

APPENDIX 2. HOW-TO METHOD DOCUMENTS

INDIVIDUAL INTERVIEWS

<p>What: Individual interviews (also known as key informant interviews or in-depth interviews) with informants chosen for their deep insight about the research questions.</p>	<p>Time required: On average, 8–10 one-hour interviews needed. Allow for 2–4 weeks, including planning and prioritized recommendations.</p>
<p>Who: Often conducted with program implementers, local health experts and community leaders, and direct program beneficiaries. Consider others who may not be familiar with the NTD program but are familiar with the community or delivery of other community-based interventions.</p>	<p>Key budget inputs: Staff time, travel, and possibly participant compensation.</p>
<p>Good for: Understanding the perspectives and experiences of individuals who have a lot of relevant information to share on the program or populations and communities of interest.</p>	

I. PLANNING

1. Refer to the **research questions** developed in [Step 1](#) of the guide to orient yourself about the purpose of your interviews.
2. **Create your interview guide.** Questions should be open-ended and followed up with prompts so that you are creating a story, including events and perspectives of the different characters. Avoid questions that will result in yes or no answers because you want more information.
 - » You can browse the **question bank** ([Appendix 3](#)) and select and edit questions to make them specific to your context.
 - » You might also want to consider pulling in a participatory method (see "[Participatory Methods](#)"). However, note that these can be more time-consuming.
 - » You should consider creating separate interview guides for each type of informant if the information you hope to obtain will vary or if the questions will need to be worded differently.
3. **Invite persons for interview.** It is good to invite 8 to 10 key informants; however, you may need fewer depending on the research question and the type of expertise being sought. Interviews are conducted with individuals who have specific knowledge and/or experience that can help the NTD program team better understand MDA challenges and solutions to these in a specific community context. You should coordinate with district staff and community members to get the buy-in required.
4. **Set up location.** Arrange for a time and location that is confidential and convenient for each individual to conduct the interview. Each interview should be conducted by a two-person study team, including one interviewer and one notetaker.

5. **Budget inputs.** Consider the following costs:

- » at least a two-person data collection team in the field for each location (including travel and per diem)
- » a supervisor , if more than one data collection team is being used
- » notebooks and pens
- » audio recorder (if needed)
- » participant compensation (e.g., airtime or data reimbursement for mobile phones or travel costs to the interview site)
- » staff time needed to create the interview guide, protocol, and summary thematic analysis

II. DATA COLLECTION

- At the start of the interview, explain the purpose of the interview, obtain permission (i.e., informed consent) to proceed with the interview and to take notes, and collect or confirm basic information about the key informant (i.e., demographics, title, or role).
- Each interview should take approximately 1 hour (1.5 hours at most).
- Each interview team should have copies of the interview guide and notebooks for taking notes. Although full transcripts are not expected or desired as part of this rapid qualitative method, interviews may be recorded to aid the notetaker or to clarify points in the notes during analysis.
- Interviewers should be careful to cover all the questions in the interview guide; however, as the respondent answers questions, it may be necessary to change the order of the questions because the respondent has already answered or started to answer a later question.
- The interviewer should be flexible and be skilled in prompting respondents to explain, give examples, or otherwise fully respond to the questionnaire (e.g., "Can you tell me more about that?").
- It is critical that the interview team talk less than the respondents and not lead respondents or judge their answer in any way (e.g., by expressing concern or surprise).

III. AFTER DATA COLLECTION

As soon as possible after the interview, the team should find a quiet and private place to sit and discuss the findings.

- The interview team should ensure that all the information provided by the respondents is captured in interview notes.
- Interview notes should then be reviewed to identify themes that emerge from the data. Some themes may have been identified prior to the start of data collection, and others may emerge during data collection. Complete the **Thematic Matrix Worksheet** (see [Step 4](#) of the guide). Then move to [Step 5](#).
- Data collection teams should store all notes in a secure manner to ensure the confidentiality of data shared by respondents.

