Women's Integrated Sexual Health (WISH) Programme for Results: independent verification, evidence and learning

A learning-focused assessment of experiences in collecting poverty and disability measures through client exit interviews

Evidence Brief

June 2020

Preface

The Department for International Development (DFID) has contracted the e-Pact consortium to undertake Third Party Monitoring (TPM) of Women's Integrated Sexual Health (WISH). Oxford Policy Management (OPM) and Itad are jointly implementing this project in collaboration with Forcier, AEDES and ATR Consulting for in-country support. While TPM is the official name of this project and is used in the contractual documents, in order to better express the nature and dimensions of this work, we refer to this project as the Women's Integrated Sexual Health (WISH) Programme for Results: independent verification, evidence generation, and learning and dissemination for WISH (W4R in short).

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Executive summary

This Evidence Brief was produced by the WISH4Results (W4R) team, the third party monitor for the WISH programme. Its objectives were to review the experiences of implementing partners' (IPs') data collection teams in administering the Washington Group Questions (WGQ) for measuring disability and both the Multidimensional Poverty Index (MPI) and Poverty Probability Index (PPI) for poverty as part of the standard Client Exit Interviews (CEI) used across the programme.

Little is known about administering these measures in the context of sexual and reproductive health (SRH). W4R aims to address this gap to provide guidance on how to improve data collection approaches in consideration of any methodological or ethical issues that may arise from using these tools for WISH and the wider development community.

The assessment collates and analyses evidence and insight from five focus group discussions (FGDs) with a total of 28 data collectors from three CEI exercises conducted by the two IPs: International Planned Parenthood Federation (IPPF) and Marie Stopes International (MSI) in two countries (Cameroon and Tanzania).. The FGDs were conducted immediately after the CEI data collection period in each country. Data collection was conducted in February and March 2020.

Key findings: Implementing the Client Exit Interviews

- **The training for the CEIs was well received and enumerators felt prepared to deal with sensitive topics and vulnerable clients.** Feeling equipped with knowledge about SRH and family planning (FP) services, as well as gaining buy-in from service providers, helped enumerators gain respect and trust from clients resulting in more productive interviews.
- **There were a number of methodological issues concerning the implementation of the CEI that affected the recruitment and data collection and hence the ability to interview eligible clients.** These included: difficulty in finding suitable spaces to conduct interviews; problems in following up with clients in the community (for the community-based distribution service delivery channel) resulting in some interviews taking place several days after receiving a service; women not wanting to be seen or spend additional time in clinics in settings where the use of FP is not socially acceptable; and lack of resources to enable interviews with people who were deaf, mute, or preferred to speak in a local language.

Key findings: Experiences of administering the poverty questions

- **In general, enumerators in Tanzania found the questions on poverty (i.e. about living conditions, child mortality and ownership of assets) to be overly sensitive or personal and some were uncomfortable to ask.** In some cases, this raised feelings of suspicion and fear among clients, especially in the context of an SRH survey. This was also a reason why some clients declined to participate in these questions.
- **The enumerators in Cameroon did not find the poverty questions sensitive but found them technically difficult to administer.** Reported problems were due to poor translation of some terms and inaccurate response categories associated with questions about ownership of household assets.
- **The setting of the interview also influenced the level of accuracy on data about clients' living conditions. E**numerators who conducted interviews at the household level (in CEIs community-based service delivery) found it easier to ask these questions

in situ, where they could observe and verify responses about household assets and materials.

Key findings: Experiences of administering the Washing Group questions on disability

- **Enumerators in Tanzania found the disability questions more challenging to ask and that they needed to provide more explanation to all six questions.** Key difficulties were due to the contextual understanding of items or activities e.g. 'hearing aids' or 'climbing steps' that were either not accessible or relevant to clients.
- **Some WGQs were confusing or ambiguous for clients to understand.** The question on 'self-care' also caused confusion either due to translation or applicability in areas where resources such as water (and clothing) was limited; and questions regarding 'usual language to communicate' and 'difficulty hearing' were seen as either ambiguous or pointless to ask when respondents were already communicating well during the interview process.
- **In Cameroon, there was some confusion among enumerators around the use of the questions and the universal domains of 'functioning' to measure disability.** The simplicity of the WGQs were not regarded as sensitive and both enumerators and clients did not feel the long introduction to the section was wholly justified by the questions themselves.
- **Some enumerators reported hesitancy around the response categories for self-reporting the level of difficulty which was not always easy for clients to determine.** They also felt the tool did not differentiate clearly between a permanent (long-term) and temporary (e.g. illness/injury) disability, which could result in over-reporting of people with disabilities.

Conclusions and Recommendations

The issues identified in this assessment have revealed some strengths and types of limitations of including the MPI/PPI and WGQ in the CEI questionnaire in the context of SRH. In going forward, it important for future rounds of CEIs implemented by IPs that these insights are taken on board to improve the training of enumerators and data collection process in different service delivery settings.

To help improve data collection approaches to support the quality of poverty and disability data generated through CEIs for the WISH programme the following actions for IPs are recommended:

Questionnaire

1. Ensure translation of questions and terms for both WGQ and MPI/PPI are tested for cultural and contextual appropriateness in each country prior to data collection.
2. Provide clearer guidance and instructions in the tools for administering the poverty questions in different fieldwork settings, e.g. static, outreach and community-based distribution.
3. Review the length of the CEI questionnaire in general, including the number of instructions and introductions before each section to reduce the length of the interview.

Training

4. Include more focus (including using examples) on how to administer challenging poverty and disability questions in training of enumerators and supervisors.
5. Include more time and focus on the concept and purpose of the WGQs being used to measure disability and include national experts on disability in the training design.

6. Provide clearer guidance during CEI training on the importance and responsibility to ensure quality data collection, especially around not changing the original meaning of questions, e.g. ‘Do’s and Don’ts’ for adapting questions to help clients respond.
7. Provide clear guidance to community health workers and health providers so that they can effectively support the recruitment process.

Data collection and supervision

8. Give more consideration to how to recruit and include people with disabilities in the CEIs, including collaboration with pro-disability organisations to help with the recruitment of suitable data collectors.
9. Equip data collection teams so they can conduct interviews in secure and private areas in comfort (e.g. with portable stools).
10. Strengthen the supervision of data collection and ensure existing observation and feedback mechanisms include sufficient focus on the more challenging to administer WGQ and poverty questions.

Data analysis

11. Consider the challenges identified in this assessment in the analysis of the CEI data for Tanzania and Cameroon to help verify some of the findings.

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List of abbreviations

CAMNAFAW	Cameroon National Planning Association for Family Welfare
CAPI	Computer-Assisted Personal Interviewing
CBD	Community-based distribution
CEI	Client Exit Interview
CHW	Community Health Worker
COVID-19	Corona Virus Disease 2019
DFID	Department for International Development
FGD	Focus Group Discussion
FP	Family Planning
ICF	International Classification of Functioning, Disability and Health
IP	Implementing Partner
IPPF	International Planned Parenthood Federation
MPI	Multidimensional Poverty Index
MSI	Marie Stopes International
MST	Marie Stopes Tanzania
OPM	Oxford Policy Management
PPI	Poverty Probability Index
PWD	People with Disabilities
SRH	Sexual and Reproductive Health
TPM	Third Party Monitoring
W4R	WISH4Results
WGQ	Washington Group Questions
WGSS	Washington Group Short Set
WHO	World Health Organization
WISH	Women's Integrated Sexual Health

1 Introduction

1.1 Background

As part of the Women's Integrated Sexual Health (WISH) Programme, WISH4Results (W4R), the Third Party Monitor (TPM) is mandated with conducting discrete studies and developing evidence briefs to generate further evidence and learning to support programme adaptation for improving WISH outcomes and goals.

The WISH programme has a major focus on reaching vulnerable populations, including adolescents (under 20 years of age), people living in poverty and people with disabilities. While WISH collects this data, there has been little discussion about the methodologies used and the challenges in collecting data on key sensitive topics such as poverty and disability. WISH implementing partners (IPs) collect data on poverty and disability from service users through Client Exit Interviews (CEIs) which are conducted annually using a systematic approach to generate comparable country data for the programme. The tools used for this measurement are the Washington Group Short Set (WGSS) of questions for disability[1] and the Multidimensional Poverty Index (MPI) and Poverty Probability Index (PPI) questions for poverty. These tools are some of the preferred methods among the global community due to their reliability and have been incorporated into the standard CEI questionnaire. A decision was taken by IPs to collect both MPI and PPI poverty indices, whereby some countries have merged the two question sets, as the PPI questions are not available in all WISH countries and the MPI captures a wider dimension of poverty. These tools are described in detail in Appendix 1.

While the CEIs and use of these tools aims to provide a measure of the prevalence of clients who are living in poverty and/or with a disability within the WISH programme, little is known about how the administration of these questions are experienced in practice; such as how the questions are asked by the enumerators, how the enumerators and respondents understand the questions themselves, and other biases that may affect the collection of data in the context of CEIs. For example, service users may be reluctant to share this type of information in the setting of a sexual and reproductive health (SRH) service. While there has been learning on administering the Washington Group Questions (WGQ) in other development sectors, including education,[2] there has been less in SRH, and to our knowledge no similar research around the use of MPI and PPI questions. W4R aims to address this gap to provide guidance on how to ensure robust data collection using these tools both for WISH and the wider development community.

1.2 Objectives of the assessment

The objectives of the assessment are to:

[1] While there are several types of Washing Group Questionnaires, in this report the abbreviation WGQ (Washington Group Questions) is used to refer to the Washington Group Short Set of questions.
[2] For example, the DFID flagship programme Girls Education Challenge: https://dfid-gec-api.s3.amazonaws.com/linked-resources/GEC_quarterly_newsletter_Sept-18_final.pdf

- Review the experiences of data collection teams in administering poverty and living with disability questions as part of CEIs in the context of SRH services.
- Recommend how to improve data collection approaches in consideration of methodological and ethical issues that may arise in administering these questions to strengthen the next round of CEIs.

This assessment contributes to the evidence base and learning across the consortium and aims to improve data quality and measurement issues within the WISH programme; and provide guidance on how to ensure robust data collection to inform effective delivery of programmes for these people living in poverty and with disability.

