in the US as well. /// The work is based on a strategy which seeks to increase awareness of and education about the dangers of drug abuse, and to achieve behavioral change in the direction of a drug free, healthy lifestyle in developing countries. It illustrates the use of this strategy for generating effective and sustainable drug awareness and prevention programs through a series of case histories drawn from the field experiences of the NAE [Narcotics Education and Awareness] project. These examples, in turn, provide lessons which are intended to contribute to future drug awareness and education efforts. The lessons learned have served to shape and reshape the strategy, which has a proven track record in developing drug awareness and prevention institutions and coalitions capable of innovative approaches in drug abuse prevention appropriate to their respective cultural

contexts. ((c) 1997 APA/PsycINFO, all rights reserved)

4. Bennett, F. J Qualitative and quantitative methods: In depth or rapid assessment? Social Science and Medicine.1995 Jun; Vol 40(12): 1589 1590

ABSTRACT
Advocates multidisciplinary cooperation and communication across the social sciences in determining and balancing the need for rapidly obtained quantitative social knowledge and slower, qualitative information used in training health workers to implement or disseminate the findings in intervention efforts in developing countries. ((c) 1997 APA/PsycINFO, all rights reserved)

5. Oppenheimer,Edna Cambodia: A Challenge for Drug Abuse Prevention
Drugs: Education, Prevention and Policy;1997, 4, 2, July, 155 172.;
United Kingdom

ABSTRACT
A rapid assessment methodology, based on interviews with key informants, on site visits, group discussions, & documentation, was employed to assess Cambodian problems with illicit drugs in 1995. Though it is concluded that illicit drug abuse is not currently a problem, there are indications that drug use problems may worsen severely. It is argued that political fluctuations, prevailing social & economic conditions, & increased drug trafficking signal possible drug use escalation. Homeless children, internally displaced persons, commercial sex workers, & fishermen are identified as populations most at risk for illicit drug use. Observation of health care facilities, particularly private health care, revealed widespread use of unnecessary injectable medicinal drugs from unsterilized needles, posing a risk for human immunodeficiency virus transmission. The development of early warning mechanisms is suggested, including greater training & funding for antidrug police forces, education for health care workers & children, & greater availability of disposable syringes. 19 References. Adapted from the source document. (Copyright 1998, Sociological Abstracts, Inc., all rights reserved.)

6. Kipp, Walter; Kielmann, Arnfried; Kwered, Eric; Merk, Gunter; Rubaale, Tom
Monitoring of Primary Health Care Services: An Example from Western Uganda. Health Policy and Planning;1994, 9, 2, June, 155 160.;

ABSTRACT
Results from baseline & follow up surveys of the Basic Health Services Program in Kabarole District, western Uganda, carried out in 1989 & 1991 are presented. Indicators of management capability, infrastructure, levels of basic knowledge & skills of health staff, & community involvement & utilization of health services were measured. Data collection utilized a randomized study design, external supervision, & a rapid assessment methodology, with a fixed set of indicators. The results suggest a marked improvement of the health services in the district since implementation of

specific project activities & in direct response to action taken following review of information from the original survey. Overall, it is felt that this particular method of project monitoring, specifically, systems analysis, generates data particularly useful to national governments & other health organizations. 5 Tables, 8 References. Adapted from the source document.

TITLE

7. Askew, Ian; Tapsoba, Placide; Ouedraogo, Youssouf; Viadro, Claire; Bakouan, Didier; Sebgo, Pascaline Quality of Care in Family Planning Programmes: A Rapid Assessment in Burkina Faso. Health Policy and Planning;1993, 8, 1, Mar, 19 32.;

ABSTRACT

The quality of care provided by the family planning program in Burkina Faso was assessed using a new rapid approach termed situation analysis; the functional capacity of the program's subsystems (logistics, equipment, recordkeeping, etc) was also evaluated. Research teams visited 53 clinics to collect the raw data via interview & observation. The situation analysis methodology presents both empirical evidence on the quality of care & suggestions for improvement. 2 Tables, 8 Figures, 26 References. Adapted from the source document.

8. Mawhiney, Anne Marie; Bassis, Edward A Community Based Approach for Rural Residential Treatment Services Community Alternatives;1992, 4, 1, spring, 33 48.;

ABSTRACT

Meetings & telephone interviews (N not provided) with workers in residential treatment services were conducted to determine need & type of residential treatment program that might be suitable for troubled children & youth in rural, sparsely populated communities. The absence of a suitable facility was resulting in children being sent to residential treatment centers far from their communities. Four two bed facilities are proposed to accommodate a treatment model that: is community based, open, & easily accessible; provides program flexibility; uses highly skilled staff; includes rapid assessment & intervention; & will be decentralized to make services available close to children's homes. 4 References. Adapted from the source document.

9. Manderson, Lenore; Aaby, Peter Can Rapid Anthropological Procedures Be Applied to Tropical Diseases? Health Policy and Planning;1992, 7, 1, Mar, 46 55.;

ABSTRACT

An examination of the suitability of anthropological rapid assessment procedures (RAP) in countries where tropical diseases are endemic. Adjustments to conventional methods are necessary, given the limited time in the field, & the need to ensure the

validity & reliability of data. Although using RAP has certain shortcomings & does not obviate the need for long term studies, it is argued that a mix of research methods, use of multidisciplinary teams, & attention to contradictions within the study population will produce valid data in a relatively short time period. 29 References. Adapted from the source document. (Copyright 1992, Sociological Abstracts, Inc., all rights reserved.)

10. Upvall,Michele J Integrating qualitative research into the curriculum Journal of Nursing Education.v. 37 (Feb. '98) p. 85 7.

ABSTRACT
Rapid assessment procedures (RAP) can be used in any nursing clinical or research course that focuses on either health status, health impact, health service, or health behavior information. Offering a positive alternative to traditional qualitative methods, RAP allows students to collect data in a rapid and efficient manner and permits application of the data to practice within one or two months after initiation of collection. The quality of the information obtained through the use of RAP means that findings can be used to evaluate current health services and provide recommendations for improvement. Nurse educators and their students can contribute to health care reform by using RAP and by implementing the findings into current practice. The history of RAP and its application in a community health postgraduate program for nurses in Zanzibar are discussed.

Section 2
Training Outlines and Materials

RARE Field Team Training Outline

Initial Training

A. Introduction to Rapid Assessment

1. Overview of RARE, Purposes and Procedures

This segment introduces the participants to RARE. The introduction includes the background on the HIV epidemic crisis in African American Communities, the need for rapid response from the CRT s, the overall goal of creating specific, rapid, targeted intervention responses based on community involvement and RARE feedback, plus the overall goals of RARE.

2. Background and History of Rapid Assessment

This segment provides the field team with basic information on rapid assessment. This includes the philosophy and purpose behind rapid assessment, concrete examples of successful rapid assessment projects, and an overview of the time line, structure, and potential outcomes for the rapid assessment field work..

3. Overview of RARE Methods and Procedures

This segment introduces the participants to the principles of training, and to basic RARE concepts, and introduces the methods that will be used to collect the data.

B. RARE Methods Training

1. Focus Group Management and Interview Training

This training segment will provide the field team with both information, and practical experience, with the procedure necessary for selecting focus group participants (sampling), planning and organizing focus groups, proper data recording techniques, practical experience as focus group moderators, and data management procedures.

Topic Outline:

1. Introduction to focus groups, purpose, strengths, and weaknesses.
2. Selecting Focus Group participants
3. Focus group planning procedures (site selection, staffing, physical layout, recording, selecting participants, follow up and reminders for participants, food and focus groups, early data collection).
4. Developing appropriate focus group questions and question guides
5. Focus Group Issues (selecting the right moderator, managing question flow and subject transitions, maintaining control, handling difficult participants).

6. Practical Experience for moderators
7. Focus Group Issues, continued (remaining neutral, providing guidance but not putting words in peoples mouths, encouraging difference of opinion, non-verbal management options).
8. Practical Experience for moderators
9. Data recording issues
10. Transcription, moderator notes, preparation for analysis.
11. Focus Group Management and Interview Training
12. Translation of data into the Action Plan

This training segment will provide the field team with both information, and practical experience, with the procedure necessary for selecting focus group participants (sampling), planning and organizing focus groups, proper data recording techniques, practical experience as focus group moderators, and data management procedures.

Topic Outline:

1. Introduction to focus groups, purpose, strengths, and weaknesses.
2. Selecting Focus Group participants
3. Focus group planning procedures (site selection, staffing, physical layout, recording, selecting participants, follow up and reminders for participants, food and focus groups, early data collection).
4. Developing appropriate focus group questions and question guides
5. Focus Group Issues (selecting the right moderator, managing question flow and subject transitions, maintaining control, handling difficult participants).
6. Practical Experience for moderators
7. Focus Group Issues, continued (remaining neutral, providing guidance but not putting words in peoples mouths, encouraging difference of opinion, non-verbal management options).
8. Practical Experience for moderators
9. Data recording issues
10. Transcription, moderator notes, preparation for analysis.
11. Translating date into the Action Plan

2. Key Informant Interview Training

This training segment will provide the field team with both information, and practical experience, with the procedure necessary for selecting key informants (sampling), planning and organizing interviews, proper data recording techniques, practical experience as focus group moderators, and data management procedures.

Topic Outline

1. Introduction to key informant interviews: purpose, strengths, weaknesses.
2. Types of Interview Questions (free listings, process interviews, beliefs interviews)
3. Introducing a topic to key informants
4. Practical experience in topic introduction.

5. Maintaining the flow of information/conversation
6. Practical experience in maintaining flow
7. Ethnographic interview judgements: How to get deep description on a topic, how to know when to press for additional information, how to follow an unexpected lead in an unanticipated direction)
8. Practical experience in ethnographic judgements
9. Following an ethnographic guide, but allowing for individual conversational style.
9. Closure of an interview
10. Handling self revelations and revealing self information
11. Data (field notes and interview data) management
12. Translating data into the Action Plan

3. Direct Observation Training

The direct observation training will focus on the purposes, methods, and strategies for direct observation research. Both structured and semi-structured observations will be covered in the training.

Topic Outline

1. Introduction to RARE direct observation techniques: purpose, strengths, weaknesses
2. Types of direct observations (physical environment windshield surveys, access barrier observations, observation of key behaviors, institutional intervention observations)
3. Physical Environment Surveys (primary context observations of who, what, where, and when - who is present, what are they doing, what is the cycle of activity, and how does the physical environment affect key behaviors).
4. Access barrier observations (how does the environment or context impact flow and access to potential or existing intervention sites?)
5. Key behavior observations (observations of behaviors that have a direct impact on selection and structuring of interventions).
6. Institutional observations (observations of the interactions of clients in institutions
7. Data Recording for direct observations
8. Practical experience in observational data collection
9. Thick, neutral description
10. Translating the data into the Action Plan

C**. RARE Street Intercept Training (Rapid Assessment Interviews)**

Street Intercept Interviewing combines ethnographic sampling proceedures with quantitative (survey style) data collection techniques. This training will focus on the processes of appropriate sampling for street intercept interviewing, interview procedures, and data processing.

Topic Outline

1. Introduction to rapid surveys and street intercept interviews: purpose, strengths, weaknesses.

2. Sampling for Street Intercept Interviews.
3. Types of Interview Questions (structured, semistructured)
4. Practical experience in street intercept interviews
5. Closure of an interview
6. Data (field notes and interview data) management
7. Translating the data into the Action Plan

D. RARE Data Management Training

1. Field Notes Management

a. Purpose, scope, and content of field notes (interviews, observations, speculation, memoing).