IV. VIRTUAL OPTION

Individual interviews are ideally held in person because of the need to build rapport with the individual to allow for easy conversation. It is possible to conduct individual interviews virtually, which allows the respondent to choose a time and place that is convenient for them. A video platform is preferable to a voice-only conversation because facial expressions and body language are important context for understanding the conversation. However, it is possible to conduct an individual interview by voice-only call (e.g., phone) if necessary. This may need to be considered as an option if there are significant restrictions due to COVID-19, civil unrest, or poor weather conditions.

Additional Resources

[Jacob, S. A., & Furgerson, S. P. \(2012\). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, 17, 6.](#)

[Kastner, J., et al. \(2017\). Implementing a global health qualitative research study: Experiences of a project coordinator in Uganda. *EA Health Research Journal*, 1\(2\), 113-122.](#)

[McGrath, C., et al. \(2019\). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41\(9\), 1002-1006.](#)

[McMahon, S. A., et al. \(2018\). Systematic debriefing after qualitative encounters: An essential analysis step in applied qualitative research. *BMJ Global Health*, 3\(5\).](#)

FOCUS GROUP DISCUSSIONS

What: FGDs are small group interviews with informants chosen for their ability to reflect on the research questions.	Time required: On average, 4–6 FGDs, each taking 1.5 hours, are needed. Allow for 2–4 weeks, including planning and prioritized recommendations.
Who: Often held with health workers, community drug distributors, community members, or a subpopulation of interest.	Key budget inputs: Staff time, travel, and possibly participant compensation.
Good for: Allows perspectives from several people to be gathered at one time. Interviewer can get immediate feedback from others on respondent answers.	

I. PLANNING

1. Refer to the **research questions** developed in [Step 1](#) of the guide to orient yourself on the purpose of your discussions.
2. **Create your interview guide.** Questions should be open-ended and followed up with prompts so that you are creating a story, including events and perspectives of the different characters. Avoid questions that will result in a yes or no answer because you want more information.
 - » You can browse the **question bank** ([Appendix 3](#)) and select and edit questions to make them specific to your context.
 - » You might also want to consider pulling in a participatory method (see "[Participatory Methods](#)"). However, note that these can be more time-consuming.
 - » You should consider creating separate focus group guides for each type of informant if the information you hope to get will vary or if the questions will need to be worded differently.
3. **Invite persons for FGDs.** A rule of thumb is that it takes four to six FGDs with a specific type of respondent to fully document themes in the data. However, if, because of budgetary constraints, you need to conduct fewer FGDs, you should include at least two FGDs per respondent type. Respondents should be grouped in such a way that cultural norms allow all respondents to feel equally comfortable sharing their thoughts or disagreeing with a fellow respondent. This may include grouping participants by age, gender, or other characteristics depending on local context. Generally, groups comprise six to eight individuals who have similar demographics (e.g., a group of community members of a certain age or gender, a group of health care providers, or a group of community leaders of similar stature). You should coordinate with district staff and community members to get the buy-in required.
4. **Set up location.** Arrange for a time and location that is confidential and convenient for group discussion. Each FGD should be conducted by a two-person study team comprising one interviewer and one notetaker.
5. **Budget inputs.** Consider the following costs:
 - » at least a two-person data collection team in the field for each location (including travel and per diem)
 - » a supervisor, if more than one data collection team is being used
 - » notebooks and pens

- » participant compensation (e.g., airtime or data reimbursement or travel costs to the interview site)
- » staff time needed to create the FGD guide, protocol, and summary thematic analysis

II. DATA COLLECTION

- At the start of the group discussion, explain the purpose of the discussion, get permission to proceed with the discussion and to take notes, and collect or confirm basic information about each participant (e.g., demographics, title, role). Basic information can be collected by having participants fill out a short form or through a short individual conversation if literacy is a concern.
- Each discussion should take no more than 1.5 hours.
- Each interview team should have copies of the interview guide and notebooks for taking notes.
- Interviewers should be careful to cover all the questions in the interview guide; however, as the group discusses the topics, it may be necessary to change the order of the questions because the group has already answered or started to answer a later question.
- The interviewer should be flexible and be skilled in prompting respondents to explain, give examples, or otherwise fully respond to the questionnaire (e.g., "Can you tell me more about that?" and "Does everyone agree with this statement or have anything else to add?").
- When the group provides many possible alternative responses to a question, it is possible to ask the group to **rank responses** according to which might be the most to least important. Both the ranking itself and the various perspectives within the group around ranking may reveal rich detail around the priorities and community norms.
- It is critical that the interview team talk less than the respondents and not lead respondents or judge their answers in any way (e.g., by expressing concern or surprise).
- During an FGD, it is important that the interviewer ensure participation by all group members and not allow a single or a couple of talkative participants to dominate the discussion or intimidate quieter participants.