1.3 Methodology

The assessment involved the following approaches:

1. A rapid **literature review** of evidence from other development programmes' experience of using similar questions to measure poverty and disability to identify the types of issues concerning the use of the questions and how these relate to the use with SRH clients; and to inform the design of the focus group discussion guide.
2. Qualitative data collection through five **focus group discussions** (FGDs) with a total of 28 enumerators who participated in the CEI data collection in a small sample of WISH country/settings.

The countries were selected in collaboration with the Lot 1 and Lot 2 Leads (IPPF and MSI), based on country capacity to host the data collection and timing of the CEIs once research ethical approval was granted. In total five FGDs were conducted during February–March 2020 in two WISH countries: four in Tanzania (two with IPPF, two with MSI) and one in Cameroon (IPPF). FGDs were primarily with WISH Lot 2 and IPPF due to the timings of the CEI in the respective countries. Participants were a mix of male and female enumerators as it was not practically feasible to conduct separate FGDs, and the gender of data collectors was not perceived by the researchers to have a significant impact on the topic of discussions (Table 1).

Table 1: Summary of focus group discussions

	FGD 1	FGD 2	FGD 3	FGD 4	FGD 5
Country	Tanzania	Tanzania	Tanzania	Tanzania	Cameroon
Implementing partner	IPPF	IPPF	MSI	MSI	IPPF
WISH Lot	2	2	2	2	1
Location of FGD	Dar es Salaam	Kilimanjaro	Dar es Salaam	Dar es Salaam	Yaoundé
Total participants	7	4	6	5	6
Male	4	1		1	1
Female	3	3	6	4	5

The literature review informed the development of one discussion guide that was translated into Kiswahili and French. The guide included topics such as past research experience,

training, impressions and experience of administering the poverty and disability questions with a particular focus on challenging questions and/or client groups/settings. The FGDs were facilitated by two local consultants[3] and were conducted immediately after the CEI data collection period in each country. The five sets of data were coded thematically (based on the sections of the questionnaire) using the data management software package MaxQDA.

Limitations

A few constraints and limitations for this assessment should be noted from the outset. The first relates to the limited selection and scope of WISH countries to be a part of the study. While the five FGDs were successful in identifying common issues across the two countries (and across different settings in Tanzania), it would have been useful to include additional countries' experience to provide more generalisable findings.[4] We were not able to do so due to the impacts of COVID-19 on country operations. Second, there was only one FGD conducted in Cameroon, and thus a small number of participants. Third, a few enumerators in all five FGDs reported that they did not interview clients with a significant disability/ functioning condition and therefore could not provide feedback on engagement with and experience of the questions with this particularly vulnerable client group.[5] Last, within the limitations of the WGQ and scope of the CEI methodology, it was not possible to include people with cognitive disabilities, who due to their inability to answer questions would have been initially screened out of the interview process.

A note on CEI questionnaires

While all WISH countries include the same WGQ in their CEI questionnaire, it is important to note, that there are differences between the poverty measurement tools used in each of the CEI exercises in this assessment, and between these tools and other studies that have included PPI and/or MPI questions. First, the PPI is country specific, and so the number of questions, as well as their content differs slightly from country to country. Second, the CEIs were conducted using merged PPI and MPI questions, e.g. living conditions, in order to collect both indices while minimising question duplication. This means that the section on poverty may have greater or fewer questions across the WISH CEIs as well other surveys that include PPI or MPI questions, which may affect the enumerators' perceptions of them. The interpretation and analysis of the FGD data had taken account of these differences.

[3] Itad consultants in Tanzania and Cameroon were responsible for organising the FGDs, contacting respondents facilitating, audio-recording, transcribing and translating each discussion group.
[4] A third country, Uganda was to be included in the assessment, but had to be terminated due to the onset of the Covid-19 pandemic and restrictions for data collection.
[5] This is referring to enumerators' reports based on their experience of respondents who self-reported to have either 'a lot of difficulty' or 'cannot at all' in response to the WGQ.

2 Issues around using poverty and disability measures to consider for SRH: findings from the literature review

A summary of the WGQ and MPI and PPI tools and what they aim to measure is described in Box 1. While these tools have been extensively tested and validated in regions across the world to ensure accuracy and universality, there are some evidence gaps in methodological approaches for measuring poverty and disability as well as ethical considerations that are relevant for their applicability in the context of SRH.

Box 1. Summary of WGQ, MPI and PPI measures for WISH CEIs

- The **Washington Group Questions** are a series of question sets designed by the Washington Group on Disability Statistics as part of the United Nation's Statistical Division City Group, in order to collect comparable national-level disability data. The WGQs operationalise the WHO's International Classification of Functioning, Disability and Health (ICF) into national surveys and censuses. The **Washington Group Short Set of Questions** (WGSS) is a standardised set of six questions to measure disability based on how an individual may be excluded from participation in everyday activities because of difficulties they face due to a health problem. The survey collects information on self-reported level of difficulty to carry out basic functions: seeing, hearing, mobility, communication, cognition and self-care. The results produce a continuum along which everyone in the survey can be placed and individuals are identified as disabled if they respond 'a lot of difficulty' or 'cannot do at all' to at least one of the six questions.
- **Multidimensional Poverty Index** is an international measure of acute multidimensional poverty covering over 100 countries. The tool identifies multiple deprivations based upon 10 indicators grouped into domains: health, education and standard of living, and captures not only the prevalence but also the intensity of poverty of an individual.
- **Poverty Probability Index** measures the relative poverty by asking country-specific questions about household members, assets and household facilities to then estimate the likelihood of an individual falling below the national poverty line. The WISH target is the international extreme poverty line of US$1.90 a day.

Much of the literature about administering these tools comes from organisations' experience of using the WGQ or from development and education sectors. There is no known research with a particular focus on these sets of tools in the context of SRH services, nor similar studies around the use of MPI or PPI. Due to the similar exclusion difficulties and stigma faced by people living in poverty, it is likely similar concerns may apply with administering both sets of tools.

Methodological issues

Methodological issues of using the tools concerns the accuracy of data collection. Research has shown that due to the functional purpose of the WGQ and MPI/PPI measures to enable reliable data collection in cross-cultural settings, there has been little consideration of how the language and contextual factors may influence people's ability to respond truthfully to

certain questions.[6] In Humanity and Inclusion and Leonard Cheshire Disability's recent study of how the WGQ are being used beyond their original purpose, they found that the absence of thorough training on how to administer the WGQ and sensitisation around disability, is likely to negatively impact on data collectors' ability to engage with respondents in a respectful and meaningful way.[7] However, there is a lack of guidance regarding best practices on training on how to use the WGQ; instruction on how specific questions can be adapted without changing the original meaning, to different countries and context so they can be asked in a culturally sensitive way; nor on how individual responses can be verified to aid accuracy. In another study where the WGQ have been used in the health sector, Sightsavers in Ghana[8] piloted the feasibility of including the questions to capture data on disability as part of a Mass Drug Administration data system for its Neglected Tropical Diseases programme. In their evaluation of health workers' and community drug distributers' use of the tool, they also emphasised the importance of quality training to cover the functional concept of the questions (i.e. explaining disability as a limitation) as this was considered a 'new' way to approach disability that is often seen through a medical perspective. It was also suggested that training should follow up with a series of practice exercises to ensure data collectors understand the WGQ concept and self-assessment design of the questions.

Other methodological issues concern the self-report nature of the tools. While this is a strength of the WGQ in keeping the tool simple and applicable to be included in different types of surveys, the results can be biased in the absence of a clinical assessment. This is particularly noticeable if there is a perceived advantage in reporting higher levels of difficulty in the context of programmes providing services or financial benefits.[9] In their study to evaluate the accuracy of the extended child functioning module of the WGQ among school children, Sprunt *et al.* (2019) found a variation of accuracy across the different domains, particularly between the observable functions (i.e. speaking, walking, seeing and hearing) compared to cognitive functions (i.e. remembering) as well as challenges with self-reporting lower levels of difficulty among respondents who actually had moderate or higher clinical impairments.[10]

Challenges around sensitive issues and stigma in the provision of SRH

The application of the WGQ, PPI/ MPI measurement tools in the context of SRH requires additional responsibilities for data collectors when asking clients about their poverty and disability status in the setting of SRH services.[11] Enumerators have a duty not to reinforce

[6] De Beaudrap, P. *et al.* (2016). HandiVIH – A population-based survey to understand the vulnerability of people with disabilities to HIV and other sexual and reproductive health problems in Cameroon: protocol and methodological considerations. *BMJ Open*, 6(2), p.e 008934.
[7] Leonard Cheshire and Humanity and Inclusion (2018). Disability Data Collection: A summary review of the use of the Washington Group Questions by development and humanitarian actors. LC and H&I, London, UK.
[8] Sightsavers (2018). Ghana Disability Data Disaggregation Pilot Project: Results of Integrating Disability into Routine Data Collection Systems, 2016–2018 https://research.sightsavers.org/wp-content/uploads/sites/8/2019/01/Ghana-DDD-pilot-project-December-2018.pdf
[9] Sprunt, B., McPake, B. and Marella, M. (2019). The UNICEF/Washington Group Child Functioning Module—Accuracy, Inter-Rater Reliability and Cut-Off Level for Disability Disaggregation of Fiji's Education Management Information System.
Int. J. Environ. Res. Public Health. 16(5), 806; https://doi.org/10.3390/ijerph16050806
[10] Sprunt, B. *et al. Ibid*
[11] Sweeney, S. *et al.* (2016). Methodological issues to consider when collecting data to estimate poverty impact in economic evaluations in low-income and middle-income countries, *Health Economics*, 25(1) pp. 42–52; Women's Refugee Commission (2015). 'I see that it is possible' building capacity for disability inclusion in

stigma or stereotypes that people living in poverty or with disabilities may face in daily life, and thus contribute to further feelings of exclusion that the very programme are trying to address. Findings from the Humanity and Inclusion and Leonard Cheshire's Disability study showed respondents felt very comfortable being asked the WGQ in the context of development and humanitarian programming, whereby 97% of people interviewed felt comfortable when asked the WGQs, out of which 100% of people with disabilities interviewed felt comfortable compared to 94% of people without disabilities.[12] While the design of the WGQ tool enables data to be sensitively collected within a human rights framework by avoiding use of the word disability (which in many contexts is associated with stigma and as a consequence can discourage people from disclosing they have an impairment), poverty questions in the context of SRH surveys may be perceived as additionally sensitive by not being health-related topics and therefore their purpose may not be clear. One key approach to safeguard respondents from feeling further excluded is to ensure data is collected in a culturally appropriate and sensitive way, such as translating questions into the local language and using accessible modes communication such as braille and visual cards.[13,14] However, the act of translation is particularly complex as the questions need to maintain their original meaning to ensure reliability of data and the use of multiple mediums of communication aids can make fieldwork more timely and resource intensive, as well as require additional testing and evaluation.[15]

Furthermore, these tools do not provide guidance on how to accommodate the different needs or situations of respondents with specific needs, such as people choosing or requiring the assistance of a carer or companion when participating in the CEI. The presence of other people in the interview may raise additional ethical challenges especially in the context of SRH (as is during consultation/service provision), as well as the validity of data.