2. Focus Group and Key Informant Data Management

a. Field notes on interviews
b. Data Storage
c. Transcription
d. Coding, Intercoder reliability

3. Observation Data recording and management

a. Observation data recording and storage
b. Observation data (maps, computers)

4. Transcription Protocols (both interviewer and transcriptionist)

5. Intercept Interview Data Entry Processes

6. Computer Programs for RARE Data Management

a. Ethnographic Program (ANSWER)
b. Street Intercept Program (EZ TEXT, SPSS)

E. RARE Ethical Procedure Training

1. Review of Human Subjects Protections

a. truly informed consent
b. privacy protection (handling files, separating data and identification information)
c. confidentiality protection (safekeeping of data, avoiding accidental access or deliberate access to information, etc.)
d. treatment of all cultural experts, respect for knowledge

F. Overview of Analysis, anticipating what will be done with the data, to improve data collection.

1. Qualitative Data Analysis Procedure, An overview

a. Themes
b. thick descriptions of beliefs and behavior
c. Importance of stories and examples
d. Process data collection and analysis
e. Natural language, open ended, non-forced interviews for naturalistic analysis

2. Mapping and Contextual Data Analysis

3. Quantitative data management strategies
4. Translating the data into an Action Plan

G. Wrap-Up

1. Data Collection Time Line

2. Final Questions and Discussions

3. Next Steps
   a. PI Analysis Training
   b. Evaluation Plan

4. Participant Evaluation of Workshop

Introduction, Background, and Bibliographic Resources for RARE Projects
Robert T. Trotter, II

This manual is an introductory assessment methods training workbook for Rapid Assessment, Response, and Evaluation projects

The manual has three major divisions. The first section, **General Ethnographic and Other Qualitative Research**, contains background information on qualitative approaches to data collection. The second, **RARE Methods Modules** presents the outlines and information on the specific data collection methods designed for RARE projects. The third, **Data Analysis Procedures**, provides additional background information, methodological discussions, data collection models, and analytical information for RARE projects. on a set of advanced ethnographic methods. Each of these sections contain introductory publications relating to the topics discussed in the section.

Section 1:
Introduction To General Ethnographic and Other Qualitative Research

Introduction

This section provides an introduction to qualitative field research and general ethnographic data collection methods and conditions. It also provides background materials on several advanced ethnographic methods that have been successfully applied to research on alcohol, drug abuse, and mental health research problems.

A. Review of Ethnographic and Other Qualitative Methods

Ethnography and other forms of qualitative research are particularly powerful for exploratory research, especially in hard to reach populations. They similarly have proven themselves in the arenas of policy evaluation, program development, quantitative instrument design, hypothesis generation, grounded theory operations, and in the confirmation of previously defined research hypotheses. Ethnographic findings have also been found to be very useful in explaining what the numbers from quantitative survey research mean within the context of individual human lives and conditions.

Ethnographic research is founded on the ability to describe human behavior as it occurs in a natural setting. There are a number of human conditions that do not allow for experimentation or external manipulation of any kind. Qualitative research is the only open access to those areas of human behavior. Ethnography normally succeeds in keeping the relationship between behavior and environment firmly grounded, because it emphasizes the importance of context in human behavioral studies. Knowing the context, in addition to the actual parameters of human behavior, is often critical in decisions relating to human problems.

The qualitative approach is also valuable in its ability to elicit the tacit knowledge of a cultural system in addition to its ability to derive the explicit rules, beliefs, and behaviors that a group of people demonstrate. Explicit cultural knowledge is relatively visible, while tacit knowledge is often the information that allows human control of a system. Tacit knowledge is not easily expressed, even by knowledgeable participants. Yet this knowledge is commonly the key "operating" information in all cultures. Finding the parameters of the tacit system is an important research undertaking, since it is difficult to understand a culture or plan any reasonable change for it without a clear explication of all rules, not just the explicit ones. No field research into human behavior is complete without descriptions of both domains.

B. Background literature on qualitative research

There is a growing literature on human field research design, site entry, methodology, informant relationships, and the personal effects of field studies on the researcher. Older references tend to contain practical advice especially valuable for the neophyte. Newer works tend to assume knowledge of the classics, and expend their efforts refining theory, describing advanced methods, or defending the descriptive nature of ethnographic techniques in an increasingly quantified world.

Early works describing the art and the science of ethnographic field studies include Kroeber's seminal text, *Anthropology Today* (Kroeber 1953), and Adams and Preiss's (1960) *Human*

Organization Research. However, the time period circa 1970 is clearly the bench mark era. Classic works from that time describe the ethnographic research process, its effects on the researcher, and the practical conditions one could expect to encounter in the field. Examples are Epstein's *Craft of Social Anthropology* (Epstein 1967), the Glazer and Strauss text, *The Discovery of Grounded Theory* (Glazer and Strauss 1967), and Spradley and McCurdy's *The Cultural Experience: Ethnography in Complex Society* (Spradley and McCurdy 1972). These works mark the initial formalization of ethnographic studies.

Other "circa '70" books provide behind the scenes details about field research; an excellent and necessary complement to works which describe theory and methodology, but leave out the human factor. One edited volume, *Marginal Natives: Anthropologists at Work* (Freilich 1970), contains a detailed history of field work theory and research designs. Chapters describe how ethnographic knowledge is acquired in the field, the types of approaches ethnographers commonly adopt (passive, adaptive, interactive, and intrusive, to name a few), and comparative descriptions of ethnographic research by some of the most successful fieldworkers of that time period. Each author presents problem statements (theoretical approach, and research design), descriptions of how they initiated passive or adaptational research processes (fieldwork entry), their methods (the progress of the field research), and descriptions of bowing out (how the ethnographer successfully, or unsuccessfully left their research site behind).

Other classics of this period include works with practical advice for fieldwork survival by Rosalie Wax (1971) *Doing Fieldwork: Warnings and Advice*, Beteille and Maden, *Encounter and Experience, Personal Accounts of Fieldwork* (Beteille and Maden, eds. 1975), Spindler's (1970) *Being an Anthropologist: Fieldwork in Eleven Cultures*, and Kimball and Watson's (1972) *Crossing Cultural Boundaries*, which contains excellent advice to overcome the problems of doing research in foreign countries. In a more generic vein, the classic text which links ethnographic research with larger theoretical concerns during this time period is Pelto's (1970) *Anthropological Research: The Structure of Inquiry*. This is supplemented, for practical methodological advice by several other works. Frantz's (1972) *Handbook for Student Anthropologists* contains a summary of more than 100 publications; guides for ethnographic research, technical aides, and guides to field research (both general and area specific guides to ethnographic questions, note, queries, manuals for cross cultural research on children, adults, health care, art, food habits, as well as guides to world areas, such as India, Oceania, Africa, etc.). Another handbook on basic field research methods is Naroll and Cohen's (1970) *Handbook of Method in Cultural Anthropology*.

A subsequent round of ethnographic research texts, expanding on the earlier works and bringing the field more up to date in terms of methods and procedures, began appearing circa 1980. Spradley's two "how-to" ethnographic training manuals, *Participant Observation* (Spradley 1980) and *The Ethnographic Interview* (Spradley 1979) have become standard texts for fieldwork training over the past 10 years. Other works include *The Craft of Community Study: Fieldwork Dialogues*, (Kimball and Partridge 1979), and Mike Agar's description of doing ethnography, *The Professional Stranger* (Agar 1980). Agar's book has been frequently cited in the substance abuse literature, due in part to Agar's early drug research, especially his street ethnography of drug use, *Ripping and Running* (Agar 1974), backed up by Spradley's cognitive study of skid row alcoholics, *You Owe Yourself a Drunk* (Spradley 1970). Another classic work dealing with street ethnography is Eliot

Liebow's *Tally's Corner* (1967), which has some fascinating base line descriptions of urban drug use imbedded in descriptions of street life. A second edition of *Anthropological Research: The Structure of Inquiry* (Pelto and Pelto 1978) was published in this cycle, as was Glazer's (1978) *Theoretical Sensitivity: Advances in the Discovery of Grounded Theory*. A more recent book *Fieldwork: The Human Experience* (Lawless, Sutlive, Zamora 1983) is also valuable. These books contain firsthand accounts of the processes of field research and the lessons to be learned.

Revisions in formal approaches to ethnographic research methods, training, and theory appear on about a ten year cycle. Recent additions to the literature are the two volume series by Werner and Schoepfle (1987) titled *Systematic Fieldwork*, Bernard's (1988) *Research Methods in Cultural Anthropology*, Strauss's (1985) *Qualitative Analysis for Social Scientists*, as well as Strauss and Corbin's (1990) **Basics of Qualitative Research**. These works contain state-of-the-art descriptions of research design and methods for both participant observation and advanced ethnographic data collection, especially in the areas of cognitive anthropology and network analysis techniques.

The following citations include both classic and current descriptions of the theory and methods behind most qualitative research projects.

BIBLIOGRAPHY

Agar, Michael H. (1974) Ripping and Running: A Formal Ethnography of Urban Heroin Addicts. Seminar Press.

Agar, Michael H. (1980) The Professional Stranger: An Informal Introduction to Fieldwork. New York. Academic Press.

Adams, Richard N. and Jack J. Preiss, eds. (1960) Human Organization research: Field Relations and Techniques. Homewood, Ill: Dorsey Press.

Beteille, Andre and T. N. Maden, eds. (1975), Encounter and Experience, Personal Accounts of Fieldwork. Honolulu, University of Hawaii Press.

Bernard, H. Russell (1988) Research Methods in Cultural Anthropology, Beverly Hills. Sage.

Burns, Alan F. (1983) Feds and Locals: Strategies of Applied Fieldwork. In, Lawless, Robert, Vinson H. Sutlive, Jr. and Mario D. Zamora Eds., Fieldwork: The Human Experience. New York, Gordon and Breach, Science Publishers (pp.129-142).

Epstein, A. L. ed. (1967) The Craft of Social Anthropology. London. Tavistock

Frantz, Charles (1972) The Student Anthropologist's Handbook: A Guide to Research, Training, and Career. Schenkman Publishing Company. Cambridge.

Fried, Morton H. (1972) The Study of Anthropology. New York. Thomas Y. Crowell Company

Freilich, Morris (ed.) (1970) Marginal Natives: Anthropologists at Work. New York, Harper and Row.

Freilich, Morris (ed.) (1977) Marginal Natives at Work: Anthropologists in the Field. New York. Schenkman Publishing Company.

Glazer, Barney (1978) Theoretical Sensitivity: Advances in the Discovery of Grounded Theory. The Sociology Press: San Francisco.

Glazer, Barney G., and Anselm L. Strauss (1967) The Discovery of Grounded Theory. Chicago. Aldine.

Glazer, Myron (1972) The Research Adventure. New York. Random House.

Henry, Frances and Satish Saberwal (1969) Stress and Response in Fieldwork. New York. Holt, Rinehart, Winston, Inc.

Kimball, Solon T. and William L. Partridge (eds.) (1979) The Craft of Community Study: Fieldwork Dialogues. Gainsville, University of Florida Press.

Kimball, Solon and James B. Watson eds. (1972) Crossing Cultural Boundaries. San Francisco, Chandler Publishing Company.

Kroeber, Alfred L. (1953) Anthropology Today. Chicago. University of Chicago Press.

Lawless, Robert, Vinson H. Sutlive, Jr. and Mario D. Zamora (eds.) (1983) Fieldwork: The Human Experience. New York, Gordon and Breach, Science Publishers

Liebow, Eliot (1967) Tally's Corner. Boston: Little, Brown.

Lincoln, Yvonna S. and Egon G. Guba (1985) Naturalistic Inquiry. Beverly Hills, CA. Sage Publications, Inc.

Naroll, Raoul and Ronald Cohen, eds. (1970) A Handbook of Method in Cultural Anthropology. Garden City: Natural History Press.

Pelto, Perti J. (1970) Anthropological Research: The Structure of Inquiry. New York. Harper and Row Publishers.

Pelto, Perti J. and Gretel H. Pelto (1978) Anthropological Research: The Structure or Inquiry. Second Edition. Cambridge. Cambridge University Press.

Plattner, Stuart M. (1989) Commentary: Ethnographic Method. Anthropology Newsletter. 30(1):32,21.

Rynkiewich, Michael A. and James P. Spradley (eds.) (1976) Ethnics and Anthropology: Dilemmas in Fieldwork. New York. John Wiley and Sons.

Shaffir, William B., Robert A. Stebbins, and Allan Turowetz (1980) Fieldwork Experience: Qualitative Approaches to Social Research. New York: St. Martin's Press.

Spradley, James P. (1970) You Owe Yourself a Drunk: An Ethnography of Urban Nomads. Boston. Little, Brown.

Spradley, James P. 1979 The Ethnographic Interview. New York. Holt, Rinehart, Winston.

Spadley, James P. (1980) Participant Observation. New York. Holt, Rinehart, Winston.

Spradley, James P. and David W. McCurdy (1972) The Cultural Experience: Ethnography in Complex Society. Chicago. Science Research Associates.

Spindler, George D. (1970) Being an Anthropologist: Fieldwork in Eleven Cultures. New York. Holt, Rinehart, and Winston, Inc.

Strauss, Anselm L. (1985) Qualitative Analysis for Social Scientists. Cambridge. Cambridge University Press.