III. AFTER DATA COLLECTION

As soon as possible after the group discussion, the team should find a quiet and private place to sit and discuss the findings.

- The interview team should ensure that all the information provided by the respondents is captured in interview notes.
- Interview notes should then be reviewed to identify themes that emerge from the data. Some themes may have been identified prior to the start of data collection, and others may emerge during data collection. Complete the **Thematic Matrix Worksheet** (see [Step 4](#) of the guide). Then, move to [Step 5](#).
- Data collection teams should store all notes in a secure manner to ensure the confidentiality of data shared by respondents.

IV. VIRTUAL OPTION

FGDs are ideally held in person because of the need to build rapport within the group. It is possible to have some FGDs virtually if all participants are familiar with meeting technology (e.g., Zoom or Microsoft Teams) and have good internet access. This could, for example, work with health staff. Additionally, the chat function provides alternative ways for quieter or shyer participants to contribute. For groups who are not familiar with the technology (e.g., community members), consider having a local facilitator who is familiar with the technology bring the group together while the data collection team remains virtual.

Additional Resources

[Kitzinger, J. \(1995\). Qualitative research: Introducing focus groups. *BMJ*, 311\(7000\), 299-302.](#)

[Morgan, D. L. \(1996\). Focus groups. *Annual Review of Sociology*, 22\(1\), 129-152.](#)

[Wong, L. P. \(2008\). Focus group discussion: A tool for health and medical research. *Singapore Medical Journal*, 49\(3\), 256-260.](#)

PARTICIPATORY METHODS

What: Participatory methods use brainstorming, problem-solving, and mapping techniques in facilitated groups of 4–8 people. Methods include geographical mapping, creating timelines and seasonal calendars, ranking, and using vignettes and stories to engage participants.

Time required: On average, 4–6 half-day workshops are needed. Allow for 2–4 weeks, including planning and prioritized recommendations.

Who: A range of different stakeholders (men/women) should be invited to participate, including social leaders, political leaders, and health worker leaders involved in MDA. It may be necessary to conduct separate workshops with men and women or local leaders with different political affiliations.

Key budget inputs: Staff time, travel, refreshments, and possibly participant compensation.

Good for: Provides alternative methods to questions used in more traditional FGDs, allowing more in-depth exploration of various topics such as MDA timing, logistics, who is not being reached, and challenges.

I. PLANNING

1. Refer to the **research questions** developed in [Step 1](#) of the guide to orient yourself on the purpose of the workshops.
2. **Select activities to be used and create workshop agenda.** You can select from several activities best suited to answer your question. **Do not select all because that will be too long.**
 - » *Geographic and MDA coverage mapping (1.5–2 hours):* Participants draw a map of the community and use it to discuss how MDA is done.
 - » *Program timeline (1.5 hours):* Participants draw a timeline from the first year of MDA to the present, mark key community events, and discuss how MDA has changed during that time.
 - » *Seasonal calendar (1.5 hours):* Participants describe what a typical year looks like and where the MDA falls in that. This can also be adapted to a weekly or daily calendar.
 - » *Change stories or outcome stories (1.5 hours):* Participants work with these to detail what aspects of the program have changed over time and the outcomes associated with those changes.
 - » *Case studies or vignettes (1.5 hours depending on number and complexity of vignettes; can be combined with open-ended questions):* A character who is a peer is created, and participants describe the individual's characteristics and then suppose how that character would react or respond to various scenarios.
3. **Invite persons for workshops.** A workshop typically takes 4–5 hours and should be divided by a break with refreshments. It is good to invite four to six key informants per workshop. You should coordinate with district staff and community members to get the buy-in required.
4. **Set up location.** Make sure the workshop happens in a quiet place, and that you have available large flipchart papers, ability to pin/stick these to the wall, and pens (preferably colored markers).
5. **Budget inputs.** Consider the following costs:

