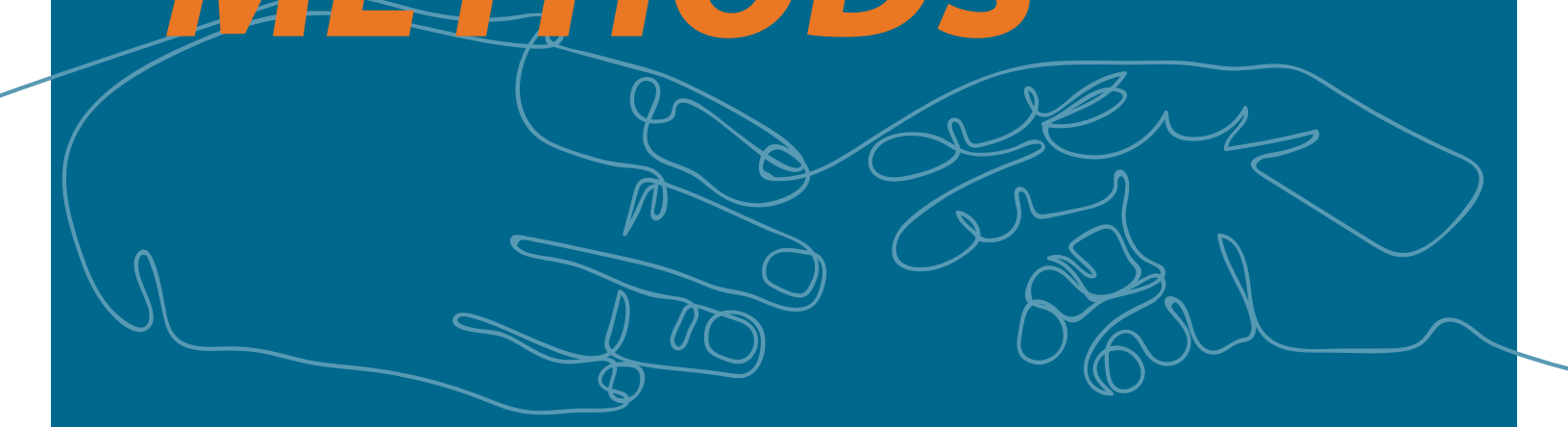
A GUIDE TO ***IMPROVING MDA*** *USING* ***QUALITATIVE METHODS***



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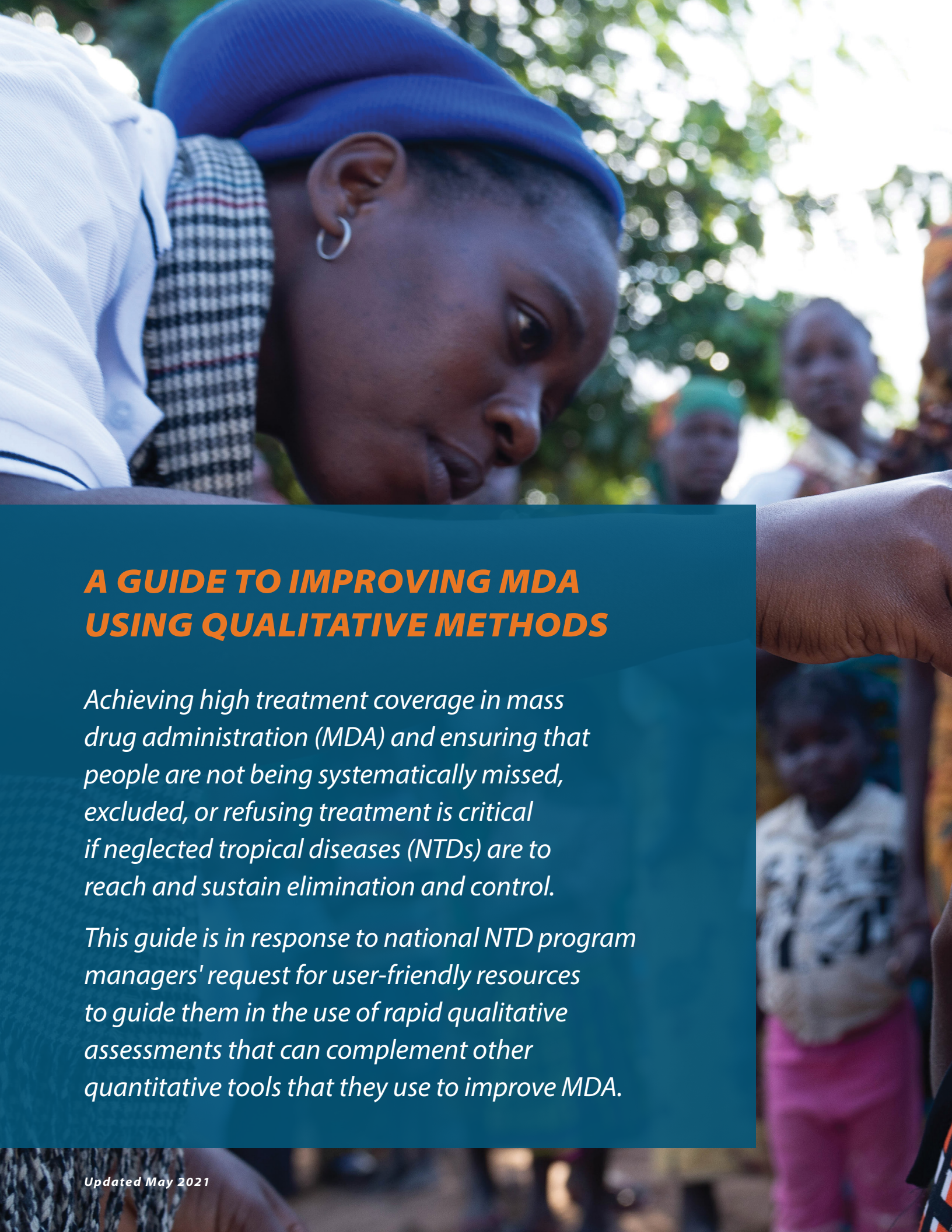

