

THE KPC2000+ TOOLKIT

CONTENTS

The KPC2000+ Toolkit contains the following:

1. *Rapid CATCH* (Core Assessment Tool on Child Health) + tabulation plan
2. Updated guidelines for writing the survey report
3. Updated KPC modules
4. LQAS promising practices case study
5. JHU state of the art paper on methodology and sampling issues (December 1999)
6. List of additional resources

WHAT'S NEW SINCE THE DECEMBER 1999 RELEASE OF THE KPC?

The Rapid CATCH

The *Rapid CATCH* (Core Assessment Tool on Child Health) relates to intended beneficiary-level results of child survival (CS) projects. The tool comprises a small set of questions from the *KPC₂₀₀₀₊* modules and provides a snapshot of the target population in terms of child health.

Also enclosed is the *Rapid CATCH* Tabulation Plan, which lists priority child health indicators and provides guidance in their tabulation. The CORE Monitoring and Evaluation Working Group strongly encourages CS projects to report these core indicators, which provide critical information on life-saving household behaviors and care-seeking patterns that affect the health and survival of children worldwide.

New-and-Improved Modules

Projects are encouraged to use the modules as a means of supplementing the *Rapid CATCH* with information that is relevant to their specific project activities. Upon release of the *KPC₂₀₀₀* questionnaire in December 1999, a number of PVOs volunteered to field-test the instrument. The October 2000 version of the KPC modules reflects suggestions for improvement borne out of PVO field-testing experiences and the July 2000 KPC Task Force meeting. In addition, a new module—Module 4B, Sick Child—has been added to 1) document the ability of mothers to recognize key signs that the child is ill and needs treatment and 2) triage cases for the disease modules (Diarrhea, Acute Respiratory Illnesses, and Malaria).

Although all modules have been updated, the HIV/STI Module, in particular, has been revised to include a broader spectrum of topics (e.g., stigma, sources of care and support, and orphans/foster children).

Updated Report-writing Guidelines

The KPC guidelines developed by the former JHU Child Survival Support Program (JHU/CSSP) have been updated to emphasize the importance of the following:

- reporting details of the KPC process, including the engagement of local partners/stakeholders
- performing and reporting simple cross tabulations of the data to highlight potential differentials between subgroups
- including confidence limits with survey indicators to give an idea of the margin of error associated with each estimate

KPC Resource List

This toolkit also includes a short list of resources that may be useful to projects when implementing KPC surveys.

THE KNOWLEDGE, PRACTICES AND COVERAGE (KPC) SURVEY—AN OVERVIEW

Purpose of Child Survival Projects

Child Survival (CS) projects generally aim to reduce under-five morbidity and, in the event of illness, prevent mortality. Success in morbidity and mortality prevention may be achieved through a series of “desired results.” Project objectives and activities usually relate to these desired results.

DESIRED RESULTS OF A CHILD SURVIVAL PROJECT	
(1)	Improved maternal nutritional status
(2)	Improved child nutritional status
(3)	Timely and complete immunization of young children
(4)	Appropriate case management of common childhood illnesses
(5)	Widespread practice of behaviors that reduce the risk of common childhood illnesses
(6)	Antenatal care coverage
(7)	Safe deliveries
(8)	Postpartum contact with a health provider
(9)	Adequate child spacing
(10)	Prevention and early detection of HIV/STIs
(11)	Environmental conditions that are conducive to disease prevention

History of the Rapid KPC Survey

Over the past decade, Private Voluntary Organizations (PVOs) have been integral in improving child survival; however, a shortage of staff with training in monitoring and evaluation has been a major constraint in documenting progress. In response to the need for a rapid, easy-to-use means of assessing progress, USAID solicited help from the Child Survival Support Program (CSSP) of The Johns Hopkins University. CSSP consulted with PVO staff and designed the *Rapid Knowledge, Practices and Coverage (KPC) Survey* for mothers of children under the age of two years¹. Traditionally, mothers have been selected using a 30-cluster sampling methodology, which is an efficient means of obtaining coverage estimates for an entire program area.

The KPC is a management tool that yields a concise and manageable set of indicators to monitor and estimate the results of PVO CS activities. In addition, survey implementation is intended to foster local participation in identifying health priorities and in monitoring community health status.

The Revised KPC Survey

Recently, PVOs expressed a desire to expand the scope of the original KPC to include other issues of programmatic importance, namely, anthropometry, malaria, and HIV/STIs. The CORE Monitoring and Evaluation (M&E) Working Group and the Child Survival Technical Support Project (CSTS) assumed the task of updating the *KPC* questionnaire. The current (October 2000) version of the *KPC* has two components:

1. the *Rapid CATCH*, which provides a snapshot of the target population in terms of child health
2. 15 modules which correspond to child survival technical interventions. Each module contains interviewer instructions, suggested qualitative and quantitative research questions, and a basic tabulation plan. PVOs are encouraged to use the modules to obtain information that is relevant to their program activities and objectives.

KPC2000+ MODULES

- 1A. Household Water and Sanitation
- 1B. Respondent Background Information
2. Breastfeeding and Infant/Child Nutrition
3. Growth Monitoring and Maternal/Child Anthropometry
- 4A. Childhood Immunization
- 4B. Sick Child
- 4C. Diarrhea
- 4D. Acute Respiratory Illness
- 4E. Malaria
- 5A. Prenatal Care
- 5B. Delivery and Immediate Newborn Care
- 5C. Postpartum Care
6. Child Spacing
7. HIV and Other Sexually Transmitted Infections
8. Health Contacts and Sources of Information

¹ Although child survival projects target children under the age of five, there are a number of reasons why the *Rapid KPC* focuses on children under age two. Those reasons are as follows:

- Among children under age five, under twos experience the highest health risks.
- Budget and human resource constraints warrant limiting the age range of children who are surveyed to those under age two.
- Given time constraints, whereby projects are given a short period of time to establish interventions and assess impact, some PVOs choose to monitor and estimate program effects based upon beneficiaries who are under two. If children under-five are included, the effects of a program may be diluted by the experiences of older kids who were not program beneficiaries.

--Jay Edison and Joseph Valadez, KPC Revision Task Force