Strauss, Anselm and Juliet Corbin 1990 Basics of Qualitative Research. Newbury Park, CA:Sage.

Wagley, Charles "Learning Fieldwork: Guatemala," In, Fieldwork: The Human Experience. Robert Lawless, Vinson H. Sutlive, Jr. and Mario D. Zamora, eds. New York. Gordon and Breach: pp:1-17

Wax, Rosalie H. (1971) Doing Fieldwork: Warnings and Advice. Chicago, University of Chicago Press.

Werner, Oswald and G. Mark Schoepfle (1987) Systematic Fieldwork: Foundation of Ethnography and Interviewing. Volume 1. Beverly Hills. Sage Publications.

Werner, Oswald and G. Mark Schoepfle (1987) Systematic Fieldwork: Ethnographic Analysis and Data Management. Volume 2. Beverly Hills. Sage Publications.

C. General types of qualitative data

Most qualitative research projects, and ethnography in particular, involve the collection and analysis of multiple forms of data. The classic label for this type of research, participant observation, is actually a shorthand label for a multi-method field based constellation of data collection techniques. The most common are observational data, open ended or ethnographic interviews, field note data bases and commentaries, and targeted (multiple method) studies of cultural domains such as cognitive anthropology techniques, network analysis, and decision modeling. The following

sections provide a brief introduction to the most common types of data collection, plus published descriptions of these methods.

1. Observational data

Qualitative research is often in a unique position to allow the researcher to simultaneously observe people's behavior and to ask them about their behavior. Since most qualitative research is conducted in natural settings in the field rather than in the office or laboratory, it is possible make naturalistic observations supplemented by interviews. This is the hallmark of the use of participant observation in ethnographic studies. This process provides invaluable information on both the similarities and the differences between what people say they do, in contrast with their observable behavior. It also provides the possibility for evaluation and triangulation on nonverbal behavior, and those areas of human behavior that are not easily or accurately describable through words alone.

The articles provided in this section describe the general types of observations that are possible in qualitative field research, and provide a concrete example of these studies being applied within a alcohol related study. In addition, the reader is referred to the recommended reading list, which provides excellent additional detail on other approaches to observational studies, data collection procedures, and analytical issues.

Bibliography: Observational Studies

Denham, W. W (1975) BEVRECS: General-purpose System for Making and Analyzing Behavior Stream Protocols. Social Science Information 14(3-4):161-182.

Guilmet, G. M. (1979) Instructor reaction to verbal and nonverbal-visual behavior in the urban classroom. Anthropology and Education Quarterly 10:254-266.

Longabaugh, R. (1980) The systematic observation of behavior in naturalistic settings. In Handbook of Cross-Cultural Psychology, Vol. 2. Boston: Allyn and Bacon.

Medly, D. M. and H. E. Mitzel (1963) Measuring classroom behavior by systematic observation. In Handbook of Research on Teaching. L. L. Gage, ed. Chicago: Rand McNally.

Pederson, J (1987) Plantation women and children: Wage labor, adoption, and fertility in the Seychelles. Ethnology 26:51-62.

Stunkard, A. and D. Kaplan (1977) Eating in public places: A review of reports of the direct observation of eating behavior. International Journal of Obesity 1:89-101.

2. Textual data

The core endeavor in qualitative research is to collect textual data. This data includes both verbal and written texts involving content from stories, anecdotes, descriptions of cultural processes, myths, natural discourse, beliefs, value systems, to and the responses to open ended interviews. A

major portion of the analysis of qualitative data is embedded in finding ways to accurately summarize large bodies of cultural texts in ways that reflect the unique cultural themes and values available in the data. Virtually all of the works in the bibliographic materials presented above provide information on the analysis of this type of data. In addition, the following bibliographic references discuss some of the specific issues surrounding the analysis of cultural text, as textual data.

Bibliography: Cultural Textual Analysis

Atkinson, Paul (1992) Understanding Ethnographic Texts. Newbury Park, CA: Sage.

Geertz, Clifford (1973) Thick Description: Toward an Interpretive Theory of Culture. In The Interpretation of Cultures. C. Geertz, ed. pp. 3-30. New York: Basic Books.

Moerman, Michael. (1988) Talking culture: ethnography and conversation analysis. Philadelphia: University of Pennsylvania Press.

Stoddart, Kenneth. (1986) The presentation of everyday life: Some textual strategies for "adequate ethnography". Urban life. Vol.15, no. 1 (Apr. 1986).

3. Interview data

Interview data is the most common form of data collected in qualitative research projects. It is a special type of textual data whose structure and content areas are determined by the construction of appropriate questions to respondents. Interviews can range from wide open unstructured interviews that approach natural discourse, to highly structured questionnaires that approach the design and construction of a quantitative interview instruments. Qualitative interviews are predominantly open ended to one extent or another, except in unusual circumstances such as triads tests or matrix contrast sets. The amount of systematization of the data collection process is one of the primary variables that determines the types of analytical tools and methodological processes that can be applied to the interviews.

The following readings provide in depth coverage of ethnographic and other qualitative interview analysis issues.

Bibliography: Ethnographic and other Qualitative Analysis Issues

Agar, Michael H. (1980) The Professional Stranger: An Informal Introduction to Fieldwork. New York. Academic Press.

Bernard, H. Russell (1988) Research Methods in Cultural Anthropology. Newbury Park, CA. Sage Publications.

Bernard, H. R., P. J. Pelto, 0. Werner, J. Boster, A. R. Romney, (1986) The Construction of Primary Data in Cultural Anthropology. Current Anthropology 27(4):382-396.

Lincoln, Yvonna S. and Egon G. Guba (1985) Naturalistic Inquiry. Beverly Hills, CA. Sage Publications, Inc.

Royal Anthropological Institute (1951) Notes and Queries on Anthropology, 6th Edition. London: Royal Anthropological Institute.

Spradley, James P. (1979) The Ethnographic Interview. New York. Holt, Rinehart, Winston.

Strauss, Anselm L. (1985) Qualitative Analysis for Social Scientists. Cambridge. Cambridge University Press.

Werner, Oswald and G. Mark Schoepfle (1987) Systematic Fieldwork: Foundation of Ethnography and Interviewing. Volume 1 and Volume 2. Beverly Hills. Sage Publications.

D. Thematic Analysis

One of the common goals of qualitative research is to identify broad cultural themes, supplemented by targeted descriptions of human beliefs, values, processes, and behaviors. There are a number of analytically valid methods for approaching themes within a culture, or between them. Most of these are described in the following works.

Bibliography: Cultural Themes and Thematic Analysis

Agar, Michael H. (1986) Speaking of Ethnography. Newbury Park, CA: Sage

DeWalt, Billie R. and Pertti J. Pelto, eds. (1985) Micro and macro levels of analysis in anthropology: issues in theory and research. Boulder: Westview Press.

Goodenough, Ward Hunt. (1970) Description and comparison in cultural anthropology. Chicago, Aldine.

Spradley, James P. (1979) The Ethnographic Interview. New York. Holt, Rinehart, Winston.

Strauss, Anselm L. (1985) Qualitative Analysis for Social Scientists. Cambridge. Cambridge University Press.

E. General informant selection Information

The literature on qualitative research provides a large body of very important information on the relationships between the researcher and the individuals in a culture who are providing information about their lives. Qualitative research, and ethnographic field research in particular, is highly dependent on the development of close personal alliances with the respondents. These are not individuals who answer questions on a questionnaire, as the only contact between the researcher and the respondent. Most ethnographic subjects require repeated interviews (life histories, cultural

process interviews, cultural models interviews, etc.) and are dependant on an on-going positive relationship.

Most qualitative research also relies on high quality, intense interaction and data collection from a relatively small number of people. Problems in accuracy and honesty cannot be solved through the use of large numbers of informants or statistical sampling procedures that reduce potential selection bias. This raises issues of effects of the accuracy, honesty, reliability, and the validity of the data that is collected. Qualitative research, when well done, has been shown to be highly accurate, reliable, and valid. The ways in which these conditions are protected are often somewhat different from the mechanisms used in quantitative research design, and should be explored at some length in designing qualitative research projects. This section provides information on two of the issues that are important for qualitative research respondent selection.

1. Accuracy and inaccuracy in qualitative research

One of the interesting conditions that attaches to qualitative research is that individuals vary in their expertise and in their ability to accurately recall information about the things that have happened to them. Some individuals are highly accurate in describing unique events, while others are far more accurate in describing events that occur on a regular basis. Some informants are excellent in describing areas in which they are cultural experts, but are poor respondents about general cultural conditions. The opposite is also true, since all cultures contain highly articulate individuals who can provide valuable insights into the most difficult to understand aspects of their own culture. Sometimes it is important to interview "special" people in a culture, and at other times it is best to talk to "typical" or representative samples of people. The conditions that affect informant accuracy in qualitative research have been explored at some length. The following readings provide an important overview of those conditions.

Bibliography: Informant Accuracy and Recall Conditions

Bernard H. and Killworth P. (1977). Informant accuracy in social network data II. Human Communication Research, 4, 3-18.

Bernard H., Killworth P. and Sailer L. (1980). Informant accuracy in social network data IV. Social Networks, 2, 191-218.

Bernard H., Killworth P. and Sailer L. (1982). Informant accuracy in social network data V. Social Science Research, 11, 30-66.

Blimes, J. (1975) Misinformation in Verbal Accounts. Some Fundamental Considerations. Man 10:60-71.

Freeman, Linton C. and A. Kimball Romney (1987) Words, Deeds, and Social Structure: A Preliminary Study of the Reliability of Informants. Human Organization 46(4):330-334.

Kirk, Jerome and Marc L. Miller (1986) Reliability and validity in qualitative research. Beverly

Hills: Sage Publications.

Killworth, P. D. and H. R. Bernard (1976) Informant Accuracy in Social Network Data. Human Organization 35:269-286.

Killworth P. and Bernard H. (1979). Informant accuracy in social network data III. Social Networks, 2, 19-46.

Nachman, Steven R. (1984) Lies my informants told me. Journal of Anthropological Research 40:536-55.

Romney, A. Kimball, Susan C. Weller and William H. Batchelder (1986) Culture as Consensus: A Theory of Culture and Informant Accuracy. American Anthropologist 88(2):313-338.

Weller, Susan C. (1984) "Consistency and Consensus Among Informants: Disease Concepts in a Rural Mexican Town. American Anthropologist 86(4):966-975.

2. Issues of sample size

The basic ethnographic or qualitative rule for determining the ideal number of respondents to interview on a specific topic is to conduct interviews until there is no significant additional variation in the information that is received. This means that research topics with very little intracultural variation may necessitate very few interviews, while variable issues need far more (up to an including the need to do appropriate sampling for information that needs to be generalized). When all of the important elements of an interview on a specific topic can be predicted prior to the interview, then there is no need for further interviewing on that subject.

The second rule for qualitative or ethnographic interviewing is to identify the people who are the experts in a particular cultural domain, and interview all of them, if they are all accessible. This approach is based on the assumption that they will provide the most accurate information about the details of their expertise, and that there are relatively few experts on any given subject in a small society (and often even in very large ones). Interviewing the whole population on a particular topic eliminates the need for complicated sampling design. This approach has been very effectively followed in small community research projects.

Ethnographic and other forms of qualitative data collection are intense, time consuming, and labor intensive. It takes approximately 4 to 6 hours to transcribe (verbatim) an hour long interview. The object of all qualitative interviews is to get as close as possible to the actual beliefs of the individuals being studied. This means that verbatim qualitative data is the gold standard for analytical purposes. This condition is another reason that ethnographic samples tend to be relatively small. The most common rule for the number of qualitative interviews that are needed on a particular subject is 15 interviews per segment of the population. For issues that might differ by gender, this would mean 15 interviews with males, and 15 with females. However, this is not a target based on statistical theory, and the first rule of ethnographic interviewing is always in effect. If you are continuing to find new and important information in the 15th interview, you should keep

interviewing until the variation in the topic area is thoroughly explored.

F. Analysis of culturally defined cognitive systems

There have been a significant number of advances in cognitive anthropology and other areas of qualitative research using a cognitive approach. Research routines which were once difficult to perform and now both easy to accomplish and useful in the analysis of specific cultural domains associated with alcohol, drug abuse and mental health systems. These procedures allow the researcher to explore the content and limits of cultural domains (cohesive areas of culture that are related to behaviors, beliefs, or cognitive decision processes in a culture). This section provides a brief overview of these areas. Later sections will provide additional details on the methodological approaches that are used in this type of research.