A GUIDE TO IMPROVING MDA USING QUALITATIVE METHODS

Achieving high treatment coverage in mass drug administration (MDA) and ensuring that people are not being systematically missed, excluded, or refusing treatment is critical if neglected tropical diseases (NTDs) are to reach and sustain elimination and control.

This guide is in response to national NTD program managers' request for user-friendly resources to guide them in the use of rapid qualitative assessments that can complement other quantitative tools that they use to improve MDA.

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PURPOSE OF THE GUIDE

The World Health Organization's (WHO's) 2021–2030 NTD road map[1] advocates for greater domestic ownership, mainstreaming, and integration of NTD programs, which in turn requires more capacity strengthening in the short term. This guide addresses one critical gap in resources to support the use of qualitative methods to strengthen MDA.

It aims to facilitate adaptive program learning for MDA by providing guidance on qualitative study design, implementation, analysis, and prioritization of recommendations while also triangulating findings with existing knowledge.

WHO IS IT FOR?

This guide is intended to support national NTD program staff and implementing partners working on NTD programs with an MDA component (e.g., lymphatic filariasis, onchocerciasis, scabies, schistosomiasis, soil transmitted helminthiasis, trachoma, taenia, yaws). It will also be of relevance to other public health programs, such as malaria, that include MDA-type approaches.

It is designed so that persons with limited experience in qualitative methods, as well as those with more experience, can use it. It also provides guidance for settings with and without additional budgets for NTD program assessments.

This guide highlights the importance of engaging subnational-level staff and community members so that the findings are grounded in the local realities of those delivering and receiving MDA.

WHEN SHOULD I USE IT?

This guide is designed to help NTD program staff and partners facilitate a rapid qualitative assessment—from design to prioritizing recommendations—when a need to improve MDA has been identified, including the following situations:

1. When programs have identified persistent low treatment coverage
2. When surveys do not show the expected reduction in disease or infection prevalence

WHAT STEPS ARE INVOLVED?

The guide takes the reader through six steps, which are presented as follows:

1 World Health Organization. (2020). *Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030.* https://www.who.int/publications/i/item/9789240010352

A GUIDE TO

RAPID QUALITATIVE ASSESSMENT

To Improve Mass Drug Administration

STEP 1 SCOPE

Determine the need for and scope of the assessment to address the need for support, voiced by program managers, in using qualitative methods to strengthen MDA effectiveness.

STEP 2 METHODS

Choose appropriate qualitative data collection methods.

STEP 3 DATA COLLECTION

Plan for and conduct data collection.

STEP 4 ANALYSIS

Analyze the data.

STEP 5 PROGRAM ADAPTION

Develop and prioritize recommendations.

STEP 6 EVALUATION

Implement recommendations and evaluate impact.

STEP 1

DETERMINE NEED AND SCOPE OF THE ASSESSMENT

The first step is to review existing data and determine whether additional data collection using qualitative methods is necessary. Here are some questions to consider: What knowledge gaps exist, and can they be addressed with a qualitative assessment? How will the assessment build on existing information? How does it fit with other tools?

CONDUCT A DESK REVIEW OF THE EXISTING INFORMATION

Start by gathering all the information that you already have on your NTD program (see "Desk Review Data Sources Where Available" on page 10). Then, ask the following 10 questions as you review the collected information.

