

Research Instruments (Nicaragua)

F1: Discussion Guide for Group Discussions with Mothers, Fathers, and Grandmothers of Children under 2 years old (to be slightly modified for each group)

Concept	Basic Questions	Probing (Follow-up) Questions
Introduction	<p>Explain the purpose of the discussion, that there are no “correct” answers, the time it will last, that we would like to record the discussion only so the researchers can listen to clarify something in their notes, and that refreshments will be served.</p> <p>Ask each participant to describe her/his family, particularly the youngest child.</p>	
Symptoms and diseases of most concern from the mothers’ viewpoint	<p>What are the most serious health problems that affect children in this community?</p> <p>Are there other important health problems that affect children? [repeat as many times as necessary to generate a list]</p> <p>[Write/draw a list of the problems. Once the list is complete, explore each problem with the group.]</p>	<p>For each problem, please tell me what you think about the causes, how serious it is, and who it affects most</p> <p>In your opinion, what is the best treatment [for each problem]?</p> <p>Tell me if your child has suffered [from each problem] recently. If so:</p> <ul style="list-style-type: none"> ■ What happened? ■ What did you do? ■ Who decided to seek outside care ■ Why did you decide to seek care? <p>The last time your child had [the problem] what did you notice?</p>
Mothers’ own (classifications)	<p>How do you know if your child has [say each problem mentioned previously]?</p> <p>What signs or symptoms do you see?</p>	<p>How did you decide that it was [the problem]?</p> <p>How can you distinguish [the problem] from other illnesses or health problems?</p>

Concept	Basic Questions	Probing (Follow-up) Questions
Mothers' (emic) signs and symptoms	<p>If your child under 2 is sick, what things do you notice that make you think that you need to take the child right away for medical care?</p> <p>[Write/draw a list of these signs.]</p>	<p>Anything else?</p> <p>For each sign/symptom:</p> <ul style="list-style-type: none"> ■ What exactly do you note/see in the child? ■ When does this symptom become dangerous? ■ What illness or problem usually causes this sign/symptom? ■ What other symptoms would you probably see at the same time? <p>[Ask the participants to score these symptoms by how serious they are.]</p>
Care-seeking based on mothers' signs and symptoms	<p>For each sign or symptom, where or from whom would you seek care or help? First, second, third...</p>	<p>If not mentioned, ask about when they:</p> <ul style="list-style-type: none"> ■ Take the child to a traditional healer, herbalist, traditional midwife, or other traditional provider ■ Take the child to a doctor or nurse ■ Call a provider to make a home visit ■ Go to a pharmacy, market or store to buy medicine ■ Treat the child at home and wait to see what happens
IMCI danger signs	<p>Now, I'm going to mention and ask some questions about some signs and symptoms that doctors think are important.</p> <p>[For each sign, first use the IMCI terminology, then explain the concept and ask what words the participants use to describe it.]</p> <p>Note: Discuss as many signs as reasonable in each discussion. Start the next discussion where you left off in the list of signs.</p>	<p>For each sign or symptom that I mention, please tell me if your child has this symptom, how worried are you about it?</p> <p>In your opinion, what are the possible causes of this symptom?</p> <p>Do you believe that this problem is more of a problem in newborns or in children more than 2 months old?</p> <p>Do you think that if you see this symptom you should take your child for care outside of your home?</p> <p>[If yes] where? Is it important to take the child immediately, or can you wait to see if the child starts to get better? If you wait, for how long?</p>

Concept	Basic Questions	Probing (Follow-up) Questions
		<p>[If no] what would you do then?</p> <p>Of all the signs that have been mentioned, which do you consider the most dangerous, and why?</p> <p>Has your child had this sign?</p> <p>[If yes] what did you do and why? What happened?</p> <p>What is the best type of medical care for this symptom? Why?</p> <p>What signs do parents usually take their children to a health facility for care?</p> <p>Why do some parents not do this?</p> <p>What obstacles do they commonly have to overcome to do this? What others?</p> <p>If not mentioned, ask about: cost, time/other responsibilities and activities, the need for permission and/or money from the father, difficult travel, lack of friendly treatment at the facility, lack of respect there for cultural traditions, limited service hours or lack of medicine, lack of confidence in the services.</p>
<p>Traditions of remaining in the home for the first 40 days</p>	<p>Please tell me about the special period for mothers and newborns in the period right after birth.</p>	<p>How long after the birth do mothers normally try to stay at home?</p> <p>How long after the birth does the child normally stay in the home?</p> <p>Are there some circumstances during this period when it's okay for the mother and child to leave the home? What are they?</p> <p>What happens if the newborn (less than a month old) becomes sick?</p> <p>Is it likely that the family would take it outside of the home for care?</p>