Given the lack of understanding regarding the different factors that may be associated with the quality of data collection, the effectiveness and ethics of the methods used to collect these measures, as well the usability of the data in the context of SRH the W4R has undertaken this assessment to explore the experiences of data collectors using WGQ and MPI/PPI measure in CEIs. The findings will help the TPM and IPs to learn more about how these tools are applied in practice in the SRH sector and identify ways for the WISH programme to improve on guidance for using the questions to contribute to robust data collection approaches.

gender-based violence programming in humanitarian settings; and Tanabe, M. *et al* (2018). 'Nothing about us, without us': Conducting participatory action research among and with persons with disabilities in humanitarian settings. *Action Research* 16(3), pp.280–98.

[12] Leonard Cheshire and Humanity and Inclusion (2018). *Ibid*

[13] De Beaudrap, P. *et al.* (2016). *Ibid*

[14] Leonard Cheshire and Humanity and Inclusion (2018). *Ibid*

[15] http://www.washingtongroup-disability.com/frequently-asked-questions/

3 Key findings

The following section summarises the key findings from the five focus groups and focuses on data collectors' experience of training, process of conducting the CEIs, followed by administering the poverty and disability tools and the challenges around asking and clients responding to the two sets of questions.

Table 2 provides some information from the three CEI surveys regarding the overall response rate (percentage of respondents who agreed to participate) for the CEI as well as the poverty and WGQ section of the questionnaire. It also shows the proportion of the sample who are living in poverty and with a disability to help contextualise the findings of this assessment.

Table 2: Data from the 3 CEI on response rate and % of clients, compared to national population data, who are living in poverty and with a disability for the WISH programme

Indicator	Tanzania (MSI)	Tanzania (IPPF)	Cameroon (IPPF)
Total clients eligible for CEI	332	741	113
Response rate for overall CEI	100%	98.3%	100%
Response rate for poverty section	100%	100%	97.4
Response rate for WGQ	100%	100%-	100%-
% of clients living in poverty[16]	44	32	25
% of clients living with a disability[17]	2	7	12
% of population living in poverty[18]	49.1		23.8
% of population with a disability[19]	9.1		1.5

3.1 Training and learning about poverty and disability

Training for CEIs was carried out by organisations Kantar and Genesis Analytics with staff from *Chama cha Uzazi na Malezi Bora* Tanzania (UMATI) and Cameroon National Planning Association for Family Welfare (CAMNAFAW) for IPPF in Tanzania and Cameroon respectively; and MSI and Marie Stopes Tanzania (MST) in Tanzania. The IPPF WISH Hub was also a part of the training in Tanzania. The enumerators in the FGD for MST were all familiar with the Client Exit Interview methodology and questions, having carried out a previous round of the survey three months before. In contrast, the enumerators for the IPPF CEIs (Tanzania and Cameroon) were conducting the survey for the first time and some had no experience of health surveys.[20] Previous experience of asking questions about poverty and disability also varied, with most participants reporting some experience of similar poverty/living conditions questions. Apart from all the participants in the MSI group in

[16] Poverty Probability Index (PPI) – % of sample living on less than US$1.90 a day.
[17] The prevalence of disability among the sample of clients in the WISH programme areas (using the WGSS: those who responded: 'a lot of difficulty' or 'cannot do at all').
[18] Source: Tanzania (2017) and Cameroon (2014) https://data.worldbank.org/topic/poverty?locations=CM-TZ
[19] Source: Tanzania census, 2012 and Cameroon Population and housing census, 2005. https://unstats.un.org/unsd/demographic-social/sconcerns/disability/statistics/#/countries
[20] The majority of data collectors from Kantar had past experience of market and social research.

Tanzania, and two from Cameroon, there was no previous experience of asking questions about disability. Details about the training content and schedule is included in Box 2.

Box 2. Summary of CEI training, questionnaire development and number of enumerators for the three programmes

- CEI training consisted of 5 days for IPPF (including a pre-training meeting and time to pilot the tools in two facilities) and three-day refresher training for MSI. No pro-disability organisations were involved in the training.
- Content of the training included: introduction to the country programme and different service delivery channels, study purpose and design, study sites, recruitment and informed consent, research ethics, interview skills, data collection format (CAPI), Poverty and WGQ, field work procedures, travel and logistics.
- The time allocated to training on the WGQ and poverty sections of the questionnaire was 90 minutes and focused on how to ask questions, code responses and about vulnerable clients.
- For CEIs in Cameroon six individuals were trained (four enumerators and two supervisors); Tanzania IPPF 26 were trained (23 enumerators, two quality control staff and six supervisors); and Tanzania MSI 15 enumerators were trained. None of the enumerators were people with a disability.
- The questionnaire, including the poverty and WG questions were translated into French and Kiswahili by Kantar's local field work partner in Cameroon and Tanzania, and by MST for Tanzania MSI. For all programmes the questions were pre-tested by the enumerators during the training and the pilot phase.
- The average number of clients interviewed per enumerator was Cameroon 28, Tanzania IPPF 32 and Tanzania MSI 32–99.
- The average time to conduct one interview was: Cameroon 23 minutes, Tanzania IPPF 34 minutes, and Tanzania MSI 25 minutes. Time it took to conduct the poverty questions was: 5 and 8 minutes for Cameroon and Tanzania IPPF respectively; and for the WGQ: 2 and 2.5 minutes for Cameroon and Tanzania IPPF respectively. There is no data available for Tanzania MSI.

3.1.1 Training content

The enumerators from all three CEI exercises gave positive feedback on the trainings and said how enjoyable it was, and how well the trainers and content prepared them for conducting fieldwork.[21] There was high praise for the training in covering every topic, dealing with issues of sensitivity and ethics. Enumerators felt that they became 'experts' on family planning and the services available (to be able to help clients), and that they could talk easily with clients because the training helped them to see things from the clients' perspective and understand different situations.

[21] Training for both IPPF countries was five days in duration and facilitated by a commissioned research agency Kantor in Tanzania and Genesis in Cameroon. Training for MSI in Tanzania consisted of a 3-day refresher training as most enumerators had participated in an earlier round of the CEI in November 2019. The training was carried out by MSI.

The training really built our confidence and made us master the subject…it allowed us to make conversations confidently as WISH officers and work as experts. (Tanzania IPPF)

We were also trained like nurses. Maybe a client might ask why they should use an injection when they've heard it is bad, then I would tell her that it isn't bad, but that if it has brought her some side effects then she should talk to her provider (Tanzania IPPF)

Participants mentioned that the use of examples, short tests, role playing, as well as piloting of the instruments was very valuable to feel more confident in the subject matters and how to use the tool (i.e. computer-assisted personal interviewing (CAPI) on the tablet or smartphone).

3.1.2 Learning about vulnerable clients and impact on attitudes

Enumerators also felt that the time allocated to the disability and poverty sections of the questionnaire was appropriate, with there being more focus on learning about disability and inclusion issues. All participants valued this part of the training and felt it prepared them well to understand the SRH needs of the population group and engage with vulnerable clients appropriately. They spoke about the importance of needing to be friendly and non-judgemental towards clients, and to avoid seeming shocked by responses or visible impaired appearances.

They told us not to judge anyone by looking at them…The big thing is to adapt to the way someone is. There should not be a difference between someone who is well off and one who is not. We have to treat them all in the same way, especially on how we are asking the questions. (Tanzania IPPF)

The training also had a considerable and positive impact on how vulnerable clients, particularly people with disabilities, were perceived. Enumerators expressed how they valued the importance of treating people equally and not to be surprised by personal circumstances, as well as an increased awareness of the types of challenges people with disabilities (PWD) may encounter in everyday life.

The training has made me make a step from one place to another…I will be honest, I had never thought that a person with disability would need to use family planning services or have sex… in the training, we discussed on whether someone with a disability can have sex. So, I used to think that they were lagging behind in such issues, but it was not the case. (Tanzania IPPF)

3.2 The process of implementing the CEIs

CEI data collection took place in three types of service delivery settings: static/facility, outreach and community-based distribution (CBD). While the first two settings meant enumerators conducted interviews on site soon after clients had finished their consultation, interviews in the community were carried out at clients' homes and sometimes involved locating and interviewing respondents a few days following their consultation with the community health worker. Enumerators' feedback on their overall experience of

implementing the CEIs highlights some methodological issues concerning the CEI design, that influenced recruitment and data collection which may have impacted on the quality of information about clients who are living in poverty and disability.

3.2.1 Support during data collection

In general, enumerators felt supported while in the field from the survey supervisors and service providers. In all the FGDs, the assistance of facility staff and community health workers (CHW) was seen as very beneficial to the data collection process in helping to identify clients for interview and in some cases, to provide more explanation about the purpose of the survey in the local language, making the process more efficient and effective.[22]

> *...we have a WhatsApp group, and the trainer used to do his best to update us every time and every single day. Even if it was something that he'd already taught us, he would still remind us in the group.* (Tanzania MSI)

> *For me, what worked well was the design or the survey. The client was in situ* [at the facility] *and we were not supposed to go and find them elsewhere. The CAMANFAW facilitators organised the work in such a way that after receiving the service, the clients were immediately directed to us.* (Cameroon)

Some enumerators pointed out that the help from health providers in the static setting contributed to the respect and trust they felt from clients resulting in a more productive interview. This was particularly important for talking to vulnerable clients and in preparation for leading into sensitive questions whereby clients felt more comfortable to engage.