1. What was the reported ***coverage*** at the district and subdistrict levels?
2. How do the results ***compare with coverage targets***? If the results are lower than the targets, why?
3. How do the results ***compare with previous years***?
4. Are the results the same everywhere, or are there ***geographic differences*** (between or within districts)? If there are differences, what could be causing those differences (e.g., urban vs. rural settings, migrant populations, insecurity, or large changes in the size of the population).
5. Are there differences in results ***by type of population*** (e.g., men vs. women, age, differences among different ethnic groups or socio-economic groups, people with disabilities)? Are there geographically isolated populations or areas (e.g., prisons, military bases, closed communities, migrants)? Are some groups being missed? Why?
6. Do ***data from different sources*** lead to the same conclusions? For instance, how similar or different are coverage survey data to the reported coverage?
7. Were MDA preferred practices ***adhered to***? Consider directly observed treatments (DOTs), timing of MDA, supply chain, social mobilization, training, supervision, data collection, management of side effects, and program coordination.
8. Was implementation of MDA ***different this year*** compared with previous years (e.g., during the rainy season or fasting season)? What difference did that make?
9. What were some of the ***implementation challenges***? For instance, consider community drug distributor (CDD) motivation, community fatigue, fear of drugs or side effects, negative rumors, external factors such as economic shock, elections, and coronavirus disease 2019 (COVID-19). Might any of these be relevant?
10. What are the ***most important knowledge gaps*** that could be addressed with a rapid qualitative assessment?

See* Appendix 1 *for a summary of factors commonly associated with low coverage, systematically missing people, or refusal of medication.

For more information about how to explore situations where survey data showed a higher infection/disease level than expected, see this technical brief.

Desk Review Data Sources Where Available

- MDA coverage results by district, subdistrict, disease, gender, and age
- Results from surveys, including coverage evaluation surveys and Data Quality Assessments (DQAs)
- Supervisor recommendations (which may include results of supervision checklists and use of supervisor's coverage tool)
- Post-MDA review meetings and survey after-action review reports
- Annual review meeting presentations or reports
- Results of reviews of surveys done when infection and disease levels did not reach expected levels; may include use of checklists
- Micro-planning reports
- Assessments conducted by other programs (e.g., malaria; vaccination; water, sanitation, and hygiene)
- Local knowledge from previous conversations with program teams or district officials
- Maps of impact assessment results showing clustering of positive cases

Summarize the results of your desk review in a few slides (3–5) to share with NTD program staff and health workers supporting the program. Also, consider combining the presentation of desk review results with existing meetings, like a program data review or planning meeting.

Define your question(s). If you still have critical knowledge gaps after completing the desk review, clearly define your remaining questions. Your questions should be specific and informed by the desk review findings. For example, "Why is coverage low?" is too broad. Instead, focus on the geographic area (district or subdistrict) and issues that you have already identified as problematic for further inquiry. For example:

1. Why are so many men in this community missing treatment?
2. How can we address the community's fear of side effects?
3. Who is not being reached by the program and why?
4. What is causing a lack of motivation among drug distributors?

If you are not sure where to focus, it may be advisable to start with an exploratory field exercise. For more information on how to do this, see the how-to method document on participatory methods in this guide.

Value Add of Qualitative Research

Can identify new challenges and solutions (e.g., provides detailed descriptions to explain the why and how behind low or inequitable MDA coverage or survey failures), as well as recommendations for adaptations.

WHEN NOT TO USE THIS GUIDE

If your questions relate to assessing coverage (during or after an MDA), validity of coverage, or assessing the quality of the data collection system, there are other tools better designed to serve your needs. Use the job aid "When to Use Which Key PC NTD M&E Tool?" to help select a more appropriate tool. If your questions relate to assessing your social mobilization approaches and information, education, and communication (IEC) materials, use the IEC & Social Mobilization NTD Tool Kit.

STEP 1 **OUTPUT**

List of program questions and decision on whether a qualitative assessment is the appropriate tool for finding answers

STEP 2

CHOOSE *APPROPRIATE QUALITATIVE* DATA COLLECTION METHODS

The following diagram describes different qualitative data collection methods that can be used.

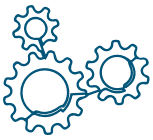
Click on each method to view a "how-to" document for that method, including details on how to implement the method and any data collection templates needed. Consider including different methods in your assessment to gain a variety of perspectives on a given program question. In the method "how-to" documents, we have included the intended audience for the methods. This can help you determine which method might be appropriate for your research question(s). You can also consider using some of the participatory methods during an individual interview or focus group discussion (FGD) to make them more interactive.

INDIVIDUAL INTERVIEWS

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. Also good to ascertain the views of highly marginalized people—for example, people with disabilities (see *Appendix 2*).

TRANSECT WALK

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 (see *Appendix 2*).



PARTICIPATORY METHODS

Good for providing alternative methods to questions used in more traditional FGDs, allowing for more in-depth exploration of topics such as MDA timing, logistics, the people who are not being reached, and challenges (see *Appendix 2*).