Concept	Basic Questions	Probing (Follow-up) Questions
		<p>When do you know that it's necessary to take a newborn outside the home for care?</p> <p>Who is the person most likely to take the newborn outside of the home for care?</p> <p>Is it likely that you would take the baby somewhere in your community or outside to a hospital or health center?</p>
Attitudes towards children being sick	<p>When a child is sick, do you wait to see if he or she will get better or do you start treating the child as soon as you see a problem?</p>	<p>Do you think that illnesses can get better on their own, or do they have a tendency to get worse if you don't do anything? Give examples, please.</p> <p>For serious illnesses of children, do you think that the parents can prevent the child from dying by their actions, or is what happens God's will or the destiny of the child?</p>
<p>[Questions only for fathers and grandmothers]</p> <p>Their role in caring for the child, routinely and when the child is sick</p>	<p>Please tell me about your normal role in caring for the child.</p> <p>What is your role when the child is sick?</p> <p>Also, tell us about how you participate in the decision to seek medical care outside of the home if your child is sick.</p>	<p>Do you take the child to a health center or hospital?</p> <p>Do you go with the mother and child to the health center or hospital?</p> <p>Do you help with the expenses of getting treatment for the child's illness, in giving or in borrowing the money you need?</p>

F2: Question Guide for Interviews at Health Facilities

This guide will need to be formatted and adapted for local use.

Date: _____ Interviewer: _____ Community: _____

Municipality/District: _____

Note: Interview mothers more than 18 years old with a sick baby or young child.

Introduction

Project HOPE, in collaboration with the Ministry of Health, is trying to learn about illnesses that affect young children around here so we can improve health programs. We would like to ask you a few questions if you are willing. Thank you.

What is your name?

How are you related to the child?

What is the child's name?

How old is [child's name]?

Actions at Home

1. How long has [name] been sick?
2. When you were home, what was the first thing that you noticed that made you think [name] was sick?
3. Who was the first person in the family who noticed that [name] was sick?
4. What did you think [name] had at first?
5. Did you give anything or do anything at home for [name]? What did you give or do?
6. Who decided to give or do this for [name]?
7. Why did you decide to do this?
8. What happened then? Did [name] improve or get worse?
9. What other things did you notice about [name's] condition besides what you told me about first?
10. Before coming here, did you consult with anyone or seek help for [name's] illness? Who and what happened?

11. How many days after [name] was first ill did you do this? Why?

12. Of everything you noticed about [name] what worried you the most? Why?

13. Of everything you noticed about [name] what didn't worry you? Why?

Decision to Seek Care at a Health Facility

14. Why did you bring [name] to the hospital [or health center]?

15. How many days after [name] was first ill, did you decide to bring him/her to the hospital [or health center]?

16. Why did you wait this many days before deciding?

17. Who decided that [name] should be brought here?

18. Who brought [name] here?

19. Was it easy or difficult to arrive here? Why?

20. Now that you are here, how does [name] seem to be doing?

21. What disease did they say the child has?

Thank you very much for your help.

F3: Question Guide for Interviews with Community Health Workers

This guide will need to be formatted and adapted for local use.

Date: _____ Interviewer: _____ Community: _____

Municipality/District: _____

Introduction

Project HOPE, in collaboration with the Ministry of Health, is trying to learn about illnesses that affect young children around here so we can improve health programs. We would like to ask you a few questions if you are willing. Thank you.

Type of CHW: Community health volunteer TBA CHV/TBA

Role of CHW in community health promotion

1. Do you do any educational activities with mothers and families in this community? [If yes] could you tell me what you do?
2. Do you use any type of materials to help you teach mother and families about health topics? [If yes] what type of material do you use? Can you show it to me? How do you use it?
3. What activities do you do related to newborn care?
4. What activities or advice do you give to mothers about how to care for babies older than 2 months?
5. Do people in the community come to you for advice when their children are sick? [If yes] what type of advice do you usually give? Can you give me some examples?
6. How often do people ask if they should take their child to a health facility?
7. In what situations do you advise the family to take a newborn to a health facility?
8. In what situations do you advise the family to take a baby over 2 months old to a health facility?

Opinions about Danger Signs

9. Can you tell me some dangerous signs and symptoms of illness for a baby under 2 months old?
10. Can you tell me some dangerous signs and symptoms for a newborn who has diarrhea?
11. Can you tell me some dangerous signs and symptoms for a newborn who has a respiratory problem?
12. Can you tell me some dangerous signs and symptoms for a child more than 2 months old?
13. Can you tell me some dangerous signs and symptoms for a child more than 2 months old who has diarrhea?
14. Can you tell me some dangerous signs and symptoms for a child more than 2 months old who has a respiratory problem?
15. Do you think that mothers and families know the danger signs for a newborn and for children over 2 months old that you have mentioned? Which do they think are important or dangerous? Which do they recognize but do not consider dangerous?