- » at least a two-person team per workshop (including their travel and per diem)
- » refreshments
- » flipchart paper and markers
- » participant compensation (e.g., airtime or data reimbursement or travel costs to the interview site)
- » staff time needed to create the interview guide, protocol, and summary thematic analysis

II. DATA COLLECTION

Opening

1. Explain the purpose of the discussion. Introduce the question(s) that this workshop is designed to address (see [Step 1](#) of the guide).
- Get permission to proceed with the discussion and to take notes.
 - Collect or confirm basic information about each participant (e.g., demographics, title or role). Basic information can be collected by having participants fill out a short form or through a short individual conversation if literacy is a concern.
 - Review agenda.

Conduct selected exercises

Provide instructions to participants at the start of each activity selected. Once the instructions for each exercise are given, research team members should not participate in the mapping discussion but should take notes about what is discussed. After each activity is complete, the researchers should then ask the participants questions about what they have developed.

Geographic and MDA Coverage Mapping (1.5–2 hours)

Instructions: On a flipchart paper, ask participants to do the following:

- Draw and label political/administrative boundaries of the district.
- Draw and label major roads and natural features, such as rivers, forests, and mountains.
- Draw and label major urban centers (areas of high population density).
- Draw and label any important infrastructure and industry in the area (if relevant).

Ask the group:

1. What are the common social and ethnic groups here? Do they live in different parts of the area? Please mark this on the map.
2. Mark the important MDA distribution points on the map (if a fixed post is used), from previous rounds of MDA.
3. Are there areas that have missed treatment because of a lack of distribution post or because drug distributors did not visit certain houses? Mark those areas.

4. Are there certain places that may have had low MDA coverage for other reasons? Mark these on the map.
5. Are there certain places that you think may have had higher MDA coverage? Mark these on the map.

Discuss answers provided above, ask if they can explain why, and include these in the mapping session notes.

Program Timeline (1.5 hours)

Instructions: On a flipchart, ask the group to draw a year-by-year timeline from the first year of MDA to the present in the district.

Ask:

1. What events or program changes do you think have had an impact (positive or negative) on the MDA coverage since MDA began in this area?
2. Mark these events on the timeline (positive ones with a black marker and negative ones with a red marker).

Discuss answers provided above and include these in the mapping session notes.

Seasonal Calendar (1.5 hours)

Instructions: On a flipchart paper, ask the group to do the following:

- Prepare the flipchart by creating 12 columns for each month of the year (x-axis).
- Prepare the following rows (y-axis):
 - » rainy weather
 - » dry weather
 - » planting and harvest time
 - » important dates for the school year
 - » important holidays and festivals
 - » migration times (if relevant)
 - » any additional factors that you would like to explore
- Have the group review each factor (row) and color into the column box when that factor applies for each month.
- Mark the month when MDA was conducted last year.

Discuss the appropriateness of the timing for MDA and whether there may be a more appropriate time of year to conduct MDA.

Group Narratives: Change or Outcome Stories (1.5 hours)

Instructions: Prepare by creating a flipchart page for each pre-identified theme, as well as reserving a page for any new themes that might arise during the discussion. Themes should relate to your research questions developed in [Step 1](#).

Ask:

1. For each theme, ask the group to tell personal stories and/or stories they have heard about their experience with the program and how it has affected the community over time (positively and negatively). The goal is to generate several personal stories representing multiple perspectives and viewpoints about the program and its outcomes.
2. Invite the group to examine these stories:
 - » Is this a common or rare outcome example?
 - » How willing would you be to share this story with a neighbor or friend?
 - » Did this change lead to any other changes or outcomes?
 - » Do you see any trends in the stories that have been told?
3. Encourage other participants to also ask questions about the stories shared. Take notes on answers.