FOCUS GROUP DISCUSSIONS

Good for allowing perspectives from several people to be gathered at one time. An interviewer can get immediate feedback from others regarding respondents' answers (see *Appendix 2*).

OBSERVATIONS

Good for strengthening cross-program learning and generating new ideas for MDA planning and delivery. Might also facilitate longer-term collaboration and integration opportunities (see *Appendix 2*).

STEP 2 **OUTPUT**

List of methods to include in the assessment

STEP 3

PLAN FOR AND CONDUCT DATA COLLECTION

Below, we provide several factors that NTD programs should consider more broadly when planning for a qualitative assessment. Each method described in Step 2 also provides additional guidance on the steps required to implement the method, including sampling and time required.

HUMAN RESOURCES

We recommend that at least two people conduct each data collection activity with specific roles: one team member will be dedicated to asking questions and the other to note taking. When deciding who should conduct the qualitative assessment, it is important to consider the linguistic, ethnic, and gender composition of the team. For example, try to match participants with people of similar age and gender to make participants feel more comfortable and reduce the likelihood of power dynamics affecting their responses. Translators may be needed at the community level; therefore, you will need to orient them about the assessment and qualitative data collection techniques.

There are pros and cons to using NTD program or health staff routinely involved in NTD work. Pros include that they understand the program well and know when to probe for more information, they are more easily engaged in developing adaptations based on results, and they might be available with little additional financial cost to the program. The cons are that they are also likely to have preconceived ideas about the issues because of their association with the program that may generate response biases from community members, CDDs, and political leaders.

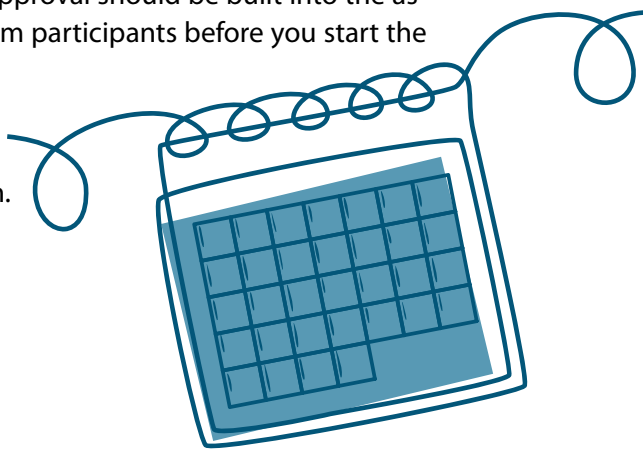
If the decision is to engage external investigators, options to consider include the following:

- other Ministry of Health departments whose staff have existing qualitative skills for training and/or coordination (e.g., HIV; health promotion; immunization; tuberculosis [TB]; malaria; family planning; water, sanitation, and hygiene)
- local university or medical students who can support data collection and analysis
- external person(s) (e.g., WHO staff, implementing or research partner) to review the protocol, conduct training, or participate in data analysis

DATA COLLECTION PROTOCOL

It is important to create a short protocol (3–5 pages) to help support data collection planning and analysis from the beginning. The following key things should be considered (full template provided in *Appendix 4*):

- ***Schedule:*** Look for opportunities to integrate data collection trips with other planned activities such as another MDA, survey, DQA, or community sensitization activity in the same area.
- ***Ethical approval:*** Is the assessment intended to improve a public health program or for generalizable knowledge? If it is to improve a program, ethical approval is most likely not required, but you should verify your country's specific requirements. If you intend to publish the results, ethical approval is likely necessary. If it is needed, ethical approval should be built into the assessment timeline. Consent should always be obtained from participants before you start the interview.
- Number of days needed for travel and data collection.
- Number of staff needed for data collection and supervision.
- Plan for taking notes and documenting findings.
- Budget for data collection.



TRAINING

Before conducting data collection, the study team and data collectors should hold an orientation on the protocol that includes reviewing the purpose of the study and the data collection tools, as well as practicing each assessment method. *Appendix 5* provides a draft agenda for orientation. We also recommend covering the following topics as part of the orientation:

- ***Pre-testing:*** Pre-test all data collection tools prior to data collection. This will give the data collectors an opportunity to try the data collection method, make appropriate modifications, and ask for additional guidance if needed. It is important to test the tools in the local languages that you will be using for data collection to make sure that the terms used are understood by local participants.
- ***Group exercises:*** Data collectors can practice using the study instruments with other members of the data collection team and discuss challenges and what worked well after the role play. Active listening, or fully concentrating on, responding to, and remembering what was being said, is a particularly important skill to practice during these group exercises. Consider having a third person observe the role play and then provide feedback on the active listening skills demonstrated during the activity and ways to improve.