> *The good thing is that the CHWs did a really good job since they also came from those areas, so they used to explain to them even using their local languages. So, there were people who would understand, and we would work with those.* (Tanzania IPPF)

3.2.2 Challenges with recruitment and data collection

General problems that concerned all clients: Enumerators also faced a number of challenges with recruitment and data collection that related to the type of CEI setting (e.g. static/facility, outreach and CBD) and geographical location of the survey. For CEIs that took place at static/facilities, health staff and clients were often very busy, especially on dedicated family planning days. This made it difficult for enumerators to find private spaces to conduct the interview and some had to makeshift using store cupboards, sitting in open spaces, or even the mortuary, which could disturb the interview. In addition, having endured long waiting times for services, clients often did not want to stay longer to be interviewed.

[22] While the role of facility staff and CHW was reported to be very beneficial in recruiting clients, it is not certain if they were aware of the sampling and selection criteria for CEIs or were simply directing anyone getting services over to the enumerators. It is also unclear from the findings if the health providers were present during the interview process.

> *… That hospital receives many clients because it is at the district area. Everybody was busy, there was no extra room and a place to have a sit. We conducted an interview while standing, we only could ensure some privacy.* (Tanzania IPPF)

Another challenge that was particularly evident for CEIs in outreach and CBD settings that were in more remote regions, concerned the prevalence of traditional social norms that prevented women accessing family planning. Some enumerators told of how finding clients to interview was difficult due to women accessing FP services in secret and not wanting to take up more time at the service delivery point than necessary or being fearful that they would be seen and their husbands would find out.

> *… you would sometimes have to do the interview under a tree, whereby you could easily be seen, and for some of these women they have come for the service in secret. So, this led to me getting a lot of refusals. I got 17 refusals in the whole study.* (Tanzania MSI)

Reaching underserved clients: Other challenges that affected the recruitment of clients were related to the exclusion of certain population groups due to the limitations of the survey. Some enumerators in Tanzania reported how they could not interview some clients due to language barriers in remote areas. Another issue concerned the loss of some clients who had a disability whereby there was no provision (in all three surveys) to include special communication aids for some who would have been eligible to participate. There were two cases that involved one client who was deaf and another who was mute, and the enumerators were unable to proceed with the interview as they could not communicate in sign language.

> *We were in* [name of district] *with a CHW who took us to the client who was eligible but was mute. So, there was an issue with regards to communication. She could hear me but could only answer me by using signs that I could not understand.* (Tanzania IPPF)

3.3 Administering the poverty and disability questions

Response levels to sets of questions: The location of the poverty and disability questions in the questionnaire was also seen to influence the response levels of clients. There was general agreement that it was good to have demographic questions at the end of the questionnaire, especially about one’s life status in order to not appear too ‘intrusive’ or ‘investigative’. However, some enumerators felt that it would be more helpful to have the disability questions at the beginning to help understand if the respondent had a lack of functioning and needed assistance to complete the interview. Most enumerators felt the questionnaire was too long, especially the poverty section (25 questions) which not only caused problems for some clients who were tired after a long day at the facility (and did not want to wait anymore), but also by the time they got to the demographic section at the end, clients were more likely to withdraw from the interview or refuse to answer them. Due to the sensitivity of the poverty questions it was reported that, although small in number, more

clients declined to answer the questions about living conditions than other sections in the questionnaire.[23]

Cultural adaptation of the questions: In contrast to Tanzania, all the enumerators in Cameroon felt not enough thought had been given to the country context and that the questionnaire had not been appropriately adapted to the local situation. All the participants felt that their feedback on the questionnaire during the training was not taken into consideration which later caused difficulties for the enumerators in Cameroon to collect accurate data.

> *She* [the trainer] *thought that the pilot phase in Cameroon would be as easy as in Nigeria… the reality in the field was so different. It was difficult.* (Cameroon)

Although in the training they were instructed not to modify the questions, in practice this was not possible, and it was not uncommon for enumerators to have to either reword or provide more explanation on certain questions. Some even adopted specific approaches to aid clients' comprehension:

> *From field experience, personally, I make it like a story. That is, you would maybe ask 'do you have problems hearing?' that is, I don't read it the way it's written like 'do you have difficulty hearing even if using a hearing aid?'. You just ask: 'do you have problems with hearing?' and they might say 'a little bit' then I ask: 'even if you wear that aid?' like that. So, my technique is that I ask as though we are making stories. And I get my answers from there.* (Tanzania MSI)

In general, the more confident researchers rephrased questions based on their experience of what works best, instead of reading them word for word, and therefore did not report so many challenges with the questionnaire (e.g. FGDs Tanzania 2, 3 and 4). The less experienced researchers, and those conducting CEIs for the first time tended to ask the questions as they were and therefore noted more challenges and the need to adapt questions which resulted in a long interview.

> *We were obliged to explain the questions all the time to help their understanding. First, you read the question; secondly, you reformulated the question. For this reason, the questionnaire became too long.* (Cameroon)

3.4 Asking the poverty and disability questions

After having some experience of using the questions in the field, the reported ease with which enumerators were able to administer the poverty and disability questions increased. Participants in the FGD were asked to rate the 'ease' of administering the questions on poverty and disability on a scale of 1 being very difficult to 10 being very easy. The average rating for all the enumerators on administering the poverty questions was 8.8 (range of 6–10) and for disability questions 8.5 (range of 3–10). Enumerators from the three CEI exercises

[23] This was reported by the Cameroon enumerators and a few from Tanzania IPPF. However, the CEI data does not support these findings and shows a 100%) response rate for Tanzania and only three clients (97.4%) from Cameroon not agreeing to participate in the poverty questions (Table 2). While this finding did not affect the response rate, it does highlight areas of the questionnaire design (many poverty questions at the end of the interview) that are could potentially affect respondent fatigue and/ or incomplete data collection.

all reported to have had some difficulties using, understanding and accepting the questions. However, there were no major problems reported when administering the questions. Some challenges were unique to the country setting, while other difficulties were commonly reported. The challenges identified were related to the (a) level of comfort to ask and answer the questions; (b) contextual understanding; (c) usability of the tool; (d) type of client; and (e) physical setting of the interview. Some of the issues raised are inter-related with more than one theme. Table 3 provides some examples of the types of challenges with the poverty and disability questions grouped under the thematic areas.

Table 3: Summary of the types of challenges administering the poverty and disability questions

Theme	Poverty questions	Disability questions
Level of comfort to ask and answer questions	• Unfamiliar or new type of poverty questions for new enumerators conducting CEIs for the first time, and *'shocked'* to see personal, intrusive questions about living standards. • Some questions are particularly sensitive to ask, e.g. child mortality (MPI), although it depends on who you interview. • Clients feel *suspicious, fearful* and *being investigated*. Clients need reassurance about the purpose of these questions. Sensitiveness resulted in refusal to answer questions. • Questions at end of questionnaire can result in incomplete data whereby client feels tired and withdraws or is not fully attentive.	• Unfamiliar with type of questions and worried how clients would respond about personal abilities. • Enumerators feel there is an expectation from disabled clients to help their condition and difficult as they do not have the capacity to support them. • Some clients feel uncomfortable and shy to answer these questions, even about reporting on minor conditions. • Questions at end of questionnaire can result in incomplete data whereby client feels tired and withdraws or is not fully attentive.
Contextual understanding of questions	• Some terms concerning assets are not applicable to country or local settings. In some (cold) areas people do not own a 'refrigerator' but this is not a sign of poverty; definition and quality/type of 'table' is unclear. • Enumerators needed to modify many questions to help comprehension: Some questions are difficult to understand or ambiguous, e.g. what is an 'audio recorder' (Tanzania) and what is meant by 'source' in 'source of drinking water'? (i.e. literal source or how to 'access' drinking water). • Some answer options were incorrectly translated into local	• Enumerators and clients did not see these questions as sensitive or accurately capture types of problems PWD experience in Cameroon. The long introduction to the section led clients to expect more personal or demeaning questions and therefore was not justified by the perceived 'soft' WGQ. • Some terms are not relevant in some areas e.g. where there is no access to 'hearing aids' or experience of 'climbing steps'. 'Difficulty to wash all over or dressing' is not so applicable in areas with few resources. • Enumerators needed to provide more explanation to all questions: some questions are difficult to understand or

	language e.g. '*cyclomoteur' and* used for motorbike and bicycle (Cameroon); and 'permanent toilet' (Tanzania).	ambiguous, e.g. self-care, using 'usual language to communicate'.
Usability of the tool	• Some clients provided multiple answers where you could only record one, e.g. many types of fuel for cooking, sources of water; and there were limited response options to record answers more accurately (Cameroon).	• Enumerators felt the tool did not differentiate clearly between a permanent (long-term) and temporary (e.g. illness/ injury) disability or mild forgetfulness (absent-mindedness/memory lapse) versus serious memory problems which could result in over-reporting of PWD.
Type of client	• Enumerators can feel uncomfortable to ask vulnerable clients about their living conditions, due to lack of assets/poor living situation e.g. *feel mocking clients, feel sad / pity*). • More problems asking young clients about assets when still living in family home and males were perceived to more likely not answer truthfully, or feel shame, embarrassed compared to females.	• Enumerators feel more awkward and uncomfortable to ask visibly impaired clients about their level of functioning, and therefore, more likely to rephrase the questions, or 'apologise for asking the questions'. • For clients who are already communicating well, questions about 'difficulty hearing' or 'communicating in usual language' can appear pointless/ waste of time to ask.
Setting of the interview	• Difficult to verify or understand responses to living conditions in static and outreach settings, compared to interviewing clients at household level in the community (CBD) where can observe.	• Easier to ask clients with disabilities at home in community (CBD), so could observe/contextualise their needs and help understand responses.