1. determining the content and limits of cultural domains

The first step in cognitive ethnographic research is to discover important cultural domains. This can be accomplished through open ended interviews and domain analysis. Once a domain is established, its content must be determined. One of the most common ways of exploring a domain, especially a linguistic domain, is to ask a set of cultural informants to list all of the elements that occur in that domain. This is called a "free listing." It is unconstrained, and will show some variation from informant to informant, due to recall and other accuracy issues (discussed above).

2. analyzing the structural elements of cultural domains

Once the content and limits of a cultural domain have been identified, it is normally very important to determine how those elements are related to each other, within the domain, and how that domain is related to associated areas of the culture under study. The most common techniques for this structural analysis are pile sorts and triads tests.

b. Triads: Triads questionnaires can be used to ask individuals about the similarities and differences among the named elements of a cultural domain. The respondent is provided with a long list of the domain elements, listed in sets of threes, and asked to identify the one in the triad that is the least like the other two. The data can be converted to a distance matrix and analyzed using a large number of multivariate statistical techniques.

c. Pile Sorts: The procedure allows respondents to create unconstrained taxonomic trees of the elements in a cultural domain, by placing either objects or cards containing words and pictures into piles. Each pile represents the elements in the domain that the respondent feels go together. This data can also be converted to a distance matrix and analyzed using a large number of multivariate statistical techniques.

3. portraying domains as consensual frameworks

Cultural consensus theory modeling is a cognitive anthropology technique that allows a researcher to describe the amount of consensus that is present in a culture regarding a specific

domain. For example, it would be possible to use this technique to discover the consensus (or lack of it) about the diagnosis of drug dependency, comparing active drug users, health care professionals, and former drug addicts.

Bibliography: Cultural Domain Analysis, Freelistings, Pilesorts, Triads, and Cultural Consensus Models.

Boster, James (1986) "Can Individuals Recapitulate the Evolutionary Development of Color Lexicons." Ethnology 25,1:61-74.

Dougherty, Janet (1985) Directions in Cognitive Anthropology. Urbana: Univ. of Illinois Press.

Garro, Linda (1986) "Intracultural Variation in Folk Medical Knowledge; A Comparison between Groups. American Anthropologist 88(2):351-370.

Lieberman, D. and W. M. Dressler (1977) "Bilingualism and Cognition of St. Lucian Disease Terms." Medical Anthropology 1:81-110.

Romney, A.K. , W. H. Batchelder and S. C. Weller (1987) "Recent Applications of Consensus Theory." American Behavioral Sci. 31(2):163-177

Romney, A.K. , S. C. Weller, and W. H. Batchelder (1986) Culture as Consensus: a theory of cultural and informant accuracy. American Anthropologist 88(2):313-338.

Weller, Susan C. and A. Kimball Romney, and D. P. Orr (1986) The Myth of a Sub-Culture of Corporal Punishment. Human Organization 46:39-47.

G. Exploration of social relationships and social structure

Human behavior always takes place in a social context. The individual may be the primary actor within that context, but his or her actions are reflected, reacted to, modified by, and interpreted by the people that make up the individual's cultural context. Behavior notoriously changes from one social context to another, and the group has powerful impacts on the beliefs and behaviors of the individual. Therefore, qualitative research has developed important mechanisms for describing and analyzing the structure and the interactions of small groups. The classic structural analysis of human cultures is embedded in kinship analysis. Since family units and extended families form the primary basis of interactions for most people, it is important to understand the values, obligations, interactions, and conditions that are attached to widely differing definitions of family and kinship in various cultures. Anthropologists have made an in-depth study, and have developed numerous methods for analyzing the social structure and interaction of kinship relations.

There are also many relationships that extend beyond family, or that do not involve family in the first place. These are issues of wider social structures that also provide the crucial context for many types of human interactions. A business organization, a drug network, a voluntary association,

or a governmental agency are all examples of units that have structural elements that may affect human behavior. In the past ten years there has been a rapid expansion in our ability to collect and analyze data about important relationships in these types of groups. The overall label for this type of analysis is "network analysis."

Bibliography: Kinship and Network Analysis

Berkowitz, S. D. (1982) An Introduction to Structural Analysis: The network Approach to Social Research. Toronto. Butterworths.

Bernard, H. R., P. D. Killworth, M. J. Evans, C. Mcarty, and G. A. Shelly (1988) Studying Social Relations Cross-Culturally. Ethnology 77(2):155-179.

Burt, Ronald S. and M.J. Minor (eds.) (1983) Applied Network Analysis. Beverly Hills: Sage Publications

Knoke, D. and Kulinski, J. H. (1982) Network Analysis. Newbury Park, CA: Sage Publications.

Scot, John (1991) Social Network Analysis. Newbury Park, CA: Sage Publications.

H. Cultural Decision Modeling

Decision modeling has very important potential benefits for qualitative research in alcohol, drug, and mental health research. Choosing among competing possibilities for action is at the heart of a large number of theoretical and practical issues in health related research. All cultures require humans to make decisions. Most of these decisions have measurable consequences for the individual, for good or evil. And in most cases where health and illnesses are concerned, the decision models of one culture will differ from, and even conflict with, that of another based on the agreed upon values, beliefs, technology, and symbolic system of that culture.

Decision modeling has been part of the methodology of medical anthropology for some time. For example, Young (1980) developed a decision model for treatment alternatives in Pichataro, a rural Tarascan community in West-Central Mexico. He used field records of 323 illnesses and their treatments to construct the primary elements in a decision model. He used these components to create hypothetical cases, then interviewed informants about the choices they would make in those cases. He measured the amount of agreement for each of the answers on the hypothetical cases, and used this information to develop patterns of alternatives. Finally, he constructed the model based on the key variables uncovered, including the gravity or seriousness of the illness, knowledge of a home remedy, and accessibility (cost and transportation) of professional help. He was able to construct a model of initial and subsequent choices for treatment alternatives for a wide range of illnesses, and test it in this population. He found that his model accounted for 91 percent of the choices included in the test, which makes the process and the actual model very valuable for understanding this health care system.

The work of Christina Gladwin (1989), *Ethnographic Decision Modeling*, is particularly

valuable for this methodological area, since it provides an excellent, step by step, discussion of the ways anthropologists can create testable decision models in any anthropological

Section 2:
RARE Methods Modules

Module 1: Focus Group Interviews

Focus groups have three primary activity periods in which information should be recorded to assure the preservation and the highest quality analysis of the focus group interview data. The first period includes the selection of the group members and the selection of the site for a focus group. The second activity is the focus group session, and the third involves all of the post focus group endeavors. Proper data collection at each stage helps assure accurate assessment, storage, and analysis of the data.

I. Focus Group Training Outline

1. Introductions

The staff and participants in the training session are introduced to one another.

2. Project Description

It is very useful to provide a description of the project that the focus group interviews will support, so the moderators can keep the research focused on the most important outcomes for the project.

3. Place of Focus Groups in Project

This is a more specific description of the goals and objectives that the focus group interviews will support.

4. Introduction to Focus Groups

It is very helpful to do a 15 minute overview of focus groups. This provides the moderators with information to answer questions that might be brought up when they contact participants.

A. focus groups defined

The following topics are useful in describing and defining focus groups.

1. describing focus groups as type of group interview
2. criteria for success
    a. they should cover maximum range of topics
    b. they can foster interaction leading to open discussion
    c. they provide specific (focused) data
    d. they can provide context for verbal data

B. basic purpose of focus groups

The following topics provide the moderators with an overview of the types of information they can gather using focus groups.

1. rich exploration of content
2. observation of interaction on subject
3. provide good evidence about how people discuss a topic, can be used to develop questionnaire
4. help make sure key issues are not ignored
5. pretesting of questions

C. general uses of focus groups

There are many uses for focus group data. The most common are as follows:

1. exploring topics for which there is little information available.
    a. unknown cultural domains
    b. exploring attitudes about issues
    c. identifying intracultural variation in domain
2. evaluating a product or idea
3. developing interview questions
4. confirming previous research findings

D. advantages of focus groups

There are a number of advantages to using focus groups, rather than single informant interviews.

1. they cost less per interview
2. they save time (more people can be interviewed in less time)
3. they allow you to see interaction on issues
4. they allow general exploration of a topic

E. limitations of focus groups

There are a number of limitations to the use of focus groups.

1. they are not based in natural settings, and do no allow you to collect information in natural contexts
2. the researcher may have limited control over the direction the interview takes
3. don't know if mirrors behavior
4. data can be difficult to analyze
5. groups can vary greatly, and it is difficult to determine if they are representative
6. discussing intimate or embarrassing topics is much more difficult in this type of setting

F. Known Problem Areas

The following conditions create difficult focus group interview situations.

1. controversial topics
2. conflict in larger group will be reflected in the focus group

5. Designing Focus Groups

The following criteria are important in deciding on the composition of a particular focus group.

A. group composition

1. group size (what is the appropriate size for the questions being asked and the cultural values of the group.)
2. group characteristics (sex, age, SES, variation on topics need to be taken into account in designing the study)
3. number of groups necessary (what is needed to cover the topic thoroughly)

B. group environment

The physical location can play a very important role in the success of the group interview. It needs to be isolated from noise and distractions.

C. recruitment for project

The recruitment of the correct participants in a focus group session requires that the following issues be addressed.

1. General Recruitment Issues

a. group composition

1. people should know about issue
2. a decision must be made to determine if homogeneity or heterogeneity of ideas is more important
3. the most common selection criteria (key for focus groups include:

a. gender
b. age
c. ethnicity
d. SES

e. expertise
b. location

6. Focus Group Processes

A. Initial Focus Group Process

1. Introduction (Contextualization)

a. ice breaking/chatting -- the first part of a session
b. giving permission to participate

B. Beginning Focus Session

1. Initial Questions

The initial questions should be open ended and should move from the general to the specific, but should be as concrete as possible.

2. Probes

All questions should be accompanied by multiple probes, additional small questions to make certain that all of the information needed in the project is adequately covered.

C. Sequencing Questions

It is important to place the questions in the order that will cause the least disruption to the group, and cause the least amount of redundancy.

D. Switching Foci

Most focus groups cover two, three, or more topics. One of the crucial issues is deciding when it is appropriate to switch topics.

1. timing of switch
a. when is enough enough

E. Closure

Another critical time period is bringing the entire session to a close, when all of the information has been gathered, but before the group energy is exhausted.

7. Moderating Focus Groups

The moderator is the key individual in the success of the focus group. The following topics

are the topics we use to prepare moderators for their role.

A. Role of the Moderator

We discuss the overall purpose and role of the moderator.

1. low control moderation vs high control moderation

One of the key questions that must be answered by the research project is whether to maintain a lot of control over the group, or to let it be wide ranging. The following act as a guide.

a. Low control is good for exploration, full scale content analysis, natural discourse analysis, etc.
b. High control is good when you have a strong agenda, product review, or need confirmation of previous findings

B. Asking Questions

The following issues should be discussed in creating focus group questions.

1. sequencing questions
2. spontaneous questions

C. Probes, Pauses, and Listening Responses

Probes are the critical questions asked during the focus group session, which allow in-depth exploration of the issues. In training focus group moderators, we discuss:

1. what makes a good probe
    a. it must be specific
    b. it must be in context and connected to the discussion of the moment.

We also train the moderators to creatively use silence to help gather information.

2. pauses
3. listening responses
4. avoiding judgmental statements

D. Potential Problems

The following are categories of people who can disrupt a focus group.

1. experts: people who MUST tell everyone everything they know.
2. non-participants

3. limelight hogs: people who need attention
4. friendship pairs: friends should be separated so they do not disrupt the group by talking amongst themselves.

E. Post-Interview Field Notes

In this section we discuss the importance of having the moderator record impressions and notes from the focus group. These notes help in analyzing the data later on.

F. Other Roles

There are other roles that can assist in creating the best possible focus group. One is to have an assistant moderator. Some of the things that the assistant moderator can do is to assist with logistics, to do the audio recording, to take notes during the session, and to remind the moderator of any missed questions or issues.

8. Analysis

We cover the following issues on the analysis of the data, so the moderators have an understanding of the uses of the data they are collecting.