Signs the mothers and families recognize and consider important or dangerous

Signs the mothers and families recognize but do not consider important or dangerous

16. Although a mother recognizes a danger sign in a child, are there obstacles that cause delays in bringing the child for care at a health facility? What are the reasons for delay? Which reason do you consider most important?

Obstacles/reasons why mothers delay in bringing a sick child to a health facility

Opinions on Health Materials

We would like to design a material to help mothers and families remember the dangerous signs and symptoms in a sick child and to urge them to immediately take such a child to a health facility. This material will be given out by health workers in facilities and communities.

17. We would like you to first tell us, based on your experience, what type of material do you think is the most appropriate to give to mothers and families?

18. Now I am going to show you some educational materials. I would like your opinion on these materials, and I'd like you to tell me which you prefer and why, always remembering that they will be given to mothers and families of young children.

Type of Material	Preference (1,2,3...)	Why do you prefer this material?

Thank you very much for your help.

F4: Question Guide for Interviews with Mothers at Home

This guide will need to be formatted and adapted for local use.

Date: _____ Interviewer: _____ Community: _____

Municipality/District: _____ Person Interviewed: _____

Introduction

Project HOPE, in collaboration with the Ministry of Health, is making home visits, because we would like to design some health education materials to help families. For that reason, I would like to ask you a few questions about these materials. Please, can you show me any material that you have here at home that has information or messages about health? (Ask permission to look in each room.)

Material Shown

Material	Materials found in home	Topic(s) included	Where is the material kept? (Note if attached somewhere)	How long have you had this material?	Where did you get it? Who gave it to you?
Poster	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pamphlet	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sticker	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Child health card	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Material	When was the last time you read or looked at it?	Why did you read or look at it?	Can you explain a little about what the material says?	a. What do you like about the material—size, color, figures, type of material, utility, size of printing? b. Is there anything you do not like?
Poster			<input type="checkbox"/> Explained everything <input type="checkbox"/> Explained some <input type="checkbox"/> Couldn't explain	
Pamphlet			<input type="checkbox"/> Explained everything <input type="checkbox"/> Explained some <input type="checkbox"/> Couldn't explain	
Calendar			<input type="checkbox"/> Explained everything <input type="checkbox"/> Explained some <input type="checkbox"/> Couldn't explain	
Sticker			<input type="checkbox"/> Explained everything <input type="checkbox"/> Explained some <input type="checkbox"/> Couldn't explain	
Child health card			<input type="checkbox"/> Explained everything <input type="checkbox"/> Explained some <input type="checkbox"/> Couldn't explain	
Other (specify)			<input type="checkbox"/> Explained everything <input type="checkbox"/> Explained some <input type="checkbox"/> Couldn't explain	

Do you know any song, poem, or saying that helps you remember information about health?
 [If yes] can you tell it to me so I can copy it?

We would like to design a material that has health information. What would you like this material to be like?

Type of Material	Characteristics

We would like to design a reminder material to give to mothers and families. The idea is that the material will help you remember danger signs when children are sick and also other important information about child health. We would like the health workers in health facilities and in communities to explain the material when they give it to you. Your opinion will help us a lot to design a good material.

Type of Material	Preference (1,2,3...)	Why do you prefer this material?

Thank you very much for your help.

Research Findings

This appendix summarizes major formative research findings from Nicaragua and compares them with findings in other MRM countries. The Nicaragua findings are bulleted.

- Mothers, fathers, and grandmothers understood and shared most of the doctors' concepts of danger signs, although they referred to them in their own popular vocabulary and expressions. Respondents did not consider a few of the 15 doctors' danger signs to be reasons for concern (dry mouth, not gaining weight, bites and marks on the skin, and unusual thirst). Although a few traditional concepts, such as "empacho," did not correspond to medical concepts, in general there was substantial overlap.

This was not true in all countries. In Africa, there was more disagreement between mothers' and doctors' evaluation, classification, and interpretation of symptoms. Depending on the cause they attributed to symptoms, African mothers tended to classify symptoms as either appropriate or not appropriate for modern health care. Signs related to convulsions, lethargy and refusal to drink were not well known by many mothers in MRM countries. In a few countries, such as Peru and Mozambique, mothers strongly supported traditional explanations and treatments. For example, many of the Peruvian respondents interpreted the babies' health problems as punishment for some major or minor transgression by the mother or father.