Discuss: Identify recommendations or lessons for the programs based on the stories told.

As a follow-on, these stories can be shared with program experts and community leaders and a consensus-driven ranking method used to select the most important recommendations.⁴

Group Narratives: Vignettes (1.5 hours)

Instructions: Create a list of scenarios that occur during an MDA and reflect the challenges that you have pre-identified during [Step 1](#) of this guide. For example, a male or female drug distributor comes to the household to treat people, a child does not want to take the treatment and is struggling, or there is a long queue at a community distribution site. Again, these should be based on the specific challenges that you have identified for your setting.

Ask:

1. Lead the group to create a character that they will use in each scenario. In this instance, it would be a beneficiary of MDA. Who is the individual? Is this person male or female? What is the person's name? Where does the person live? Does the person have children?
2. Ask the group to co-create a story about the individual based on someone from their community. Does the individual know about the MDA? Why or why not? How did the individual learn of it? Did the individual attend the MDA? Did the individual swallow the drugs? Did the individual's children and spouse swallow the drugs? Why or why not? Would these answers change if the individual were another gender, in another social group, or possessed some other characteristic? How? Encourage diversity of opinions and ask for other potential responses the protagonist might give. Do not be satisfied with the first suggestion offered.
3. Once the group develops the character, present them with your pre-developed scenarios that the individual may face. Have the group decide how their character would respond in each scenario.

⁴ Davies, R., & Dart, J. (2005). *The 'most significant change' (MSC) technique: A guide to its use.* [https://www.wikifplan.org/WIKIPLAN/1%201%20151%20-%20Most significant change methodology pa abril%202005.pdf](https://www.wikifplan.org/WIKIPLAN/1%201%20151%20-%20Most%20significant%20change%20methodology%20pa%20abril%202005.pdf)

Discuss: What factors (internal or external to the program) might make the individual more likely to successfully access MDA, at each stage or given various identities (age, gender, ethnicity, or occupation)? Use these factors to identify recommendations or lessons for the program to conduct MDA more effectively in the community.

Closing

Before finishing the workshop, ask participants what they have learned and what they think are the most important points and recommendations that emerged from the workshop. Note these down on a flipchart.

I. AFTER DATA COLLECTION

As soon as possible after the workshop, the facilitators should sit and discuss the findings.

- Review notes from workshop and add to them as necessary.
- Notes should then be reviewed to identify themes that emerge from the data. Some themes may have been identified prior to the start of data collection and others may emerge during data collection. Complete the **Thematic Matrix Worksheet** (see [Step 4](#) of the guide). Then move to [Step 5](#).
- Data collection teams should store all notes in a secure manner to respect the confidentiality of data shared by respondents.

II. VIRTUAL OPTION

Participatory methods are ideally held in person because of the need to build rapport within the group. It is possible to conduct some participatory methods virtually if all participants are familiar with meeting technology (e.g., Zoom, Microsoft Teams) and have good internet access. Additionally, the chat function provides alternative ways for quieter or shyer participants to contribute. It is important that the notetaker be very familiar with the technology, as they will either project their drawings or notes during the conversation or support participants in using the meeting technology (e.g., whiteboard technology) to project their drawings.

For groups who are not familiar with the technology (e.g., community members), consider having a local facilitator who is familiar with the technology convene the group while the data collection team remains virtual.

Additional Resources

[Chambers, R. \(2007\). *From PRA to PLA and pluralism: Practice and theory \(IDS Working Paper No. 40\)*. Institute of Development Studies.](#)

[Davies, R., & Dart, J. \(2005\). The 'most significant change' \(MSC\) technique: A guide to its use.](#)

[MacPherson, E., et al. \(2015\). *Participatory Learning and Appraisal Resource Pack with examples from a health research project*.](#)

PARTICIPANT OBSERVATION OF OTHER HEALTH PROGRAMS

What: NTD staff participate in the implementation of other public health campaigns and observe and ask questions. Conducted by a senior team member (e.g., program manager) or person responsible for MDA program design.	Time required: 8–10 hours per day; 2–5 days and 2–3 days planning.
Who: NTD staff who will be involved in the planning or implementation of the next round of MDA.	Key budget inputs: Travel for staff; per diem.