3.4.1 Level of comfort to ask and answer questions

Enumerators' level of comfort: Among the enumerators who were conducting CEIs for the first time, there was some initial concern about implementing the poverty and disability questions. Some were also surprised about the type of poverty indicators and having to ask such personal questions about peoples' ownership of assets. Others felt uncomfortable and 'worried' about how to ask older clients about disability.

> *As I saw these questions for the first time, I was shocked. For instance, on living conditions questions, it felt inappropriate to me to ask the client if she owns a car, or about her source of energy. So, there are questions that I found too personal and can make you feel being judged by the amount you own.* (Tanzania MSI)

For enumerators who interviewed people with disabilities, particularly those with obvious or visible impairments, some shared concern and felt uncomfortable as there was sometimes an expectation to help but they did not have capacity to offer support.[24]

> *… most of them think that after interviewing them about such sensitive issues you can then assist them on solving some of their problems. For instance, I interviewed a client who had more than one functioning problem – she had problems with memory, had no legs, and one hand was defective. You can see how the client or parent gives their cooperation to answer the questions you ask hoping to get aid, even if you tell them that you will be providing nothing other than improving their services.* (Tanzania MSI)

Respondents' level of comfort: In general, enumerators in all contexts felt the poverty questions were more sensitive to ask and raised more emotions among clients than the disability questions. They told how the questions on **living conditions** were especially troublesome, whereby some clients thought they were being investigated and questioned why information about their household was needed for a survey about health services. Others felt embarrassed or that they were being judged by their poor living conditions and some were fearful about the purpose of wanting to know about what possessions were in the house, as expressed in the following:

> *When you're asking someone 'is there a toilet in your household?' for some people it is awkward. I met one and he started to think on that a bit about whether he should answer or not…So, they feel a bit of shame answering when they do not have a toilet in the home.* (Tanzania IPPF)

The question about **child mortality** 'Has a child aged under 5 in your household died in the last five years' was also seen as a particularly sensitive question. The question was perceived as being too direct (and therefore required the interviewer to reword to soften the delivery of the question), particularly for respondents who had experienced a death of a young child.

> *I interviewed someone who had just recently lost a child and I came to the question that asked about whether a child of less than 5 years of age has died in the last 5 years. This really stirred her emotions, but we tried to move forward, since as a researcher you aren't supposed to be too sad about things you hear.* (Tanzania MSI)

With regard to disability, the question that caused most difficulty especially among for physically able respondents was about **self-care** ('do you have difficulty with self-care such as washing all over or dressing'). Findings from all FGDs revealed that this question caused concern and difficulty to understand why the question was being asked of them.

> *She could tell you that you see her physically fit and then how come she cannot take a bath and dress herself? So, this question seemed to disturb them to some extent.* (Tanzania IPPF)

[24] Despite information in the consent form about not receiving any benefits in return from participating in the survey enumerators reported that this was still expected from some clients.

3.4.2 Contextual understanding of the questions

Context affected how the standard WGQ and poverty questions were understood and answered. Many enumerators reported challenges with how the global questions were phrased or had been translated.

Poverty questions: Most of the problems related to the questions about **household assets** (Q17–23). For example, in Tanzania, the ownership of a 'refrigerator' was not seen by enumerators as an applicable indicator of wealth when respondents living in cooler regions did not require one. Also, in Tanzania the ownership of a 'table' was felt to be ambiguous when there could be wide variation between the quality or size of the table a household possessed; and many respondents did not understand the meaning of an 'audio recorder'. Enumerators also reported how some poverty questions were difficult to understand. For example, 'what is the **source of drinking water** in your household?' caused some confusion around what was meant by 'source', with respondents citing the literal source such as a river, compared to how water was accessed in the household.

In Cameroon, there was also a problem with the translation of some terms, such as the French word *cyclomoteur* used in the question 'does your household own a motorbike?'. This word in Cameroon is commonly used to describe a three-wheeled bicycle often used by PWD to aid mobility and therefore had a different meaning to what the question intended.[25] C*yclomoteur* was also used for two questions regarding ownership of a motorbike and bicycle, which caused further confusion.[26] Enumerators in Cameroon, felt in general that the poverty questions had not been appropriately adapted to the local situation, e.g. not including common answers in Cameroon for source of water or building materials.

> *…the questionnaire was entirely in French, but with some words in English such as 'charcoal'. And as an enumerator, we were confused about those expressions and it was not very good to behave like that in front of clients.* (Cameroon)

Another issue with translation concerned the question 'what **type of toilet** members of the household usually use?', whereby in Tanzania the local term for 'a toilet that flushes' ('permanent toilet') was not included in the tool, which required enumerators to probe further to ensure they were recording the correct response.

Disability questions: In Tanzania, context affected the understanding of the disability questions more than those about poverty. For the questions 'do you have difficulty **hearing**, even if using a hearing aid?'; and 'do you have difficulty **walking or climbing steps**?' the enumerators found in some areas where there was limited knowledge or access to hearing aids and climbing steps, these terms felt irrelevant and confusing, as explained in the following:

[25] While the French word 'cyclomoteur' was used in the questionnaire for motorbike (literal translation is a moped), the enumerators reported that in Cameroon 'cyclomoteur' is a term used for a three-wheeled bicycle commonly used by disabled people to help aid their mobility, and therefore had a different association and not an accurate term to measure ownership/assets.
[26] Upon following this up with the FGD facilitator it was suggested to use 'moto' for motorbike (Q19) and 'vélo' for bicycle' (Q21); not 'cyclomoteur' for both motorbike and bicycle.

> *There was a question about if one has functioning issues in walking or climbing steps. … but you find that one lives in a setting where she has never seen the steps. She might also not be fond of visiting areas where there are steps. (*Tanzania MSI)

Enumerators also highlighted that the **self-care** question 'do you have difficulty (with self-care such as) washing all over or dressing?' caused some difficulty due to its translation in Kiswahili which was not clear and not understood to be a problem, especially in areas with limited access to be able to wash.

> *Most of the clients didn't know if inability to provide self-care is a problem. They didn't find it a problem if one cannot take bath or dress herself. Some places there is little water to wash anyway so is this a difficulty? So, you were to let someone know that it's a problem. (*Tanzania MSI)

For the context of Cameroon, there was considerable misunderstanding from both enumerators as well as clients around the disability questions. Several enumerators felt that the WGQ were not appropriate to capture the 'real' types of problems people living with disabilities experienced in Cameroon. For example, the question 'do you have difficulty seeing, even wearing glasses?' were seen as 'soft' and not sensitive, in comparison to 'normal types of questions about disability' in the Cameroon context, that were seen as more personal or demeaning for people with disability.

> *These were not talking about real disability issues. 'Do you have difficulties to wear your clothes?' was not in our opinion a sensitive question, compared to a question on 'have you received abortion's care?'* (Cameroon)

While the enumerators did not have a problem with administering these questions (or to translate them) compared to the poverty set, they felt the introduction before the section in the questionnaire was too long and 'boring' for both enumerators and clients. The text also led respondents to think the following questions would be embarrassing or sensitive when in fact they were not (especially in comparison to the rest of the questionnaire about SRH services).

> *After reading the introduction and its related question, clients were surprised and asked me: 'so, is it this what you call sensitive?' Clients were expecting another type of questions on disability, such as what causes your disability? how many times do you have intercourse per week? Do you have problem to follow the contraceptive method of your choice because of your disability? etc.* (Cameroon)

3.4.3 Usability of the tools

Poverty questions: While the MPI and PPI questions are structured to have limited response categories for the purposes of analysis, due to the translation issues of some terms the enumerators in Cameroon felt there should have been an option to record additional information in an 'other' answer category. This meant that data collected was not as accurate as it could have been.

The tool also caused problems in both Cameroon and Tanzania contexts when only one answer was required but respondents would give more than one response which resulted in enumerators having to decide on an option.

> *I had clients who responded that they use charcoal, gas and wood. In fact, all the clients gave mixed answers, but there was not a suitable method to report the whole information [on the device]. I had clients who use a combination of fuels. We were obliged to click in the modality 'gas'.* (Cameroon)

Furthermore, enumerators in Cameroon also expressed how they did not fully understand the meaning or purpose behind some questions, that is, how clients were being classified as poor. This was because some questions had answer options grouped together that did not make sense in measuring poverty, for example, source of drinking water, kind of toilet, fuel used for cooking) and therefore they were required to reformulate these questions. There were also insufficient options to cover the types of responses for the question 'what type of floor do you have in your home'

> *It is impossible to say that there was a difference between clients according to their responses, in our environment is it possible to make a difference between someone who uses gas, and some who uses charcoal and then wood. Each on them should have their own score, but they all had the score '1'.* Cameroon)

Disability questions: Among the disability questions in the Tanzania context, some enumerators highlighted that sometimes there was confusion regarding the rating of self-reported levels of difficulty for functioning conditions whereby respondents could report having some difficulty with an impairment, but this was not a permanent problem affecting their lives. Enumerators were concerned that this could result in an over-reporting of clients with disabilities. They felt there should be a way to differentiate between permanent/long-term and temporary/short-term 'disabilities' such as normal forgetfulness (e.g. absent-mindedness) versus serious memory problems (e.g. dementia or amnesia).

> *Someone might see that even the normal forgetfulness is to be a problem, so, if you aren't careful, you'll find everyone telling you that they have this problem while it's not that type of problem that I want.* (Tanzania IPPF)

3.4.4 Types of clients

Enumerators also commented on how the quality of the interview varied between different types of clients. There was a difference between the age and gender of respondents, with older clients having more difficulty to understand and answer questions, and some would be forgetful, which made the interview take more time. Enumerators also felt that in general women and adolescents responded more truthfully than men, particularly regarding the poverty questions.

Young clients: While it was relatively easier to interview younger clients, there were some difficulty with the poverty questions, with fewer young people owning assets and some who still lived in their family households. Young males especially could feel shy and feel uncomfortable answering these questions. Asking these questions among young people also

caused some confusion among some enumerators regarding how to ask questions about ownership.