A. Transcription

1. verbatim transcription (issues on translation)

B. Coding

1. specific content level
2. thematic or issue level
3. interaction level
4. life story level

C. Write Up

II. Focus Group Question Guides

The following list of questions are a guide to the questions that will be asked in the focus groups. The actual wording of the questions needs to be modified slightly, depending on the normal communication style of the individuals being interviewed. These modifications do not change the content of the question. However they make the question more easily understandable to the individual. Examples of these style changes, from the language used in board room, to the language used on the streets, will be part of the training exercises for each of the training modules.

A. Context Question Guide

- Who are the vulnerable populations?
- What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services
- What and where are the locations /settings in which behaviors occur that influence patterns that influence risk and protective behaviors?
- How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors.
- What is the extent and availability of exiting interventions , treatment and care
- What are the factors that increase/decrease likelihood of changing risk behaviors, and or sustaining protective behaviors?

B. Risk/Consequences Guide

- What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and morality associated with behaviors and HIV/AIDS
- Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS, experiencing morbidity and mortality associated with behaviors?
- What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community?
- What is the extent, availability and accessibility for subgroups, relative to the their risk for HIV, progression to HIV/AIDS and morbidity/mortality

C. Intervention Guide

- What is the extent and availability and accessibility of existing prevention interventions and treatment and care services?
- Who is being served and how are they being reached?
- What is the sociocultural appropriatenss of the interventions and services?
- What are the advantages and disadvantages of the existing interventions and services?
- What is working and needs to be continued, expanded, adapted for different groups,?
- What is not working and has to be discontinued?
- What intervention strategies have not been implemented?

III. Focus Group Data Recording Activities

A. <u>Focus Group Selection Activities</u>

a. **group participant identification activities**

1. Develop a contact list, including the rationale for the selection of each potential participant. This information is recorded in the **Pre-Session Contact Log**, Part 1.

2. Keep a log of all contacts made with the individuals on the initial contact list, including their response to the contact. This information is recorded in the **Pre-Session Contact Log**, Part 2.

3. Create a preliminary participant list, including key characteristics which lead to an individual's selection for group. This information is used for the last minute follow up contacts, and to provide the moderators with a list of individuals who will be attending the focus group. This information is recorded on the **Initial Participant List**.

b. **location development activities**

1. Select a location that is appropriate for high quality recording and interview characteristics. Information about this location is recorded in the **Location Record**. This provides the moderators with valuable information to help them design the proper setting for the interview in that location.

2. Provide a rough sketch of the location, and note any potential problems created by the space. This information is recorded in the **Location Record**.

3. It is also necessary to assure that there will be no interference from external activities at the time of the focus group. Noisy activities in the same building or outside the room can make recording during the focus group either difficult or impossible.

B. Focus Group Data recording activities

a. The moderator should create a record of all focus group participants; including names, addresses, note late arrivals, note relationships to other participants, etc. This is recorded in the **Participant Log for Focus Group Session**. Some of the information for this form can be collected directly from each of the participants when they complete the **Focus Group Participant Form** at the end of the focus group session. However, the additional comments made by the moderator about each person's participation can be very important information about the focus group.

b. The moderator (or assistant moderator, if one is available) should keep a focus group session log for each focus group which includes the start time, a list of questions asked, notes of the time when each major question is asked, and a record of major probe questions used. In addition, the moderator should sketch actual arrangement (location) of participants in the session. All of this data can be recorded in the **Post Session Field Note Log**.

c. The moderator should administer any pre-session activities, such as questionnaires, free listings, pile sorts, etc. after the introductions, but prior to the

first focus group question. (see APPENDIX B for example)

d. The entire focus group session should be audio-recorded from start to finish; video recording is permissible, if the equipment is available. It is best to use at least two tape recorders at all times, to avoid loss of data.

e. If someone is available, it is very useful to have an assistant moderator take notes during the session on session processes: these include sequential notes on who is speaking, notes of questions for the moderator to follow-up later in the session, notes on the "tone" of the session and any problem areas that occur and what their resolution or lack of resolution were.

C. Post-Session Activities

a. The moderator should record a set of post focus group session notes either as individual notes from the moderator and assistant, or as an audio recording of a post-session on the focus group. These notes should include an overall assessment of the session, its strengths and weaknesses, notes on key issues that were raised, notes on potential cultural domains to explore with further sessions and one on one interviews, notes about individual participants and their contributions.

b. Each tape recorded during the session should be marked with appropriate identification information (date, place, moderator, etc.) and logged in the **Master Log -- Focus Group Tapes**. It is highly recommended that each tape be duplicated to prevent loss of data.

c. The moderator should hand out and collect all of the **Focus Group Participant Forms**.

d. The ideal circumstance is to have the moderator and any other team members present complete a post session debriefing and record any potentially useful information about the session. This information can be recorded in the **Post Session Field Note Log**.

e. The audio tapes should be transcribed as soon as possible after the session, so that the moderator can help with any problem areas. All of the information about the audio tapes should be recorded on the **Focus Group Data Management Check List**. (See Transcription protocol for further information)

f. Finally, we have found it useful to maintain a master log of all of the focus sessions conducted. It makes it easier to locate the information for a particular session. This information is maintained on the **Focus Group Master Log**.

Models for each of the above data collection forms are attached.

Focus Group: Pre-Session Contact Log

I. Part 1: initial contact list, including rationale for selection

Name	phone	address	rationale
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

II. Part 2: Contact Log

Name	Date(s) Contacted	Remarks

Focus Group: Initial Participant List

Moderator: Session Date:

Participant List

Name	Phone	Rationale

Focus Group: Location Record

Moderator: Date:

Session Information:

a. session information (topic, general group information)

b. session date:

c. session location (exact location of both building and room)

d. sketch of physical space, with location of individual participants, moderator, and others noted.

Focus Group: Participant Log for Focus Group Session

Moderator: Session Date:

Participant List

	name	Comments
1.		
2.		
3.		
5.		
6.		

Focus Group Participant Form

Name _____

Address _____

Age _____ Sex ____

Relationship to any other member of focus group (relative, work, recreation, etc:

Name	Type of Relationship

Would you like to make any comments about the focus group?

Focus Group: Post Session Field Note Log

Moderator: Date:

Session Location:

Session Participants:

Session Topics (attach question and probe sheet)

general impressions and overall assessment of the session:

Key issues that were raised:

notes about individual participants and their contributions:

notes on potential cultural domains to explore with further sessions and one on one interviews:

Comments and Speculations:

Focus Group: Data Management Check List

Focus Group # _____ Date Conducted _____ Location _____

Moderator _____ Asst. Moderator _____

Description of Group:

Data List:

1. Tapes

	Original Recordings	Duplicates	Date
a. microcassettes	ID #'s _____	# _____	_____
b. minicassettes	ID #'s _____	# _____	_____

2. Data Logs

Log Received	Date
____ Pre-Session Participant Log	
____ Focus Group Location Log	
____ Group Participant Log	
____ Post Session Field Note Log	
____ Observer field notes	

3. Transcriptions

Tape Number	Date Transcribed	Comments

Focus Group: Master Log -- Focus Group Tape Cassettes

Focus Group ID #	Tape type (micro, mini)	Tape #'s

"Average Time" for Focus Group Questions

The following tables can be used to plan the number of topic areas, topic questions and probes that will be used in a focus group session. The information is based on our experience with cross-cultural focus groups. The following tables are based on the assumption that the groups will contain an average of six (6) persons. More informants will lengthen the session, fewer topic areas will shorten the session.

Most focus group sessions last between two (2) and three (3) hours. The total in the table below indicates the amount of time available for questions. The time necessary for introductions, the introduction of each topic, changes of topics, etc. (all of which add about 20-30 minutes) should be subtracted from the table.

2 hours = 120 minutes
3 hours = 180 minutes 4 hours = 240 minutes
5 hours = 300 minutes 6 hours = 360 minutes
7 hours = 420 minutes 8 hours = 480 minutes

The following tables provide an estimate of the number of minutes necessary to conduct a focus group, based on participants each using an average of one, two, three, four or five minutes to answer each question asked during the focus group. This is calculated by multiplying (the number of people) x (the number of topics) x (the number of questions devoted to each topic) x (the average length of answer for each participant). Thus each person answering in one minute would be 6 persons x 4 topic areas x 4 questions on each topic x 1 minute = 96 minutes.

a. **1 minute per answer per person** (highly unlikely, since most people cannot be that succinct, and more detail than that is usually preferable, anyway).

4 questions per topic (6x4x4x1) = 96 minutes
5 questions per topic (6x4x5x1) = 120 minutes
6 questions per topic (6x4x6x1) = 144 minutes

b. **2 minutes per answer per person**

4 questions per topic (6x4x4x2) = 192 minutes
5 questions per topic (6x4x5x2) = 240 minutes
6 questions per topic (6x4x6x2) = 288 minutes

c. **3 minutes per answer per person**

4 questions per topic (6x4x4x3) = 288 minutes
5 questions per topic (6x4x5x3) = 360 minutes
6 questions per topic (6x4x6x3) = 432 minutes

d. **4 minutes per answer per person**

4 questions per topic (6x4x4x4) = 384 minutes
5 questions per topic (6x4x5x4) = 480 minutes
6 questions per topic (6x4x6x4) = 576 minutes

e. **5 minutes per answer per person**

4 questions per topic (6x4x4x5) = 480 minutes
5 questions per topic (6x4x5x5) = 600 minutes
6 questions per topic (6x4x6x5) = 720 minutes

Example of Pre-Focus Group Questionnaire, including free listings.

We are asking you to fill out this questionnaire to help us fill in some of information we might miss in the focus group. This questionnaire is completely anonymous. Please do not put your name on it. We would like your honest answers about all of these questions.

I. Vulnerable Populations Questions

1. Please list ALL of the different groups of people who you feel are most vulnerable to HIV infection in your community.

2. Using the above list, would you please list the four groups that you feel are the most vulnerable to HIV infection (1 would be most vulnerable, 4 would be least, for this list).

3. Please list ALL of the different places in your community where people are at risk for HIV infection..

4. What are the critical conditions in your community that make people vulnerable to AIDS?

5 What are the most effective organizations and programs in your community, working with people who are vulnerable to AIDS?

5. What are the most effective kinds of interventions that exist in your community?

6. Where should new interventions be located in your community?

Sample Introductory Remarks for Focus Group

Before we begin, we would like to explain some things about focus groups. They are a special kind of discussion, similar to the way you talk to your friends. The information provided by the focus group is very important and we want to hear everyone's ideas and we need to record it on tape, so that we will not miss any of the ideas and discussions. We will introduce a topic for everyone to discuss. We are interested in hearing all of the things you think about the topic. Sometimes people will say, well another person has said what I think. Even if this has happened, we would like to know that you agree. Or perhaps you agree with other people, but you experience is a little bit different. Please tell us about your different experiences. And at other times, your experiences or opinions will be very different from what other people have said. We would like to know about these differences, too. It is very important that we find out about all of the ideas that you have, not just a few of them. This will help us collect the information that can be used to promote future educational or focus group discussions on AIDS and alcohol and drug prevention for the Navajo people.

When you tell about your experiences, we are very interested in hearing about the details. People often tell stories that explain something important that happened, or they saw, or something that happened to someone they know. Other people like to tell about specific details on an issue. We would like to hear the most important stories and details from your experiences with AIDS and Alcohol and drugs. It will help us develop the content of our new programs so we can better teach and encourage health promotion activities.

The questions we will ask will be about a central topic, and we will switch from one topic to another during the discussion. If you think of something later, that relates to an earlier topic, please share it with us, even though we may be on a new topic. We want to hear all of the ideas you have, even if they come up later.

Sometimes people get off the topic during a focus group. Some of that is natural, but if people move too far away from the topic, then others will remind them that we are talking about the central subject and that we want to hear their ideas on it.

Module 2: Key Informant Interview

The key informant interview is the primary data collection model for virtually all ethnographic data collection conditions. Key informants are individuals with either general or special knowledge about their culture. They are able to describe and discuss key issues about the culture and can provide special insights into both the processes and the rationales for what people do, why they do it, how they do it, where, when, and with whom they do it.

II. Key Informant Training Outline

1. . Place of Key Informant Interviews in Project

This is a more specific description of the goals and objectives that the Key Informant interviews will support.

2. Introduction to Key Informant Interviews

A. Key Informant Interviews defined

The following topics are useful in describing and defining key informant interviews

1.. criteria for success
   a. they should cover maximum range of topics
   b. they can foster interaction leading to open discussion
   c. they provide specific (focused) data
   d. they can provide context

B. Basic purpose of Key Informant Interviews

The following topics provide an overview of the types of information that can be gathered using key informant interviews.