> ***Active Listening Skills***
>
> *Provide nonverbal signs of listening such as smiling, making eye contact, and leaning in. It is also important to reflect back what is being said by the respondent and ask for clarification when they do not fully explain a concept or it is not clear what they mean.*

- ***Learning by doing:*** If one of your team members is experienced with qualitative data collection, have them conduct the first data collection activity and have the other data collectors observe and take notes. Then, switch roles and have the less experienced staff conduct the data collection while the more experienced team member observes and provides feedback on how to improve. We strongly recommend that the data collection team host nightly discussions to work through challenges and improve their data collection skills.

If there is budget and time, consider holding an additional training on the qualitative data collection methods selected for the assessment. In each method description, we have linked to additional resources that could be useful to strengthen capacity. Depending on the methods planned, an additional 2- to 3-day training can be combined with the orientation (see *Appendix 5*).

DATA COLLECTION

Data collection should take place immediately after orientation on the protocol and data collection tools. Details on the steps to take to conduct each data collection method are included in the "How-to Method Documents" in *Appendix 2*. For all methods, you will need to do the following:

- ***Develop a list of key themes that you identified during your desk review and included in your data collection instruments.*** A theme is a topic or idea that comes up repeatedly and is an important issue that may have an impact on the MDA. For example, if migrant workers were found to be missing treatment because of the timing of MDA, "timing of MDA" would be a relevant theme. Give this list to the data collectors so that they can refer to them throughout data collection.
- ***Get informed consent from the participants before starting data collection.*** This includes informing the participants of the possible risks of participating in the assessment, stating that all of the information that they provide will be kept confidential and that they can skip questions/activities and end their participation at any time during the assessment. If possible, this should be done in writing. If the participant cannot sign, it can be done verbally or with a thumbprint signature.
- ***Keep accurate and detailed daily note.*** Have a notetaker take notes during the activity and consider as an option using audio recordings for ease of reference afterward. At the end of every day, review your notes and identify key themes, including any new themes not identified from the previous day or included in your initial theme list. You can record any additional thoughts you have at this point as well to create daily summaries.

- ***Some other tips that will help reduce bias and encourage participant openness.*** For additional reading, consider *Qualitative Methods in Public Health: A Field Guide for Applied Research.*[2]
  - » The participant(s) should speak more than the interviewer. To ensure this, use open-ended questions that are general, prompting with specific probes to capture what may have been missed.
  - » Use simple language and local terms and avoid medical, biological, and overly technical terms.
  - » Remember that there are no "right" or "wrong" answers to the questions. Watch your facial expressions and reactions to ensure that you are neutral during the interview.
  - » Ensure that you reserve time at the end of the interview to address specific questions or correct misinformation that you have heard. If respondents have questions during the interview and/or discussion, ask them to wait until the end.
  - » Be aware that respondents often feel that they need to give you the "right answer" and may feel shy if they do not know the answer. Build a rapport and work throughout to encourage them to speak freely.
  - » Probe continually throughout the interview and/or discussion with phrases such as the following:

Why did you say that?	*Can you say what you mean by that?*	*That's interesting…*
What do you mean by that?	*So then what happened?*	
Could you tell me a bit more?	*Oh, that makes sense…*	

- ***Meet each evening, or every other evening, with the data collection team to discuss the themes that emerged that day, including new evidence for existing themes and new themes.***

STEP 3 **OUTPUT**

Protocol that includes a plan on who will do the study, the budget, and training materials, as well as detailed daily notes and summaries from implementation

2 Tolley, E. E., Ulin, P. R., Mack, N., Robinson, E. T., & Succop, S. M. (2016). *Qualitative methods in public health: A field guide for applied research* (2nd ed.). Jossey-Bass.

STEP 4

ANALYZE THE DATA

*There are many ways to analyze qualitative data. For the purposes of a rapid qualitative assessment, we recommend using a **matrix** to quickly organize the themes from each data source (e.g., interviews, focus groups, and/or additional methods used such as transect walks) included in your daily summaries.*

1. Add the list of the main themes and sub-themes identified from your desk research and additional themes identified during data collection to a ***Theme Matrix Worksheet*** (see *Table 1* or *Appendix 6*).

2. Ask data collectors to review their detailed notes and daily summaries and complete columns on major findings, illustrative quotes, and data sources under each theme. Consider not just including points identified by many people; a theme mentioned by just one respondent could still be important.

3. Create a final theme matrix that includes a summary of findings. This should be done as close to data collection as possible or started during data collection. Some effort will need to go into organizing, cleaning, and summarizing so that the end product is not too long to work with. This means looking through your data, summarizing information, and making important decisions on what to report on. If you try reporting everything, it will be too much information to act on. See "Questions to Consider in Data Review" below to help you as you review and summarize your findings. You should also combine the findings from multiple data collection methods into one theme matrix per site, noting the source of the information in the "Data Sources" column.

4. Once the results summary is finalized, validate the analysis with the field team through discussion and review of the final matrix.