> *I came across a 16-year-old adolescent who was brought in by her mother, and that was a challenge asking things like 'do you own a car?' etc., so, you would have to ask like 'does your household own a car?'… so, it was like the perception of the household.* (Tanzania MSI)

Poorer clients: In Tanzania, enumerators commented that respondents who were more affluent and owned assets would answer the poverty questions more confidently and freely, compared to those who were less fortunate, who were less comfortable. This made it feel more difficult for the interviewer to continue asking the rest of the poverty questions in case it made the client feel more uncomfortable.

> *On living conditions questions, when you… ask them about what they own, they appeared confident and proud in telling you about what they own, like 'yes, we have a lot of cows' or 'yes, we have a TV' which is different to the other one who is like 'no, my sister we don't have any of that' to the point that you feel sorry for them and you feel bad about asking further.* (Tanzania MSI)

Clients with disabilities: Enumerators also reported that interviewing clients with disabilities usually took longer. Some reported how it was challenging for them to ask PWD about their living conditions, anticipating that their household life might be difficult. If the client had a visible disability, this would also influence how, and if, enumerators asked the respective question when the impairment was obvious. Others told how they needed to take a softer approach and adapt the wording of the question, for example:

> *I met a lady who couldn't hear properly, you couldn't ask the question as it was written, as you already know she can't hear well, so you had to change the question…like ask, 'is your problem very big, is it moderate?' like that, and she would respond like 'it's just a small one, I can hear you a little bit'.* (Tanzania MSI)

3.4.5 Setting of the interview

The setting of the interview was reported to affect data collection, especially for the poverty questions. Enumerators felt that not only the responses to questions on living conditions were more accurate when CEIs were conducted at the household level for the CBD service channel but asking these questions in situ was also easier when you could refer to the respondent's surroundings to verify responses. This was in comparison to static or outreach settings where they had to rely solely on clients' reports about their living conditions. Conducting interviews at the household level also enabled enumerators to observe clients with disabilities in their normal living environment and contextualise their needs, which helped understand the type of responses.

4 Conclusion and recommendations

This assessment of data collectors' experiences of collecting poverty and disability measures through CEIs has provided important learnings about how the WGQ and MPI/PPI questions are used in the context of SRH for the WISH programme. The insights from the five focus groups in Tanzania and Cameroon have revealed the strengths and types of limitations of including these questions in the CEI questionnaire and how these issues have impacted on the quality of data collection in different settings.

Training: The training for the CEIs was well received and enumerators felt prepared to deal with sensitive topics and vulnerable clients. Feeling equipped with knowledge about SRH and FP services, as well as working alongside service providers during data collection who supported the recruitment process, helped enumerators gain respect and trust from clients for a more productive interview. This finding demonstrates the potential and advantages of incorporating the WGQ and MPI/PPI questions in the context of SRH. The assessment found that training was administered in similar ways for the three CEI exercises as IPPF had based their own training resources upon MSI's CEI protocol. However, learning from enumerators' experience has highlighted gaps in the CEI methodological approach with regard to including the WGQ and poverty questions and scope for improvement in consideration of CEIs taking place in different service delivery settings, and how these questions are used in these contexts.

Process of implementing CEIs: There were a number of issues concerning the implementation of CEI that affected the recruitment and data collection and therefore the representativeness of the survey concerning clients who are living in poverty and disability. The type of CEI setting (i.e. static, outreach, and CBD) influenced enumerators' ability to follow up clients at the time of 'exiting' a service. Also long waiting times or clinic days and non-discreet environments for interview were found to hinder recruitment and the response rate of clients. Enumerators in community settings (for CBD service delivery channel) were required to be more flexible and adaptive to the environment to deal with interruptions and find clients. While assistance from health providers or CHWs was beneficial to some enumerators in identifying and recruiting clients for interview, their role in helping to explain the purpose of the survey (and possible presence during the interview process) could be a concern and impact on the quality of data. There were also some problems to recruit and some population groups who would have been eligible to participate in the CEIs. All three programmes did not, or were unable to, make provisions to enable communication among clients with some disabilities, such as people who are deaf and mute, as well as vulnerable people in remote areas who were more familiar with local languages.

Administering the poverty and disability questions: The training did not sufficiently prepare enumerators fully on how to use the poverty and disability questions, in particular how to respond to different challenges in the field. Feedback from each FGD revealed all enumerators experienced some difficulties using, understanding and accepting the questions. Some challenges were unique to the country setting, while other difficulties were commonly reported. The challenges identified were related to the (a) level of comfort to ask and answer the questions; (b) contextual understanding; (c) usability of the tool; (d) type of client; and (e) physical setting of the interview.

One common consequence of these types of challenges was the need for all enumerators reporting that they needed to adapt both sets of questions despite having different levels of experience in health research, including CEIs.[27] This raises questions about the applicability of the tool and its cultural adaptation for the context of CEIs in the respective countries, whereby enumerators needed to change wording or elaborate on questions due to respondents inability to understand, problems with translation of terms, and sensitivity of some topics. Enumerators also appeared unaware of the problems associated with rewording questions on the quality of data. While the scale of modifying some of the questions is worrying, it is uncertain to what extent this has affected the original meaning of questions and thus the validity of data collected. For example, in the (MSI) training materials, enumerators are instructed they can "use neutral probes to help respondents understand the question if they do not know how to respond". This and spontaneous translation into local languages in the field are areas that need to be addressed urgently in further trainings to ensure data collectors are clear on what can be adapted without changing the meaning of the question. In addition, questionnaires need to be pre-tested in all countries to ensure translation and terms are accurate and applicable for the country context (as recommended on the WG website for the WGSS).

In the case of Cameroon, the enumerators experienced considerable challenges with the tools and felt they had not been appropriately adapted to the local context. While it is uncertain if this is reflective of the enumerators' lack of experience of similar surveys (as they were more familiar with market research), it highlights key areas to improve upon in training as well as what qualities to consider in the recruitment of data collectors. Additional feedback from other WISH country programmes and their experience of administering the CEI would be beneficial to help understand if problems around cultural adaptation of the questions are more widespread.

Experiences of using the poverty questions (MPI/PPI): In general enumerators in Tanzania found questions on poverty more sensitive – and disability questions more challenging – which required adaptation to aid comprehension. Particular questions that felt uncomfortable to ask concerned those about one's living conditions and ownership of assets; these felt personal and intrusive and raised feelings of suspicion and fear among clients, especially in the context of FP survey. This was also reported to be a reason why some clients declined from participating in these questions. The functionality of the questions and the directness of how some were worded resulted in enumerators needing to elaborate to make them less invasive especially for the question about child mortality. Enumerators could also feel uncomfortable asking vulnerable clients and younger clients about their living conditions due to their poor living conditions or lack of assets. In contrast, the enumerators in Cameroon did not find the poverty questions sensitive but found them difficult to administer due to poor translation of some terms and inaccurate response categories associated with questions about ownership of household assets. While the CEI questionnaire was regarded by some enumerators to be very long, the poverty questions were especially extensive compared to other sections of the questionnaire, and due to being at the end of the interview it was perceived by some to pose a risk for respondent fatigue and the potential for incomplete data collection. However, in practice there was no evidence from the CEI data of

[27] That is, enumerators with more experience and confidence rephrased questions based on what works best, compared to the les experienced who tried to read word for word but ended up changing the questions out of necessity.

a decline in the response rate to the end section of the questionnaire, but highlights an issue to be considered in the conduct of future CEI surveys.

The setting of the interview also influenced the level of accuracy data about clients living conditions, whereby enumerators who conducted interviews at the household level in the community (CBD) found it easier to ask these questions in situ, where they could observe and verify responses about household assets and materials. This raises concerns with regard to the applicability of including these questions in the CEI in terms of the ensuring comparability of data for the programme with different service delivery channels.

Experiences of using the WGQ: While the WGQ guidance and CEI training and questionnaire avoids the use of the word 'disability' (in order to reduce variability in how the term is understood including introducing stigma and or shame in different cultures), there was some confusion around the use of the questions and the universal domains of 'functioning' to measure disability. In Cameroon, the WGQ were not perceived by the enumerators nor clients as appropriate indicators for capturing the 'real' types of problems people living with disabilities experienced in Cameroon. The simplicity of the questions was not regarded as sensitive enough and both enumerators and clients did not feel the build up to the questions in the long introduction to the section was wholly justified by the questions themselves. This questions the applicability and contextualisation of the tool for Cameroon, especially the instructions and introduction. Key challenges experienced in Tanzania concerned the contextual understanding of some of the questions that referred to items/activities, for example, 'hearing aids' or 'climbing steps' that were either not accessible or relevant in some regions. The question on 'self-care' also caused confusion either due to translation or applicability in areas where resources such as water (and clothing) was limited.

Enumerators also reported there was sometimes hesitancy around the rating and 'cut off' levels for self-reporting the level of difficulty which was not always easy for clients to determine. There was also a need to distinguish between permanent or temporary difficulty to function, as the use of the six questions was seen to result in recording a larger range of people having some degree of functioning issues. In the aim of keeping the measurement tool simple, the WGQs does not address the duration of conditions and therefore do not distinguish between a permanent or temporary difficulty to function (e.g. a broken leg and therefore difficulty to walk), and even emphasises that if *"individuals do answer in this way they are also temporarily at risk of participation restrictions and in need of accommodations."* [28] Based on the reports from the FGDs, the use of the WGQ for measuring the prevalence of people with disabilities for WISH may need to be reviewed with regard to the issue of self-reporting permanent versus temporary disabilities, or at least considered when making conclusions from the data.

It is important that the issues identified in this assessment are realised by IPs and efforts are made to build upon existing resources and systems to ensure best practice is adopted for reliable data collection to learn about vulnerable clients served by the WISH programme. In addition, it would be useful to consider the problems raised in the

[28] http://www.washingtongroup-disability.com/wp-content/uploads/2016/12/WG-Document-2-The-Washington-Group-Short-Set-on-Functioning.pdf

analysis of the respective data sets, especially with comparison of the use of the tools for IPPF and MSI in Tanzania.