1. rich exploration of content
2.. provide good evidence about how people discuss a topic
3. help make sure key issues are not ignored
4. explore values, beliefs, knowledge

C. general uses of key informant interviews

There are many uses for key informant data. The most common are as follows:

1. exploring topics for which there is little information available.
   a. unknown cultural domains

b. exploring attitudes about issues
c. identifying intracultural variation in domain

2. evaluating a product or idea
3. developing interview questions
4. confirming previous research findings

D. Advantages of key informant interviews

E. Known Problem Areas

3. Designing Key Informant Interviews

The following criteria are important in deciding on the composition of a particular focus group.

A. Sampling

1. sample size (what is the appropriate size for the questions being asked and the cultural values of the group.)
2. sample characteristics (sex, age, SES, variation on topics need to be taken into account in designing the study)

B. Question Sequences

1. Initial Questions

The initial questions should be open ended and should move from the general to the specific, but should be as concrete as possible.

2. Probes

All questions should be accompanied by multiple probes, additional small questions to make certain that all of the information needed in the project is adequately covered.

3. spontaneous questions

C. Probes, Pauses, and Listening Responses

1. what makes a good probe
   a. it must be specific
   b. it must be in context and connected to the discussion of the moment.

2. pauses
3. listening responses
4. avoiding judgmental statements

D. Post-Interview Field Notes

In this section we discuss the importance of having the ethnographer record impressions and notes from the interview. These notes help in analyzing the data later on.

II. Key Informant Primary Question Guides

A. Context Question Guide

- Who are the vulnerable populations?
- What are the local norms, values, beliefs that influence HIV risk and protective behaviors, access and utilization of services
- What and where are the locations /settings in which behaviors occur that influence patterns that influence risk and protective behaviors?
- How do the settings (physical environment and sociocultural context) influence the patterns of risk and protective behaviors.
- What is the extent and availability of exiting interventions , treatment and care
- What are the factors that increase/decrease likelihood of changing risk behaviors, and or sustaining protective behaviors?

B. Risk/Consequences Guide

- What are the different patterns of risk and protective behaviors, access and utilization of services that influence transmission of HIV, progression to AIDS, and morbidity and morality associated with behaviors and HIV/AIDS
- Which sub-groups are at greatest/lower risk of acquiring HIV, progression to AIDS, experiencing morbidity and mortality associated with behaviors?
- What is the extent of HIV risk, HIV infection and AIDS in subgroups at risk (gender, and by exposure group) in the community?
- What is the extent, availability and accessibility for subgroups, relative to the their risk for HIV, progression to HIV/AIDS and morbidity/mortality

C. Intervention Guide

- What is the extent and availability and accessibility of existing prevention interventions and treatment and care services?
- Who is being served and how are they being reached?
- What is the sociocultural appropriatenss of the interventions and services?
- What are the advantages and disadvantages of the existing interventions and services?
- What is working and needs to be continued, expanded, adapted for different groups,?
- What is not working and has to be discontinued?
- What intervention strategies have not been implemented?

Key Informant Initial Questionnaire

We are asking you to fill out this questionnaire to help us fill in some of information we might miss in the focus group. This questionnaire is completely anonymous. Please do not put your name on it. We would like your honest answers about all of these questions.

1. Please list ALL of the different groups of people who you feel are most vulnerable to HIV infection in your community.

2. Using the above list, would you please list the four groups that you feel are the most vulnerable to HIV infection (1 would be most vulnerable, 4 would be least, for this list).

3. Please list ALL of the different places in your community where people are at risk for HIV infection..

4. What are the critical conditions in your community that make people vulnerable to AIDS?

5 What are the most effective organizations and programs in your community, working with people who are vulnerable to AIDS?

6. What are the most effective kinds of interventions that exist in your community?

III. Key Informant Data Recording Activities

A. Key Informant Selection Activities

1. Develop a contact list, including the rationale for the selection of each potential participant.

2. Keep a log of all contacts made with the individuals on the initial contact list, including their response to the contact.

B. Key Informant Data recording activities

a. The entire key informant session should be audio-recorded from start to finish.

C. Post-Session Activities

a. The field researcher should record a set of post interview session. These notes should include an overall assessment of the session, its strengths and weaknesses, notes on key issues that were raised, notes on potential cultural domains to explore with further sessions and one on one interviews, notes about individual participants and their contributions.

Key Informant: Pre-Session Contact Log

I. Part 1: initial contact list, including rationale for selection

Name	phone	address	rationale
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

II. Part 2: Contact Log

Name	Date(s) Contacted	Remarks

Module 3: Data Management for Key Informant and Focus Group Data

I. Transcription Protocols

Transcription is the main data entry and data management process that is necessary for high quality ethnographic data analysis.

I. Introduction

The ideal condition is to tape all interviews and to conduct a verbatim transcription of the interview for analysis. If this is not feasible for some interviews, a transcript should be made from field notes, using the same format as the taped interview transcriptions. The baseline data for each interview (and each tape) should include date and time of interview, location of interview, name of interviewer, name of person being interviewed, description of the location, notes on any other individuals present during the interview, and a set of interviewer comments on the quality of the interview.

II. Transcription Conventions

1. Each audio tape should be identified with the following information, at a minimum.

Name of Study
Respondent ID
Date of Interview
Interviewer

The first lines of the tape transcript should provide basic file information (interviewer name, date of interview, time of interview, person interviewed, place of interview) for data tracking purposes. In some cases the name of the person who was interviewed will be changed to a code, rather than the actual name. The ".id" designation allows the file to be tracked according to the individual being interviewed. The actual ID code, following the ".id" designation can be up to eight characters long and can contain both letters and numbers.

Example:

id D101
Interviewer: Robert T. Trotter, II
Date: Jan 3, 1996
Time: 4:30pm
Place: Local Bar
Person Interviewed: D101
Instrument: HIV cultural models interview

2. Each speaker should be identified each time they speak. The convention for identifying the speaker is to type ".id" followed by a space, and then the identification code (or name) of the person who is speaking. This allows for analysis of speech patterns, as well as the content of speech.

Example:

.id Harvey

or

.id Flg1101

3. The interviewer statements should be indented to visually set them apart from informant quotes.

Example:

.id ID501

> Hi, I'm the interviewer and everything I say will be indented in this transcript. That way, anyone reading the transcript will be able to identify the interviewer's comments easily.

.id D3098
I'm the participant. All of the information in the interview that is a response from a participant will not be indented, to visually distinguish it from the questions.

4. The verbatim transcription should include as many non-verbal sounds (eg. laughter, coughs, external noises) on the transcripts as reasonable. Nonverbal sounds should be noted in parentheses, e.g. (Short sharp laugh) or (long pause).

5. The transcript should be recorded exactly as people speak. If people mispronounce words, their way of saying the words is what should be documented. The document should not be cleaned up by removing grammatical errors or misuses of words or concepts.

Example:

.id D123
I ain't gonna spend much time on this answer 'cause its too hard to keep track of the different segments I lives in. Un, its like, uh (short pause)... there's people on the street ain't got no place to stay.

6. Inaudible or difficult to transcribe segments, sentences, or paragraphs of an interview should be identified. When a segment is partially unintelligible, brackets should be place in the segment to indicate the portion that is missing from the text.

Example:
.id D543
The process of identifying missing words is a pain in [inaudible segment].

If an entire segment of the tape is inaudible or unintelligible, it should be noted with a bracketed statement that estimates the amount of tape information that is missing.

.id Flg803
[This segment of the interview is unintelligible: 2 minutes of interview missing]

7. Where required by research ethics, all proper names should be deleted or changed in the transcript to provide confidentiality. In some cases, study participants and their families should be identified by a pseudonym. The use of pseudonyms should be consistent (link the same people) throughout the text, and should reflect ethnic, gender, and (potentially) age differences in an appropriate manner. Place names may also need to be modified to protect confidentiality.

8. All transcriptions should be checked (proofed) against the original interview on cassette, preferably by the original interviewer.

Transcription Protocol:File Conventions

a. All files (transcripts) should be converted to ASCII (DOS text files).

b Verbal consent should be captured on the tape.

c. File Names

Each interview is normally transcribed as a single file. Each file should be named in a way that allows for ease of data management and analysis. The file name should contain the following information.

a. Site
b. Informant ID
c. Specific interview type
d. If multiple interviews are conducted with one informant, then the number of the interview should be recorded.

Example:

F103CMA1 (Flagstaff, respondent 103, cultural models-AIDS, interview 1)

II. Key Informant and Focus Group Data Coding Options

A. Option 1: Hard Copy System

This system is the basic system used in most ethnographic fieldwork. It involves setting up a set of codes that identify and summarize key concepts that are to be found in the qualitative data. These can either be derived from a priori theoretical interests of the investigators, can be derived directly from the data as descriptions and concepts emerge from the interviews, or both.

The system involves typing the notes from the interview and, at the top of the page, typing in codes that relate to the data saved on that page.

page 1 of x code1 code10 code190 code301 date

xxxxxxxxxx xxx xxxxxxxxx xxxxxxxxxx xx xxxx x xxxxxx
xx xxxxxxx x xxxxxx xxxxx xxxxxx xxxxxx xxx x x xxxx <--text
xxxx x xxxxxxxxxxx x xxxxxxxxx xxx xx xxxxxx xxx etc.

Each page is copied once for each code, and once for a master file that is kept in chronological order (or any other order that makes sense and keeps each interview together as a whole.

You create one file folder for each code, and place a copy of each page of the interview data containing that code in the folder. Additionally, you keep one folder with each interview in the order that the information was typed for the total interview. In this way you can either search through the data by topic, or read each piece of information within the context of the whole interview.

B. Text Oriented Data Base Option

There are a number of computer programs that are text (rather than numeric) oriented data bases. These programs allow you to code data with a great deal of sophistication, and to search, retrieve, and even do some quantitative analysis of the data in the data set. However, except for some added speed and convenience, they do exactly the same thing that is accomplished in the hard copy option. They allow you to go back and find important parts of the data and to analyze it and incorporate it into reports.

C. Levels of Qualitative Data Analysis

1. Descriptive Level

This is the first, and often one of the most powerful and important levels of qualitative data analysis. It involves the process of describing the findings captured in the ethnographic

interviews, by summarizing each issue or concept or set of ideas provided by the informants, and using exemplary quotations (the quote that best represents the subject being described) to illustrate each point. This provides readers with the clearest possible understanding of the issues from the point of view of the informants themselves.

2. Relational Level

The first description is often a normative one, which attempts to accurately represent the overall cultural position on each question or issue. Once the broad description is provided, it is almost always necessary to show the range and depth of variation in the culture on this subject. The most common variations are those that are related to important sub-groups in the population, such as differences between males and females, old and young, experts and lay persons, or between social or economic groups.

3. Thematic, Cognitive, Structural Level

This level of analysis involves the use of additional methodologies beyond ethnographic interview and focus group data collection. It depends on the use of special data collection techniques that allow for cognitive mapping of cultural domains, network analysis of social structures, or other forms of data manipulation.

III. Special Freelisting Data Management and Analysis

ANTHROPAC

ANTHROPAC 4.0 has six primary operation areas listed on its main menu. These include DOS, DATA, TOOLS, QUESTIONNAIRE, OUPUT, and OPTIONS. The DOS menu allows the user to perform DOS functions without leaving the program, including copying or deleting files, changing disks and directories, making new sub-directories, and exiting the program. This area of the program also includes a built in ASCII editor that allows the user to create new data sets that can be imported into the program. The DATA functions of the program allow the user to import and export data in a number of formats (ASCII, Ucinet, and others). This functional area also allows existing data sets to be viewed, and to be transformed or converted to new data sets using non-metric transformations of rows and columns. The TOOLS area contains most of the analytical operations provided by the program. These include several different types of scaling (MDS, correspondence analysis, likert scaling, etc.), factor analysis, cluster analysis, univariate statistics, regression, and matrix algebra functions. The questionnaire function of the program allows the user to create several different types of questionnaires that can then be analyzed using the analytical tools of the program. The questionnaire include ratings and rankings, matrix type questionnaires, as well as dyads and triads questionnaires for cognitive anthropology. The output functions allow the user to direct the output of the program to screen, file, or printer, and to view the results of data analysis prior to output. These options allow the user to control the settings for page size, print files, and log files for data output.