Good for: Strengthening cross-program learning and generating new ideas for MDA planning and delivery. Might also facilitate longer-term collaboration and integration opportunities.

I. PLANNING

1. Refer to the **research questions** developed in [Step 1](#) of the guide to orient yourself on the purpose of your participation in other public health programs. By observing and learning about the strategies, strengths, weaknesses, and lessons of other public programs, participant observation of non-MDA programs may generate valuable comparative insights into how to strengthen MDA. Spending time with staff and decision-makers from non-MDA programs may also promote unexpected cross-sectoral learning and longer-term collaboration.
1. **Develop a thematic guide.** Follow [Steps 1](#) and [4](#) in the guide to develop a **Thematic Matrix Worksheet** based on results of desk review conducted and questions identified.
2. **Select public health program.** This program might involve vaccination, bed-net distribution, malaria seasonal chemoprophylaxis distribution, vitamin A distribution, or TB. Select it based on opportunity to participate in activities in the timeframe you have available, relationships with staff, and potential to answer your research question. The activity should be clearly discussed with the senior staff of the other project, and the appropriate permissions should be granted.
3. **Conduct desk review.** Before joining another program's field activity, learn a little about that program; for example, read relevant documents and speak with program staff (take them out for lunch).
4. **Plan for observation of field activities.** An observation plan should be drafted that includes the number of days (2–5), the locations where the activity will be conducted, and whether the team will “shadow” specific field staff or not.
5. **Budget inputs.** Consider the following costs:
 - » travel for one to two people to observe the activity
 - » per diem for 2 to 5 days during observation
 - » staff time needed to create the protocol and summary thematic analysis

II. DATA COLLECTION

This is likely done by only one or two people.

- Participate in the field activities, including training, and write notes on what you are observing and ideas you might have for application to the NTD program. Include details on the number of people they spoke to and the location.
- As you interact, informally ask questions of staff, participants, and beneficiaries and record their answers.
- Review your notes at the end of each day and summarize them using your Thematic Matrix Worksheet, adding themes as needed.

III. AFTER DATA COLLECTION

- Notes should be reviewed when you return home or to the office and finalize the **Thematic Matrix Worksheet**. Then move to [Step 5](#).
 - » If someone else conducted similar observations, meet with them and summarize all your key findings in one matrix.
- Data collection teams should store all notes in a secure manner to respect the confidentiality of data shared by respondents.
- If resources are available, it may be advisable to organize a feedback workshop with NTD staff and staff from the other program to present your results and discuss opportunities for mutual learning.

IV. VIRTUAL OPTION

This methodology is not recommended if you need to collect information remotely.

TRANSECT WALK

<p>What: A transect walk involves systematically walking around an area with key informants, observing, asking questions, and facilitating a group analysis.</p>	<p>Time required: On average, about 2.5–3 hours needed per walk. Allow for 2–4 weeks, including planning and prioritized recommendations.</p>
<p>Who: Held with key community members who are involved in MDA (community drug distributors [CDDs], teachers, local leaders) or with representatives from population groups systematically missing MDA.</p>	<p>Key budget inputs: Staff time, travel, and refreshments.</p>
<p>Good for: Building rapport, because a walk feels more informal than an interview or FGD. Can be used for various situations, including walking around a community that has been missed to understand why, to map out the location of MDA distribution points if placement of these may be a problem, or when you are just not sure what the issues are and need a fresh way to look at things.</p>	