Questions to Consider in Data Review

What ideas did you hear from multiple people?

Did anyone contradict an idea? Why? What did you learn from that?

How informed were your respondents? What bias might they have? Are they just trying to please you by giving the answer they think you want to hear?

Was this theme identified using multiple data collection methods?

Table 1. Theme matrix worksheet (with example)

Theme	Sub-themes	Major findings (including solutions proposed by participants)	Illustrative quotes	Data sources
Migrant workers often miss treatment	***Timing of MDA***	Male migrant workers leave to work in the gold mines during the time when MDA is scheduled each year. They were not aware of the risk of disease.	*"My husband is gone for many weeks for work in the gold mines, so he is not home when medicine is available in the community."*	Interview with female community member
	Health facilities do not stock MDA medicines	When these migrant workers come home 2 months later, there are no treatments available at the nearest primary health care center (PHC).	*"The health post over there does not have treatment available. You can only get it when the MDA happens."*	Transect walk

STEP 4 **OUTPUT**

Completed theme matrix worksheet per geography

STEP 5

DEVELOP, PRIORITIZE, AND IMPLEMENT RECOMMENDATIONS

The next step is to move from results to developing, prioritizing, and selecting potential recommendations. This can be done during a ***Pause and Reflect session*** *(see Appendix 8 for details to how to conduct the session), which is a working meeting to jointly determine and prioritize evidence-based programmatic adaptations. It is important to do this with the stakeholders that will be responsible for making the changes (e.g., district-level health officials, specific community leaders) in a location close to their home.*

Before the Pause and Reflect session, the team members who conducted the qualitative assessment transfer the themes (and sub-themes, where relevant) into the Analysis Framework template (*Table 2* and *Appendix 7*) and complete the theme and "Where are we today?" columns ONLY, summarizing what they found.

- Data from the desk review should be pulled into this column to provide a more complete picture of the current situation. If there are themes that arose from the desk review but were not part of the qualitative findings, then they should also be incorporated into the Analysis Framework.
- Depending on the geographic areas for data collection, it will likely make sense to have a separate Analysis Framework per geographic area (e.g., district) because the team will want to develop district- or subdistrict-specific recommendations.
- Depending on the number of sub-themes that you have identified, it may be helpful to create a matrix per major theme with each of the sub-themes as a row.

During the Pause and Reflect session:

1. Clearly display the original programmatic question(s) that this qualitative assessment was designed to answer.
2. Work through one theme at a time. Have the group review the data summaries related to that question and discuss.

3. Complete the "Where do we want to be next?" and "How will we get there?" columns *(this is your initial brainstorm on recommendations)*.

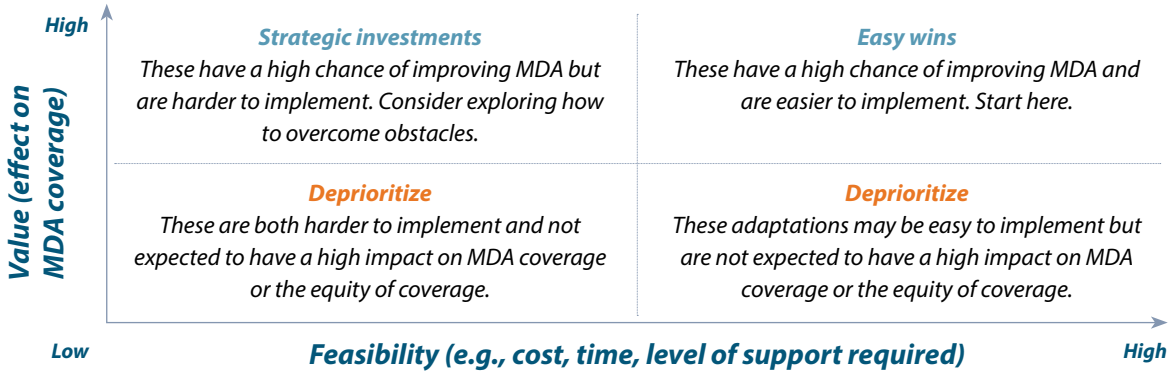
Table 2. Analysis Framework (with examples)

Completed first 3 columns BEFORE Pause and Reflect session			Completed columns 4 and 5 DURING Pause and Reflect session	
Theme	**Sub-themes**	**Where are we today?**	**Where do we want to be next?**	**How will we get there?**
Migrants workers not receiving treatment	***Timing of MDA***	Male migrant workers miss MDA because they leave to work in the gold mines during the MDA schedule each year.	Migrant men included in MDA.	MDA schedule changed from May to January to consider the annual migration of these men. District health office to get permission of companies to set up fixed post-MDA site at gold mines.
	No treatment left in the PHC after MDA	When these migrant workers come home 2 months later, there are no treatments available at the nearest PHC.	Pills are available to migrant men after they get home.	The PHC stocks treatment, and CDDs remind families of PHC treatment during household visits at time of return migration.
	Men do not think they are at risk of the disease	Most migrant men have little understanding of the disease but are concerned about their families.	Men understand their risk and how taking treatment helps protect their families.	District Health Office liaises with companies to hold information sessions at gold mines that are focused on how to protect your family.