The cognitive anthropology subroutines in ANTHROPAC include the following:

a. Free Lists: a program that provides a descriptive summary of free listings from informants, and creates a matrix from those free listings that will allow the analysis of either informant profiles or variable profiles.

b. Triads: This program allows for the construction of triads questionnaires, entry of the questionnaire data, and creation of a data matrix that be further analyzed for cognitive structure.

c. Pile Sorts: The procedure reads data collected from a variety of pile sort techniques and produces a data matrix that allows further analysis of the domain.

c. Ratings/Rankings: This program provides for generation of individually randomized questionnaires on tasks for rating or ranking data.

d. Paired Comparisons: This program allows the creation of randomized paired comparison questionnaires, input of data for analysis, and creation of a data matrix for further analysis of the data.

e. Scaling: the program analyzes and provides basic statistics for seven types of scaling routines (MDS, Guttman, Likert, Magnitude, Correspondence, SVD, and Profit).

f. Cluster analysis: the program contains a series of cluster analysis options.

g. Consensus theory: This provides for the analysis of several different types of Consensus Theory models.

h. QAP: The QAP procedure is used to evaluate the similarity between two data matrices.

i. Factor: A program for factor analysis

This segment provides additional information and exercises for analyzing free listings, pilesorts, and introductory information on network analysis.

1. Free listing

A common technique is to elicit listings of cultural domain elements from informants. This takes the form of asking individuals to tell all of the kinds of X they know. For example, what kinds of drugs are used in this society? The more sophisticated uses of free listing data treat this qualitative data as variables that can be counted and used in several statistical procedures (Weller and Romney 1988). These techniques allow the free listings generated by individuals, or groups, or even communities to be compared with one another, either in terms of internal variation or variation from one to the other. This profiles can also be used to analyze relationships between the free listing information and key social variables, such as gender differences, economic and educational differences, etc. It would be expected that the answers to these free listing questions would differ based on the sex, age, income, educational level, and other culturally significant factors that help

define relationships in a culture. A number of techniques for analyzing free listings, along with their strengths and weaknesses, are described by Weller and Romney, in *Systematic Data Collection* (Weller and Romney 1988:pp. 9-16).

Some of the basic uses of free listings include:

a. creating a list of the salient elements of a particular cultural domain that can be used to generate ethnographic questions.

b. combining lists to explore intracultural variation in a domain.

c. determining the individual and group limits of knowledge about a cultural domain.

The free listing technique is normally based on the use of cultural experts, individuals who have excellent knowledge of the particular area of culture under study. Each individual is asked to name as many items as they can recall, for that particular cultural domain. For example, they might be asked "please tell us all of the symptoms you know that indicate that a person is an alcoholic or drug addict."

This produces a list for each cultural informant. Each list may contain single words, phrases, etc. These lists can be combined to determine the most common symptoms and signs that people use to identify alcohol and drug dependency problems in the general population. These items can also be compared on the basis of age, gender, or any other important social variables. The combined lists can be very important in assessing the wording used to develop the translations of the CIDI, by providing lists of concepts and words that can be used during the translation process.

ANTHROPAC EXERCISE 1

FREE LISTING DATA ANALYSIS

Steps for Free Listing Using ANTHROPAC 4.0

1 Collect free listings from appropriate number of people.

2. Create an ASCII data file, either using the ANTHROPAC editor or any word processor that can create an ascii file.

DATA ENTRY FORMAT:

respondent 1
item1
item2
item3
item44
respondent 2

item1
item3
item5
item7
respondent 3
item1
item9

etc. to end of listing. Items can be single words or phrases.

3. Choose DATA from the main menu.

4. Choose IMPORT from the DATA menu.

5. Choose FREELIST.

6. SOUNDEX (optional)

This function allows you to check your data for spelling errors and other close approximations of the same item. It will then produce a cleaned data file for analysis.

7. OUTPUT

The program automatically produces a file that lists each of the items, the number of times it occurs, and the percentage of occurrences. In addition it produces a vector frequency data file, a respondent by item matrix.

Module 4: Observation

Stimpson et al. 1999.

Observation allows the researcher
- to gain *first-hand* experience of human behaviour, meanings, relationships, and contexts
- to systematically describe these

Observation can be useful for
- producing detailed *maps* identifying the key locations and individuals in an area
- highlighting areas and topics for further research
- validating and cross-checking findings from other methods, data sources and hypotheses

There are two types of observation
- *unstructured observations* are useful in collecting background data on the local area and behaviours
- *structured observations* use pre-selected categories to determine what needs to be observed

The key advantage of observation is its
- *directness* - this avoids people giving misleading information which can happen if they want to be seen in a favourable light, are ashamed of their behaviour, or are just hostile to strangers

Although useful in producing rich and varied data, observation can be affected by
- *selective attention* - the interests, experience and expectations of the researcher can all affect what is being observed
- *selective interpretation* - the researcher jumping to conclusions
- *selective memory* - the longer a researcher waits until writing up notes, the less likely these are to be accurate and perceptive
- *'observer' effects* - being watched may lead to individuals changing their normal pattern of behaviour.

What is observation?

The most natural and obvious way for a researcher to collect data is to simply watch, listen, and record what is happening around him or her.

Observation is unlike other methods which rely on self-reported behaviour or secondary data sources. Instead, it allows the researcher to gain first-hand experience of human behaviour, meanings, relationships, and contexts. The observer learns by being present, by seeing what people do, and by listening to what they say. Observation can also complement other research methods. The use of 'mapping' techniques, the generation of theories and ideas for further research, and the validation of existing findings can all be aided by observation.

At an *early* stage of the rapid assessment, unstructured observations may be used to:

- highlight areas for research, map key areas, establish means of access, identify key informants
- identify risk behaviours
- gain an understanding of local behaviours, vocabulary and customs

During the *middle* stage of the rapid assessment, structured observations may be used to:

- validate and cross-check findings from other methods, data sources and hypotheses
- further explore specific topics or behaviours

At the *concluding* stage of the rapid assessment, unstructured and structured observations may be used to:

- validate and cross-check findings from other methods, data sources and hypotheses
- assess the representativeness of the emerging findings. This could be through repeating observations with different groups in different areas
- outline potential problems and possible solutions for future interventions

What can be observed during a rapid assessment?

Almost anything can be observed. However, this does not mean that researchers should unsystematically observe *everything.* An inexperienced researcher may make the mistake of trying to record or remember every detail of a situation. They may do this because they are worried that they will miss something important or are unsure what is actually of interest.

Researchers should concentrate their observations on *specific aspects* of a situation. Normally, these should be the most important activities or behaviours being displayed. However, there will be times when researchers:

- are not sure which aspects are important
- want to produce a descriptive account of the situation for contextual background
- want to explicitly determine what should and should not be observed.

To help ensure that observations are undertaken systematically, the researcher may wish to include one or more of the following aspects in their observations. These can also be used in sorting out notes made during an observation. Notes can be coded according to themes (*thematic coding)* which will help in the analysis of what is observed.

Example: aspects of observation *Settings* Where does the observation take place? When? What is the physical layout? What kind of objects are present? *People* Who is present? What type of person are they? How old are they? Why are they here? *Activities* What is going on? What activities are the people involved in? *Signs* Are there any 'clues' which provide evidence about meanings and behaviours? *Acts* What are people doing? *Events* Is this a regular occurrence? Or is it a special event such as a meeting or a disagreement? *Time* In what order do things happen? Is there a reason for this? *Goals* What are people trying to accomplish? *Connections* How do the people present know one another? Is their relationship social or organised on a commercial basis? Does the relationship change over time?

Not all of these aspects can or should be observed at one time. Where a researcher feels that there are a large number of aspects that could be observed, they should:

- prioritise each aspect in terms of its importance to the rapid assessment and deal with these in turn - this is normally done when a situation is unlikely to be repeated, or could end at any moment
- ask colleagues to help - this is only possible where the situation under observation would not be disturbed or interrupted by this
- observe a limited number of aspects and try to repeat the observation at a later date. This can be useful where a situation is frequently repeated such as interactions at a daily treatment service.

If a colleague can assist, this could improve validity through comparisons between observers' findings and interpretations.

Where and when should observation not be conducted?

Some researchers may wish to observe all kinds of behaviours and events. However, some of these might be better investigated using other methods.

There are also certain times and places when not only observations but any research method should not be used. These include situations where a researcher may place themselves, participants being observed, their key informants or the larger rapid assessment in a vulnerable position. This could involve:

- becoming actively or mistakenly involved in illegal activities
- undertaking a course of research which is *ethically* inappropriate
- or endangering the safety and security of the participants being observed, the researcher and others

Given the nature of the populations being researched, researchers will need to make decisions concerning when research should stop. If possible the reasons for these decisions should be agreed with the team before fieldwork starts.

Where and when should observations be conducted?

Researchers should try to conduct observations where the most important behaviours and activities are likely to occur. This may involve gaining access to 'difficult to reach' and 'difficult to research' populations. Sometimes the researchers may accidentally come across interesting situations, but it is better to anticipate when and where relevant behaviours and events are likely to occur. Knowledge and observation in a rapid assessment are mutually beneficial:

- observation can aid and improve knowledge through mapping the community and local ('*micro-site*') mapping
- knowledge from such mapping exercises can benefit further observations. This is particularly useful for distinguishing between *regular* and unusual *events*.

Occasionally, observations conducted in the local area may not be able to capture behaviours or activities that a researcher believes would benefit the rapid assessment. In such situations, *demonstrations* can be arranged.

Community and micro-site mapping

At the start of a rapid assessment, the rapid assessment team may be unsure of exactly what it is they should be observing, and where these observations should take place. One way of providing both a focus and location for observation is *mapping* the area in which a rapid assessment takes place.

Case study: identifying drinking and drug using venues
"There are approximately twenty licensed pubs, four large capacity venues which are regular night-clubs and venues for one-off promoted concert events, and a fluctuating number of smaller clubs/wine bars and themed restaurants. The two largest venues can hold between 2,000-3,000 patrons combined, with the smaller clubs holding 500 people. Several of the pubs have large capacities; **The Rat & Carrot** is licensed to a capacity of 1,200. Many pubs are 'feeder' venues channelling people who have come to club between 10pm - 2am or 3am (sometimes 'all-nighters' depending on licensing) before the later premises are opened. Consequently, there may be as many as 3,000 club-goers, both locals and 'outsiders', filtering in and out of the area of an evening, particularly on weekend nights, Thursday to Sunday. Ilford is known throughout the East End and Essex as a concentrated area of night-life and has a very large catchment area, sometimes drawing people from across the Thames in south London, depending on the nature of an event.
The Venue was viewed as having significant problems with under-age attendance and a consistently problematic clientele group.
The Island often holds one-off promoted concerts, and attracts a fluctuating diverse clientele. The smaller clubs are trying to stabilise their identity in relation to both policy expectations and marketing concerns. Commercial chain operated interests have recently opened two Irish theme

pubs and both of the themed restaurant/bars (Greek and Spanish) are licensed for pub capacity levels.
All the relevant key professionals emphasised their conviction that problem alcohol use is a far more significant problem for the community of Ilford than drug misuse."
Sutcliffe (1998) *Alcohol Related Harms in Ilford, Redbridge.*

Although written descriptions such as the case study of alcohol mapping above are useful, maps can also provide *graphic* representations of often complex information (see: Mapping, 9.8). Other methods may use mapping to monitor where interviews have already taken place, to study the distribution of HIV and AIDS across an area using secondary data, or to allow focus group participants to highlight areas which would benefit from a prevention project. Observational methods can be used to supplement such maps by identifying where the key locations and individuals in an area are. There are four main steps in conducting an observational mapping exercise.

- *obtain an up-to date map of the locality* - if a map is not available, then the researcher will need to draw their own. This need not be drawn to scale. However, it should be large enough to allow sufficient details to be recorded.
- *walk through the area a number of times* - the researcher should note important features, check the layout, make rough sketches and add detail to the map
- *'talk through' the area* - get in the habit of stopping to talk to people. The best way initially might be through casual conversations, for example with shopkeepers and street vendors. This may result in further key informants and can provide important background knowledge.
- *recruit a key informant* - this person should know the local area well, be aware of the aims of the rapid assessment, and be willing to point out areas and people of interest

Mapping is a *continual* process. New locations and areas of interest will arise during the rapid assessment and these should also be mapped. Mapping is not a single stage of the rapid assessment. Instead, mapping should become an integral and continual process. As the map becomes more detailed and access to particular locations increases, the researcher could produce maps of individual *micro-sites*. These are small but important areas such as drinking venues, shooting galleries, treatment clinics, drug dealing points and brothels. Here, the spatial layout and organisation of the location should be noted.