I. PLANNING

1. Refer to the **research questions** developed in [Step 1](#) of the guide to orient yourself on the purpose of the transect walk.
1. **Develop a thematic guide.** Develop a **Thematic Matrix Worksheet** (see [Step 4](#)) based on results of desk review conducted and questions identified. This may include primary concerns (MDA distribution points, health education material, the work of CDDs, compliance with MDA, etc.) and secondary concerns (housing conditions, churches, schools, medical clinics, stores, sanitation, social and ethnic groups, socio-cultural beliefs and practices).
2. **Set up walk.** Transect walks should be held with key community members in areas with low MDA coverage or with representatives from population groups that have been identified as systematically missing MDA. Be sure to choose a time and day when community members will be available for casual conversations as the group conducts the walk.
 - » If you have the resources, consider also sampling locations or populations with higher coverage to understand key differences that could be causing low coverage. You should coordinate with district staff and community members to get the buy-in required.
3. **Budget inputs.** Consider the following costs:
 - » two researchers—one lead and one notetaker
 - » refreshments
 - » flipchart paper and markers
 - » participant compensation (e.g., airtime or data reimbursement for mobile phones or travel costs to the transect walk site)
 - » staff time needed to create the protocol and summary thematic analysis

II. DATA COLLECTION

Agree on the route with participants. Before beginning the walk, spend 15 minutes outlining the route you plan to take together with all members of the group. Show the group the list of themes you want to observe and discuss with people. Ask whether they believe anything important is missing. Decide which walking path makes the most sense given these goals. On the other side of the same paper, draw a rough walking diagram and mark specific areas of interest that you plan to visit. These may be areas with physical attributes you want to observe and discuss (schools, health facilities, etc.) or areas where you expect to find certain community members to engage in conversation. As the team conducts the walk, one member of the team should be appointed to add to the map.

Walking. Each walk should take 1.5–3 hours. Walk slowly and spend time speaking with people. The group should stop at set intervals (e.g., every 100–200 feet or at specific identified physical locations) to initiate conversations with community members. The group can ask questions together or be split into two groups to make community members more comfortable speaking. As you walk, at least one member of the team should note important observations, comments made by community members, and discussions among the team. If relevant, they can also take photographs. For our purposes, the goal of the transect walk is not only to produce a transect diagram/map but also to learn from community members and to stimulate discussion with key informants during and after the walk.

After the walk. The team should find a quiet and private place to sit and discuss the findings. Refreshments should first be provided. This is an opportunity for the research team to review with participants what they saw and heard, get feedback on what they see as key findings, and explore specific issues in more depth. Below, we provide a facilitation discussion road map:

1. Start by reminding participants about the purpose of the walk.
2. Review the map and quickly summarize (in 2 minutes only) the path the group took and a rough estimate of the number and type of people they spoke to.
3. Prepare a large flipchart page, put it in the center of the group, and write down what the group thinks are key findings or themes.
4. Place relevant information on the map, such as MDA distribution points or hard-to-reach areas in the community.
5. Once the group is finished brainstorming, look through the notes taken during the walk by the research team and see if anything is missing. Mention this to the group and add it to the list.
6. Once all themes are listed, go through them one-by-one and facilitate a discussion with the group. Ask the following questions:
 - » Do you think this issue, opinion, or experience is common?
 - » Does anyone have any opinions or experiences that agree or disagree with this?
 - » How important do you think it is for improving MDA?
7. Once you have reviewed all of the themes, the facilitator should summarize the top three to five findings and recommendations for how to improve MDA that emerged. Refine as needed.

III. AFTER DATA COLLECTION

As soon as possible after meeting with participants, the facilitators should discuss the findings.

- Review notes from workshop and add to them as necessary.
- Transcribe the flipchart page into the **Theme Matrix Worksheet** from [Step 4](#) of the guide. Then move to [Step 5](#).
- Data collection teams should store all notes in a secure manner to respect the confidentiality of data shared by respondents.

IV. VIRTUAL OPTION

Transect walks need to take place in the community and are therefore difficult to conduct virtually. Other participatory methods (listed in the [Participatory Methods](#) annex) may be able to get at similar information and be easier to do virtually and could be considered in place of this method. If you would like to try to conduct a transect walk virtually, prior to the walk, the researchers could facilitate a group discussion via phone or using an online meeting technology to discuss the purpose of the transect walk. The key community members would then conduct the transect walk as a small group on their own or with the facilitator on a mobile phone. After the walk, the group analysis could then be organized via phone or using an online meeting technology.

Additional Reading

[Mahiri, I. \(1998\). Comparing transect walks with experts and local people. *PLA Notes*, 31\(4\), 4-8.](#)