Recommendations

Based on the findings from this assessment, in order to help improve data collection approaches to support the quality of poverty and disability data generated through CEIs for the WISH programme the following actions for IPs are recommended:

Questionnaire

1. **Ensure translation of questions and terms for both WGQ and MPI/PPI are tested for cultural and contextual appropriateness in each country prior to data collection.** While it is important to follow the standard translation procedures for the WGQ[29] and to use the country-specific poverty indicators (for PPI) it is also important for IPs to consult with country level stakeholders to confirm accuracy of all terms in the local context, and to ensure sufficient time to pre-test the tool in-country.

2. **Provide clearer guidance and instructions in the tools for administering the poverty questions in different field work settings.** While it is not possible for some settings (static, outreach), for CEIs that are conducted at the household level (CBD), it would be helpful to provide instructions for enumerators on how to implement living standard questions by observation (or to confirm with observation).

3. **Review the length of the CEI questionnaire in general, including the number of introductions before each section to reduce the length of the interview.** While it is important to include explanation about the purpose of collecting sensitive data in the CEI, consider shortening the length of the text and/or focus on the key messages only to reduce the length of the interview process. In addition, ensure the text is translated correctly and appropriately for different cultural contexts to accurately prepare the respondent for the questions that follow.

Training

4. **Include more focus on how to administer challenging poverty and disability questions in training of enumerators and supervisors.** Identify the specific questions in this assessment that enumerators reported to be difficult to ask or answer to ensure they are more prepared to deal with sensitivities and types of problems associated with comprehension. To also explain clearly what each question is aiming to measure rather than only provide the literal translation, as well as the distinctions between the response categories for difficult questions. In addition, ensure to refer to the guidance provided by the PPI questions set for each country on how to deal with ambiguities and responses that are difficult to code

5. **Include more time and focus on the concept of WG questions that are being used to measure disability** in order for all enumerators to have a broader understanding about the purpose and definition of the term ‘functioning’ and how the

[29] http://www.washingtongroup-disability.com/wp-content/uploads/2016/12/WG-Document-3-Translation-of-the-Washington-Group-Tools.pdf

tool identifies people with disabilities. To also consider included national disability experts in the training design.

6. **Provide clearer guidance in CEI training for data collectors and supervisors on the importance and responsibility to ensure quality data collection, especially regarding consistency of data and to not change the original meaning of questions,** e.g. 'Do's and Don'ts' for adapting questions to help clients respond**.** Based on this assessment, identify questions that are culturally or contextually difficult and provide more instruction for enumerators on how to handle these questions so not to bias the responses. If, for some contexts it is necessary to 'adapt' questions to help understanding, ensure there is agreement on the types of changes and to include this protocol in all CEIs/questionnaires.

7. **Provide clear guidance to CHWs and health providers so that they can effectively support the recruitment process.** While the findings showed the benefits of health providers helping data collectors more research is needed to understand how prevalent and to what extent their assistance (e.g. help with translation) contributes to the interview process and quality of data so this can be adequately incorporated into the CEI methodology and training, or addressed accordingly.

Data collection and supervision

8. **Give more consideration to how to recruit and include people with disabilities in the CEIs.** The assessment found that the eligibility criteria for CEIs excluded some people with disabilities (and local languages) and therefore IPs should explore ways to improve means of communication that include all types of respondents to ensure a representative sample of clients served by the programme. For example, IPs could collaborate with pro-disability organisations to help identify suitable candidates in the recruitment of enumerators as well as budget for accessibility aspects of people with disabilities such as transport, sign language interpreters, support persons etc.
9. **Equip data collection teams so they can conduct interviews in secure and private areas in comfort,** e.g. with portable stools, umbrellas.
10. **Strengthen the supervision of data collection and ensure existing observation and feedback mechanisms include particular focus on the identified challenges in this assessment.** Field supervisors could place more emphasis to follow up with enumerators about the two questions sets to be able to address problems in the field in a timely fashion to ensure consistency and accurate data collection.

Data analysis

11. **Consider the challenges identified in this assessment in the analysis of the CEI data for Tanzania and Cameroon to help verify some of the findings.** While this qualitative assessment includes a small sample of CEI exercises in different contexts for the WISH programme, it is important to reflect on the problems concerning data collection in the analysis of the respective data sets, e.g. response rate for the poverty and disability questions, response rate for the demographic section in general, comparison between static/outreach and CBD settings, IPPF and MSI

prevalence rates for people living in poverty and with disabilities in the same countries.

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Appendix 1: Measurement tools for people living with disability and poverty

1. Washington Group Questions

The Washington Group (WG) is a United Nations Statistics Commission City Group formed of representatives of national statistical offices working on developing methods to better improve statistics on persons with disabilities globally, with input from various international agencies and experts. The Washington Group Questions (WGQ)[30] are a disability data collection methodology originally designed for use in national data efforts among development and humanitarian agencies to identify people with disability. The WGQs operationalise the WHO's International Classification of Functioning, Disability and Health (ICF) and measures disability based on how an individual may be excluded from participation in everyday activities because of difficulties they face due to a health problem. The WGQ measures disability in an heterogenous way, by using disaggregated indicators. Most UN agencies now collect disability data using a form of the WGQ, while they have also been included in the national censuses of 60 countries and been officially endorsed by the World Bank Living Standards Measurement Studies[31] and UK Department for International Development (DFID). The WG has developed and tested a number of measurement tools that can be used in different contexts and settings to inform policies, systems and services, and have been adopted by many countries and international agencies. The most well-known tool is the WG Short Set of Six Questions (WGSS) that is included in the demographic section of the WISH Client Exit Interview questionnaire. A summary of the questions and the six functional domains are presented below:

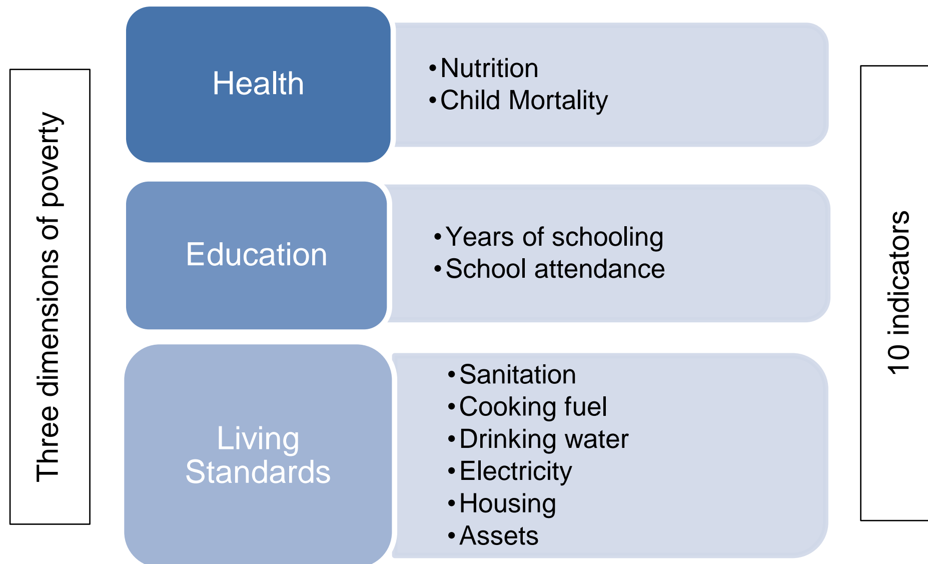
The Washington Group Short Set of questions on disability /functioning
The Washington Group Short Set of Questions on Disability: 1. Do you have difficulty seeing, even if wearing glasses? 2. Do you have difficulty hearing, even if using a hearing aid? 3. Do you have difficulty walking or climbing steps? 4. Do you have difficulty remembering or concentrating? 5. Do you have difficulty with (self-care such as) washing all over or dressing? 6. Using your usual language, do you have difficultly communicating, for example understanding or being understood? Response: No – no difficulty; Yes – some difficulty; Yes – a lot of difficulty; Cannot do at all

[30] http://www.washingtongroup-disability.com/about/
[31] https://www.ucl.ac.uk/epidemiology-health-care/sites/iehc/files/the_washington_group_questions_and_the_model_disabilty_survey_-_groce_-_ucl_-_18-2-19_-_version_for_publication_0.pdf

2. Multidimensional Poverty Index

The Multidimensional Poverty Index (MPI)[32] is an international measure of acute multidimensional poverty covering over 100 countries. The tool identifies multiple deprivations based upon 10 indicators grouped into 3 dimensions: health, education, and standard of living that are collected as part of the same survey (see Diagram 1)

Figure 1: The 3 dimensions and 10 indicators of the MPI



The MPI is seen as presenting a more comprehensive picture of poverty than other traditional (monetary based) poverty tools by capturing both the incidence of poverty and its intensity.[33] Through this methodology, the MPI allows for comparisons both within and across regions. While the MPI was initially developed as a means to measure poverty on a national basis, the tool has become increasingly popular in humanitarian programming due to its versatility.

MPI indicators

Individual is deprived if living in a household where:

1. An adult under 70 years or a child is undernourished
2. Any child under the age of 18 years has died in the five years preceding the survey
3. No household member aged 10 years or older has completed six years of schooling
4. Any school-aged child is not attending school up to the age at which he/she would complete class 8
5. The household cooks with dung, wood, charcoal or coal
6. The household's sanitation facility is not improved (according to SDG guidelines) or it is improved but shared with other households

[32] https://ophi.org.uk/multidimensional-poverty-index/
[33] Kumar Jha, D., Tripathi, V, K. (2018). Designing Multidimensional Poverty Index for Slums: Concept Methodology and Interpretation. *The Geographer* 65(1), pp. 39–49.

7. The household does not have access to improved drinking water (according to SDG guidelines) or safe drinking water is at least a 30-minute walk from home, round trip
8. The household has no electricity
9. Housing materials for at least one of roof, walls and floor are inadequate: the floor is of natural materials and/or the roof and/or walls are of natural or rudimentary materials
10. The household does not own more than one of these assets: radio, TV, telephone, computer, animal cart, bicycle, motorbike or refrigerator, and does not own a car or truck

3. Poverty Probability Index (PPI)

The Poverty Probability Index (PPI)[34] is also a client poverty assessment tool to estimate the likelihood of an individual falling below the national poverty line. The PPI is country specific and so the number of questions, and the questions themselves, asked in each country differ slightly depending on the context. Topics covered within the PPI include household members, assets and household facilities.