Mapping can be used to identify:

Locations where people gather - drinking venues, treatment clinics, shooting galleries, drug dealing locations, places where syringes or condoms are sold, locations of brothels, parks, secluded places.

Locations of key informants - the researcher can then quickly locate these key individuals.

Location of other indicators - this could include discarded syringes, drug laboratories, STD clinics, where the rich and poor sectors of the area are.

Boundaries affecting research - ethnically different areas may require different research approaches, different police precinct areas may have different policies towards drug use, areas may be 'unofficially' controlled by tribal or regional groups or gangs.

Main zones of activity of non-governmental organisations - these may contain knowledgeable individuals, data-sets or important buildings

Regular and unusual events

As a researcher becomes increasingly familiar with the local area, its inhabitants, and their behaviours, this familiarity will allow the researcher to distinguish between *regular* and *unusual* events.

- *regular events* - these are behaviours, situations or occasions which either happen frequently, or are common to a number of different people and places. Examples include a common preference for drug users to prefer inhalation to injection, common ways of preparing drugs, or common ways of combining drugs and alcohol

Case study: how heroin is smoked in Holland
"With a small pocket knife she takes a knife tip of heroin from the paper package and puts it on the oblong strip of aluminium foil that lies in front of her on the table. She takes the foil in her left hand and with her right hand she puts a tube with a length of
$\pm$ 7cm and a diameter of $\pm$ 0.5cm in her mouth. With the same hand she takes the disposable lighter from the table and lights it. Before holding the flame under the foil she checks the height of the flame. Then she bends a little over and brings the foil at approximately 10cm from her mouth, a little titled and parallel to her body. The end of the tube is now $\pm$ 1cm away from the little pile of light brown powder on the foil, slightly behind it. Simultaneously, she carefully positions the lighter, so that the top of the flame is $\pm$ 1cm under the foil where the heroin lies. The heroin powder melts, turns into a dark reddish brown drop and starts to run slowly along the length of the foil leaving a brown track behind. With the tube she carefully follows the drop and inhales the fumes that curl up from the heated liquid. When the drop approaches the end of the foil she stops heating it, while continuing to inhale for a second. The drop solidifies and spreads out a little. She puts the foil back

on the table and takes the tube from her mouth. After about 10 seconds she exhales." Grund (1993).

- *unusual events* - these are the opposite of regular events. Examples include special occasions such as seasonal festivals, unusual ways of preparing a drug, or unusual drug combinations.

Case study: inexperience of heroin smokers
Chasing is a complex practice that requires a distinguished level of knowledge and skills. Contrast the following fieldnote with that of the woman above:
"On the first floor Jack is busy scraping out the last remains of heroin from a plastic sandwich bag. He puts the drug on a piece of aluminium foil and gives the foil to the blonde guy who starts chasing through a rolled up piece of paperboard. He does not heat the foil carefully and misses many of the fumes."
Experienced chasers dose the flame carefully and keep the end of the tube right behind the drop, as close as possible. Their lighter and tube move almost simultaneously. When the drop runs over the foil it leaves, depending on the cuts and impurities, a light to dark brown track behind. By adjusting the distance of the flame to the foil and the angle of the foil, the speed, path and number of tracks of the drop are influenced. Jack is inexperienced. *He keeps the lighter very close to the foil, causing the heroin to burn quickly. Because of this the heroin drop only makes a short track.* Grund (1993).

Unusual events may not be observable for long and the researcher will have to quickly record the most important aspects of data. If the researcher has prior knowledge of an unusual event (they may be warned by a key informant or the event may be seasonal), they may be able to prepare a slightly more structured list of what they wish to observe.

Demonstrations

Sometimes, the only way for a researcher to observe a particular behaviour is to ask people to *demonstrate* it. For example, a researcher may ask an individual to show them how to prepare a drug solution made from poppy straw. This can be useful as the researcher can:

- ask for certain stages to be repeated or explained. This allows detailed notes to be made and can avoid misunderstandings.
- obtain a good view of the process. Often, observations undertaken where the researcher has an obstructed view of what is going on will miss certain behaviours or activities.

Demonstrations can be problematic because they are not always conducted *naturally*. The individual demonstrating the process may take more time and care than normal, leave out behaviours which they think the researcher may not like, or ask for a payment to cover 'costs'. There are also the ethical and security issues involved in observation: often, researchers are observing illegal activities and this could pose a danger both to themselves as well as to the people being observed.

Case study:
During a demonstration of how to prepare a drug solution from poppy straw, researchers noticed that one of the ingredients had a distinctly strong smell to it. With some reflection, the researchers realised that the drug making process had not been observed *naturally*. The area they were working in was comprised of densely populated housing blocks, where such as smell would have alerted neighbours who may have contacted the local police. The researchers concluded that such a process would normally take place in a secluded area away from other people. By examining several of the *maps* they had made they identified two or three places where they thought this might happen. These were investigated, contacts were made, and the researchers were fortunate enough to observe the process in its natural setting. This differed somewhat from the demonstration process.

How to prepare for observations

Research rarely follows a predictable or uneventful path. However, this does not mean that a researcher cannot systematically prepare for observation. This preparation will depend on the current *stage* of the rapid assessment and the *method* of observation used.

Preparing for observation:

- *Pre-rapid assessment* - an effective *training programme* will allow the researcher to become familiar with the different aims and methods of observation. They will also be able to practice newly acquired skills and understand what *aspects* can be included in an observation.

- *In the early stages of a rapid assessment* - (i) *mapping* can prove useful for preparing basic information on key people, areas and behaviours for observation. (ii) if it appears that a large number of observations are required, the team could allocate *specialised* duties to different researchers. This means that researchers will only observe certain types of behaviour or will work in specific geographical areas. This allows the researcher to build up expertise and rapport with local informants, rather than briefly undertaking a number of unconnected observations. (iii) researchers should try to arrange initial *field visits* with key informants.

- *In the middle stages of a rapid assessment - structured observation* guides and if necessary *record sheets* should be prepared. The rapid assessment team will need to decide: who and what should be observed? Where and when should this take place? How often should observations be repeated?

- *At the concluding stages of a rapid assessment* - researchers should attempt to fill in 'missing observations' with *demonstrations*.

How to conduct observations in a rapid assessment

There are two main methods of conducting an observation in a rapid assessment: *unstructured* and *structured* observations.

Unstructured observations

Unstructured observations are useful in the *early stages* of a rapid assessment when background data on the local area and behaviours are being collected. The researcher notes a range of aspects of a situation to gain a general understanding of what is going on. Initially, such observations should not exclude any prominent features, but should also avoid concentrating on any one aspect. These observations can then be classified and coded after the event according to relevant themes.

☑ useful for highlighting behaviours which either the researcher or the participants were unaware of

☒ can require skilled observers. Also, unstructured observation can still be subject to certain *observational biases*.

Structured observations

Structured observations are undertaken when the team have decided what data are most relevant for the rapid assessment. These decisions are normally taken after initial exploratory research. Collecting data requires the observation of specific behaviours or activities, in certain places, and at certain times. To help researchers, structured observations can employ *observational guides* and *record sheets*.

- an *observational guide* is useful for stating what should and should not be observed. These may include reminders of what to observe, specific instructions on how to do this, or precise tasks.
- a *record sheet* records a behaviour and when it occurs. It these can be useful when new or untrained researchers are used.
- *field notes* are the researcher's written descriptions of what they have observed. Brief notes may sometimes be made in research settings, if participants do not object, and written up in more detail as soon as possible after, while events are still fresh in the observer's mind.
- *Tape-recordings, video-recordings, and photographs* can provide useful records of observations, as long as this is acceptable to those being observed.

There are three different types of structured observation: extended observation, time point observations and spot-checks.

Extended observations

Sometimes, a researcher will want to make ongoing observations of a particular event or site. This can, for example, be used in:

- monitoring the types, behaviours and interactions of people who visit a known drug dealing point during a 24 hour period. The researcher could note the types of people seen, if people return more than once, which direction they came from, if they came on foot or by private vehicle or taxi, how long they stayed, and what behaviours occurred.

- recording the details of a lengthy meeting between local police and doctors from a treatment clinic. The details of who was present, what was discussed, how this was received and any conflicts could be noted.

Observations should be made continually and written down either in note form or entered onto a *record sheet* or *field notes.*

☑ this can produce rich and detailed information.
☒ however, it can be very tiring and may only be maintained for a short period.

Time point observations these attempt to monitor behaviour over a period of time. However, rather than observation being conducted continuously, the researcher notes activities at pre-defined periods. For example, observation may take place for 60 seconds every 10 minutes, for 10 minutes every three hours, or twice a day for a week. Note that activities may be different at different times of day or days in the week.

Spot checks these are normally one-off observations. Usually the researcher will arrive unannounced at a particular site, make the check and leave.

☑ useful in observing *signs of behaviour*. For example observing items - such as discarded drinks containers, drugs packaging, syringes or the numbers of people leaving a club who are intoxicated - that are evidence of substance use in the location.
☑ the information is useful for *validating* certain information from interviews, documents or even to make sure that researchers are using a method correctly.

Case study: condom use and observation
In one study, researchers wanted to estimate the rate of condom use among hotel clients. Clearly, the actual use of condoms could not be directly observed and the researchers felt that asking informants about condom use would produce inaccurate data. To solve this problem, researchers used *spot checks.* Firstly, they distributed condoms to each hotel resident. Secondly, they then estimated the rate of condom use by inspecting the hotel rooms when participants left and searching through the motel rubbish. All the condoms that were found were inspected and then counted.

How to record and manage data from observation

A major drawback of observations are the difficulties in recording and managing data. Suggestions on note-taking.

Researchers should be aware that they can encounter the following difficulties:

During observation

- *selective attention* - the interests, experience and expectations of the researcher can all affect what is being observed. Researchers should try and make a conscious effort not to dwell on any one aspect of a situation unless it is extremely significant.
- *selective interpretation* - researchers should try and keep an 'open mind'. If the researcher jumps to conclusions too early, this may lead to selective attention and miss important activities that occur later.
- *the 'observer' effect* The effect of being watched may lead to individuals changing their normal pattern of behaviour.

Whilst recording data

- *too few notes* - this could make it difficult to recall later what has been observed
- *too many notes* - if a researcher produces a large amount of notes this could mean that they have made *unsystematic observations of everything*
- *poor notes* - if a researcher does not produce clear and precise notes then this could create problems during analysis

After observation

- *selective memory* - an observer should not rely on simply having a good memory. The longer a researcher waits until writing up notes, the less likely these are to be accurate and perceptive.

Module 5: Street Intercept Surveys

Street Intercept Surveys, or rapid surveys, take advantage of the opportunity available in field research to do a rapid survey of individuals in key locations, to explore specific questions about emerging issues around HIV transmission dynamics, and issues related to prevention, treatment and care. The procedure is to develop a short survey (5 minutes max), composed of both open ended and closed questions. The open ended questions explore key questions or issues, the closed questions allow for rapid statistical description of the problem. The questions are normally borrowed from other, psychometrically strong, surveys. The sampling uses either a random sampling proceedure for a particular street intercept location, or can use Rapid Assessment sampling designs borrowed from ecological rapid assessment sampling procedures. In some cases, ethnographic sampling frameworks may be used. The normal sample size if 30 to 50 individuals, and the survey can normally be conducted in a 2 to 3 day period, maximum. The full intercept survey procedure can be conducted, the data entered, and a preliminary analysis created in a one week turn around time. The open ended question data is entered into a CDC sponsored program called EZ TEXT, and the quantitative data is entered into SPSS for analysis.

The topics of the street intercept surveys will vary, depending on the key questions that need to be answered about interventions (prevention, treatment, or progression to disease) that are contemplated for a particular site.

Example of Open Ended Questions for Street Intercept Survey on Who Needs Help the Most?

I. Key Questions For Street Intercept Questionnaires: Open-ended Question List

1. Please list ALL of the different groups of people who you feel are most likely to get infected with HIV/AIDS virus in your community.

2. Please list ALL of the different places in your community where people are the most at risk for HIV infection.

2. What kinds of programs are available to help these people?

3. What kind of help is missing for these people?

4. Are the programs in the right places? Please explain either yes or no answer.

5. What are the most effective organizations and programs in your community, working with people who are vulnerable to AIDS?