The Analysis Framework for rapid qualitative assessment is based on the Risk, Attitude, Norms, Ability, and Self-regulation (RANAS) model of behavioral change that is commonly used in water and sanitation.

4. Prioritize which recommendations to take forward. You will probably have a long list of recommendations—too many to take forward—and you need to reduce the list.
   - » Compare recommendations across themes, noting where they overlap.
   - » Complete the ***Value versus Feasibility Matrix*** below. Feasibility of implementation refers to ease of implementation (cost, time, and level of support needed). Value refers to the potential to increase MDA coverage or reach persons who were being missed. See *Appendix 8* for more information.

FIGURE 1. VALUE VERSUS FEASIBILITY MATRIX



5. Document the findings of the assessment and prioritized recommendations in a report or presentation for further dissemination within the NTD program team and with other stakeholders. This can be used to advocate for the changes with any stakeholders that have not been involved in the process to date. Depending on your audience, you may want to consider adding the findings to an existing presentation template, such as the Disease Specific Assessment Failure PowerPoint template.[3] If you choose to develop a report, it should be a short report of no more than 10 pages. The final product should capture the following information:
   - » research questions
   - » NTD program timeline
   - » major findings of the desk review and key questions posed
   - » data collection methodology, including who did the data collection, when it took place, methods used, and the participants for each method
   - » major themes and sub-themes with information about the current state by district or subdistrict (if relevant)
   - » prioritized recommendations (by district or subdistrict if relevant) and how the recommendations will be implemented, including any budget implications
   - » how you plan to monitor the proposed adaptations, including the data source, who will collect the information, and how and/or when it will be used to inform future adaptations or assessments
6. ***Implement.*** Based on the detailed next steps included in the "How will we get there?" column of the Analysis Framework, incorporate the proposed activities into the existing work plan for the next MDA.
   - » Remember to include time and resources for materials that may need to be updated before the MDA (e.g., training materials or interpersonal communication materials)
   - » You will likely need to advocate for the proposed changes. Include a summary of the findings in key meetings, tailored to the different audiences. Think about who needs to be informed of or provide support for the proposed adaptation that has not already been involved in the process to date.