PPI questions

Example of questions included in a PPI country

1. How many people in the household are aged 0 to 17?
2. Do all children in the household of ages 6 to 11 go to school?
3. What are the house's outer walls made of?
4. What is the house's roof made of?
5. What is the main fuel used for cooking?
6. How many television sets does the family own?
7. How many radios does the family own?
8. Does the household have any lanterns?
9. Does the household have any tables?
10. Do any family members have salaried employment?

[34] https://www.microfinancegateway.org/sites/default/files/mfg-en-paper-progress-out-of-poverty-index-ppi-pilot-training-mar-2008.pdf

Appendix 2: CEI questionnaire (IPPF and MSI)

The following are the poverty and disability questions sets from the standard CEI questionnaire.

1. **IPPF**

Demographics continued			
READ TO RESPONDENT: **I would like to ask you some questions about difficulties you may have doing certain activities as well as about your living conditions. I realise some of these questions seem unrelated to healthcare and may be sensitive, but the questions help us to understand what our clients' living situations are like. If you do not feel comfortable at any point during the questioning, please let me know. Remember that you may decline to answer any question or end the interview at any time. This understanding helps us to plan services that people can easily access and more readily afford. Please answer as honestly as possible, as this will allow us to better serve the community. Your answers will not affect the service you receive or the price you pay** READ QUESTIONS TO RESPONDENT EXACTLY AS WRITTEN. READ OUT THE RESPONSE OPTIONS. CHOOSE THE NUMBER CORRESPONDING CLOSEST TO THE RESPONDENT'S ANSWER. ALL QUESTIONS MUST BE ANSWERED			
D6	**Do you have difficulty seeing, even if wearing glasses?**	0= No – no difficulty 1= Yes – some difficulty 2= Yes – a lot of difficulty 3= Cannot do at all	
D7	**Do you have difficulty hearing, even if using a hearing aid?**	0= No – no difficulty 1= Yes – some difficulty 2= Yes – a lot of difficulty 3= Cannot do at all	
D8	**Do you have difficulty walking or climbing steps?**	0= No – no difficulty 1= Yes – some difficulty 2= Yes – a lot of difficulty 3= Cannot do at all	
D9	**Do you have difficulty remembering or concentrating?**	0= No – no difficulty 1= Yes – some difficulty 2= Yes – a lot of difficulty 3= Cannot do at all	
D10	**Do you have difficulty (with self-care such as) washing all over or dressing?**	0= No – no difficulty 1= Yes – some difficulty 2= Yes – a lot of difficulty 3= Cannot do at all	
D11	**Using your usual language, do you have difficulty communicating, for example understanding or being understood?**	0= No – no difficulty 1= Yes – some difficulty 2= Yes – a lot of difficulty 3= Cannot do at all	

POVERTY			
• Multidimensional poverty index (MPI) to be asked in all countries. • Poverty Probability Index (PPI) to be asked in: Burundi, Cameroon, Chad, Côte D'Ivoire, DRC, Ethiopia, Malawi, Mozambique, Nigeria, Pakistan, Rwanda, Tanzania, Uganda and Zambia.			
MULTIDIMENSIONAL POVERTY INDEX			
P1	Have any household members completed 5 years or more of schooling?	0= No 1= Yes	
P2	In your household, are there any children aged 7 to 14 who are not attending / did not attend school during the most recent school year?	0= No 1= Yes	
P3	Has a child aged under 5 in your household died in the last five years?	0= No 1= Yes	
PC	Interviewer check: We would like to use a tape measure to measure the width of your upper arm. Do you consent to this happening now? If consent is not given, indicate that the client declined to consent and go to P5	1= Consent Given → Go to P4 0= Declined to consent → Go to P5	
P4	If yes, measure mid-upper arm circumference (in cm to one decimal place)	_______ _______._______ centimetres	
P5	Do you have electricity at home?	0= No 1= Yes	
P6	What is the source of drinking water in your household?	1= Piped to house or yard, public tap, borehole or tube well, a protected well or spring, rainwater, or bottled or sachet water 0= Other → Go to P8	
P7	How far a walk is this source of drinking water from your house, roundtrip?	Less than a 30-minute walk .... 1 More than a 30-minute walk..................... 0	
P8	What kind of toilet facility do members of your household usually use?	1= A toilet that flushes to a sewer, septic tank, or pit latrine; or a latrine with a slab 0= Any other toilet (or flush to unknown) → Go to P10	
P9	Is the toilet or latrine shared with other households?	0= No 1= Yes	
P10	What is the floor made of in your home?	1= Dirt, sand, or dung 0= Other	
P11	What fuel does your household mainly use for cooking?	1= Wood, charcoal, or dung 0= Other	
P12	Does your household own a car or truck?	0= No → Go to end 1= Yes → Go to P13	
P13	How many of the following does your household possess:	1= More than 1 0= 1 or none	

	Telephone, radio, TV, bicycle, motorbike, and refrigerator?		
POVERTY PROBABILITY INDEX INDEX (PPI) • **Questions to be inserted in the country-specific questionnaires**			

2. MSI Tanzania (2020)

PPI & MPI POVERTY INDEX *Read to respondent: "I would like to ask you some questions about your living conditions. I realise some of these questions seem unrelated to healthcare and may be sensitive, but the questions help us to understand what our clients' living situations are like. If you do not feel comfortable at any point during the questioning, please let me know. Remember that you may decline to answer any question, or end the interview at any time. This understanding helps us to plan services that people can easily access and more readily afford. Please answer as honestly as possible, as this will allow us to better serve the community.* ***Your answers will not affect the service you receive or the price you pay"*** *Read questions to respondent exactly as written. Do not read out the response options. Circle the number corresponding closest to the respondent's answer. All questions must be answered.*			
P1	How many household members are 18-years-old or younger?	Six or more...1 Five...2 Four ....3 Three…..4 Two…...5 One……..…………………………….....…6 None……………………………..………..7	
P2	Have any household members completed 6 years or more of schooling?	No.…………..1 Yes...2	
P3	In your household, are there any children aged 6 to 14 who are not attending / did not attend school during the most recent school year?	No.…………..1 Yes...2 No members ages 6 to 14.........................3	
P4	In your household, are there any children aged 14 to 18 who are not attending / did not attend school during the most recent school year?	No.…………..1 Yes...2 No members ages 14 to 18.......................3	
P5	Has a child aged under 5 in your household died in the last five years?	No.…………..1 Yes...2	
P6	Do you have electricity at home?	No.…………..1 Yes...2	
P7	What is the source of drinking water in your household?	Piped to house or yard, public tap, borehole or tube well, a protected well or spring, rainwater, or bottled or sachet water......... 1 Other…………………………………………2	→ P10
P8	How far a walk is this source of drinking water from your house, roundtrip?	Less than a 30-minute walk .... 1 30-minute walk or longer.………………..…2	
P9	What kind of toilet facility do members of your household usually use?	A toilet that flushes to a sewer, septic tank, or pit latrine; or a latrine with a slab .... 1 Any other toilet (or flush to unknown)….…2	

			→ P12
P10	Is the toilet or latrine shared with other households?	No...1 Yes..2	
P11	What is the floor made of in your home?	Dirt, sand, or dung.................................... 1 Other..2	
P12	What is the main building material used for the walls of the main building?	Baked bricks..1 Poles and mud, grass, sun-dried bricks, or other...2 Stones, cement bricks, or timber...............3	
P13	What is the main building material used for the roof of the main building?	Grass / leaves, mud and leaves, or other..... ....1 Iron sheets, tiles, concrete, or asbestos...2	
P14	What fuel does your household mainly use for cooking?	Firewood, wood / farm residuals, or animal residuals .... 1 Charcoal...2 Coal..3 Solar or gas (biogas)...........................4 Paraffin, gas (industrial), electricity, generator / private source, or other.........5	
Does your household own the following:			
P15 P15 P17 P18 P19 P20 P21 P22 P23 P24	A car or a truck Telephone Radio Cassette / tape recorders/ hi-fi system TV Bicycle Motorbike Refrigerator Any lanterns Any tables	No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2) No (1) / Yes (2)	
P25	If the household cultivated any crops in the last 12 months, does it currently own any bulls, cows, steers, heifers, male calves, female calves, or oxen?	No crops, and no cattle.........................1 No crops, and cattle.............................2 Crops, but no cattle.............................3 Crops, and cattle.................................4	

Demographics continued			
READ TO RESPONDENT: *I am now going to ask you some questions about difficulties you may have doing certain activities* READ QUESTIONS TO RESPONDENT EXACTLY AS WRITTEN. READ OUT THE RESPONSE OPTIONS. CIRCLE THE NUMBER CORRESPONDING CLOSEST TO THE RESPONDENT'S ANSWER. ALL QUESTIONS MUST BE ANSWERED			
D10 (DIS1)	**Do you have difficulty seeing, even if wearing glasses?**	No – no difficulty.............................0 Yes – some difficulty.........................1 Yes – a lot of difficulty.......................2 Cannot do at all...............................3	
D11 (DIS2)	**Do you have difficulty hearing, even if using a hearing aid?**	No – no difficulty.............................0 Yes – some difficulty.........................1 Yes – a lot of difficulty.......................2 Cannot do at all...............................3	

D12 (DIS3)	**Do you have difficulty walking or climbing steps?**	No – no difficulty……………………………0 Yes – some difficulty………………….....1 Yes – a lot of difficulty………………..…2 Cannot do at all………………….…….....3	
D13 (DIS4)	**Do you have difficulty remembering or concentrating?**	No - no difficulty…………………...……0 Yes – some difficulty……………...…...1 Yes – a lot of difficulty…………………2 Cannot do at all……………….……..….3	
D14 (DIS5)	**Do you have difficulty (with self-care such as) washing all over or dressing?**	No – no difficulty……………….……..…0 Yes – some difficulty……………….......1 Yes – a lot of difficulty…………………2 Cannot do at all………………………….3	
D15 (DIS6)	**Using your usual language, do you have difficulty communicating, for example, understanding or being understood?**	No – no difficulty……………….……..…0 Yes – some difficulty……………….......1 Yes – a lot of difficulty……….…………2 Cannot do at all…………………...…….3	