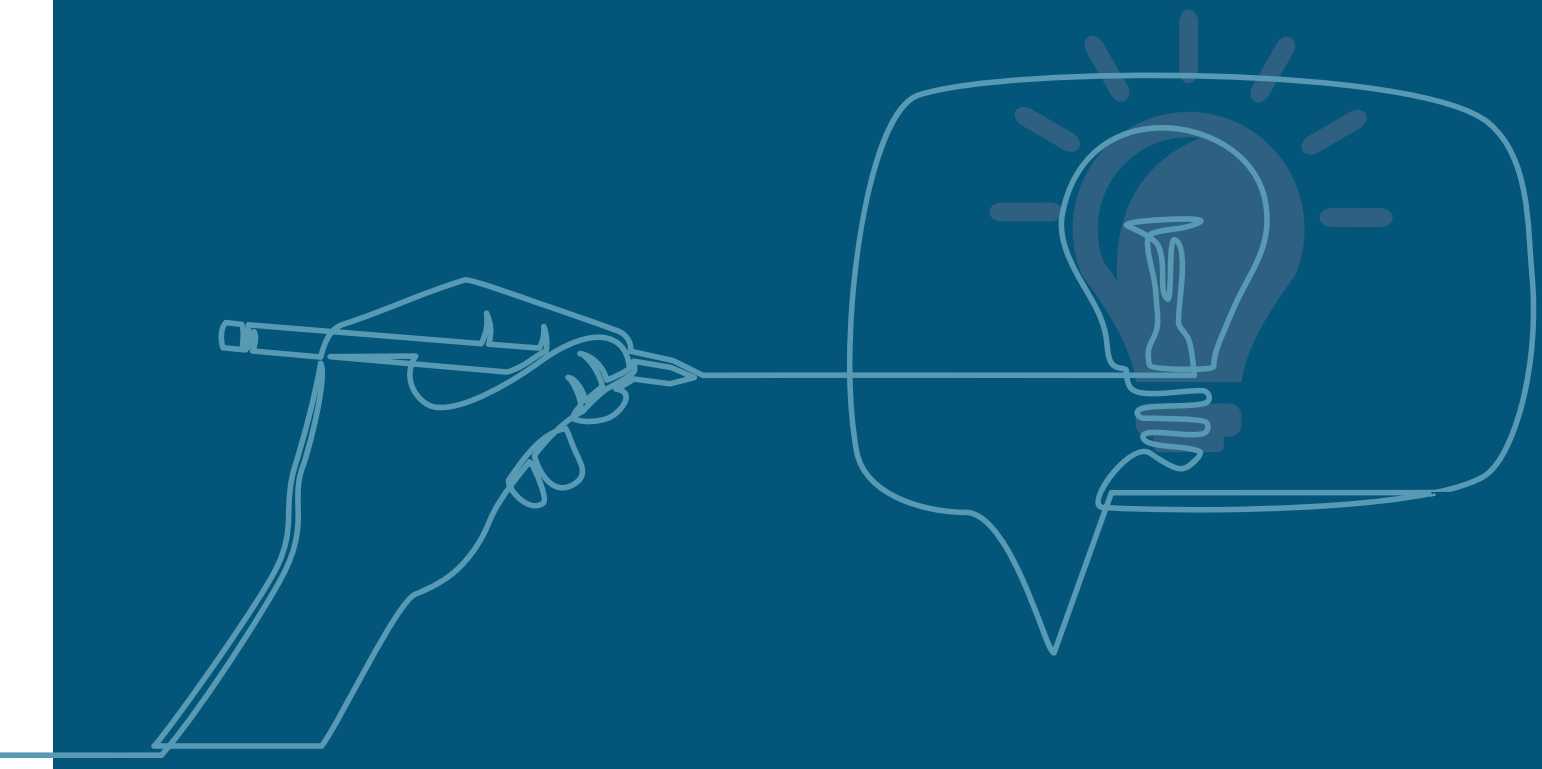
STEP 5 **OUTPUT**

Completed Analysis Framework, Value versus Feasibility map, list of selected activities to improve MDA coverage or equity of coverage, and work plan with prioritized recommendations

3 https://www.ntdtoolbox.org/toolbox-search/act-east-dsa-failure-investigation-report-template

STEP 6

EVALUATE *IMPACT*



The final step is to evaluate the changes made during and after the MDA. This requires documenting what was actually done, doing the evaluation, and sharing results.

After planning for changes to the next MDA, you will want to document changes actually implemented, evaluate the impact of the changes made, and share learning so that the program can continue to improve.

1. ***Document.*** The NTD team should document what changes were actually implemented—not just planned.
2. ***Evaluate.*** It is important to assess whether these changed actually improved your MDA. Tools that can be used to measure what was implemented and the impact on MDA are listed below. Most of these tools can be adapted by adding one or two questions that will allow direct evaluation of the impact of changes made.
3. ***Share learning.*** You may also want to document the team's experience, including the strengths and challenges of using a qualitative assessment to improve MDA. Your learnings may be applicable to other NTD or health activities in your country or more globally. This could be done through a presentation to the national NTD program, presentations at national or international working groups, conference presentations, a journal article, or a blog.

Monitoring and evaluation tools	Type of questions addressed
Supportive Supervision Checklist	Provides a checklist of questions for supervisors to use during MDA. Questions can be added to monitor implementation of new recommendations on the ground.
Daily MDA monitoring tool	Used during MDA daily reporting to determine the percentage of the expected population reached, with possible disaggregation by age and gender.
Subdistrict-level coverage data from MDA	Reported percentage of the expected population reached after the end of MDA, with possible disaggregation by age and gender.
Supervisor's coverage tool	Provides insight into whether coverage goals are being met during the MDA. By asking why treatment was not received, information can be used to address issues during the MDA and inform the need for mop-up.
Data Quality Assessments during Supervision (DQA-S)	Used to assess data quality during routine supportive supervision visits.
Coverage evaluation survey	Reports true coverage by disease by district, disaggregated by demographic characteristics (age, gender, education level, race/ethnicity, religion); KAP component. This provides the difference between who received and ingested drugs.
Trip reports	Provide details on the implementation of MDA and could include information on progress of the proposed adaptations.

STEP 6 **OUTPUT**

Report on changes implemented and evaluation results

AT THE END OF THIS EXERCISE, YOU SHOULD HAVE THE FOLLOWING OUTPUTS FROM EACH STEP:

STEP 1 **OUTPUT**

List of program questions and decision on whether a qualitative assessment is the appropriate tool for finding answers

STEP 2 **OUTPUT**

List of methods to include in the assessment

STEP 3 **OUTPUT**

Protocol that includes a plan on who will do the study, the budget, and training materials as well as detailed daily notes and summaries from implementation

STEP 4 **OUTPUT**

Completed Theme Matrix Worksheet for each site

STEP 5 **OUTPUT**

Completed Analysis Framework, Value versus Feasibility map, list of selected activities to improve MDA coverage or equity of coverage, and work plan with prioritized recommendations

STEP 6 **OUTPUT**

Report on changes implemented and evaluation results