- Mothers and families tended to delay care-seeking after they had noted a danger sign, mostly because they wanted to try home

remedies first and wait to see what God willed for their child; the expenses involved; difficulties of travel; limited service hours of facilities; concern that the facility would be out of needed medicines, so that the family itself would have to purchase them; and in some cases, because of less-than-respectful treatment by providers.

These barriers to timely, appropriate care-seeking were very similar in all of the countries. An additional barrier noted in Peru (and likely present in some of the other countries) was the cultural and even linguistic gap between providers and mothers, which contributes to a lack of respect shown to mothers. Research in some countries also found a need for the husbands' or mothers-in-law permission to seek care in a health facility.

- Families in Nicaragua had few print materials. Five of 20 had posters, and 13 had child health cards, but people did not consider these to be "educational." When shown various materials, families' preferences were for a brochure, poster, calendar, or flipchart, the formats with which they were most familiar.

Few if any educational materials were found in homes in the MRM countries.

In addition to revealing important local expressions and vocabulary for illness, the Nicaragua research showed that the main problem was that caretakers tended to delay taking the child because they did not realize the severity of their child's illness. They first

tried home treatment and sought help within the community. Additional barriers to appropriate care-seeking were identified, many related to families' desire to avoid unnecessary cost and to less-than-full confidence in the facilities and the way they would be treated. In many countries, the father has the major role in deciding when to seek outside care, but several other persons may also have a say.

- In Nicaragua, when the researchers showed mothers, fathers and grandmothers existing health education materials, it became evident that many of them could not easily read the text. People who could not read the text could not interpret the drawings or photos correctly. These findings, along with the absence of print materials in people's homes, were of concern.

The partner organizations considered the possibility of developing a "talking material" that used a computer chip. Mock-ups of three such materials, using components available from Radio Shack, were actually tested in the field in December 2000, and in general were very well received. However, these materials could not be developed within the current budget and schedule. Therefore, while the partners hope to investigate audio alternatives, they decided that they should continue to develop the best possible print materials under the MRM initiative.

Basic Principles for Designing Print Materials

Design/Layout

- 1.* Present only one message per illustration, especially on posters, counseling cards, and handouts.
2. Limit the number of concepts and pages on materials.
- 3.* Make the materials interactive whenever possible.
- 4.* Leave plenty of white space. Balance text, illustrations, and white space.
- 5.* Arrange messages in the sequence that is most logical to the audience.
- 6.* Use illustrations to help explain the text. In some materials, especially for non-literate viewers, illustrations carry most the weight.

Illustrations

- 7.* Use appropriate styles: photographs without unnecessary detail; complete drawings of figures when possible; and, line drawings. There is no need for elaborate decoration or excess in shadows.
- 8.* Use simple illustrations. Unnecessary detail can distract the viewer from the central message.
9. Use familiar images that represent objects and situations where audience can relate.
- 10.* Use realistic illustrations. Often symbols are too abstract.
- 11.* Illustrate objects in scale (especially correct anatomical proportions using a projected slide to facilitate accuracy) and in context whenever possible.

Note: The principles marked with an (*) are particularly important when producing print material for non-literate rural audiences.

Source: *HealthCom Communication Toolbox*, 1995

12. If symbols are used, pretest them with members of your audience.
13. Use appropriate colors. In most cultures, colors have special meaning. For example, red is associated with alertness, danger, and life support. Color is best for posters, although full-color separation is not needed (screens will do fine). Be careful with color registration for clear printing.

Text

14. Use a positive approach. Negative approaches are very limited in impact, tend to turn off the target audience, and will not sustain an impact over time.
15. Use the same language and vocabulary as your audience, as found in formative research. Limit the number of languages (for example, Spanish and two local languages) in the same material.
16. Repeat the basic message at least twice in each page of messages.
17. Select a type style and size that are easy to read. Italic and sans serif typefaces are more difficult to read. Use a 14 point font for text, 18 point for subtitles, and 24 point, for titles.
18. Use upper and lower case letters. Text presented only in upper case letters is more difficult to read.

Supervision

19. Without careful supervision, it is very easy to receive materials with wrong colors, incorrect alignment, or careless print jobs. It is best to have an experienced member of your team providing close supervision of the production process.

Pretesting Guides

I1: Nicaragua Pretesting Guide for the Reminder Material for Mothers (Fathers and Grandmothers)

Date of the Interview: _____ Community: _____

Name of Researcher: _____

Introduction

Project HOPE, BASICS, and the Ministry of Health are designing a reminder material for families in this part of the country to help them care for the health of their young children. We have prepared a draft of one material, but before we print and distribute it to the families, we want to talk with some people like you to see if the material is ready or if we need to make some changes to make it better. Could you answer some questions to help us learn this?

Look at the material. Can you read the words?

Check the type of person and if they can read the material.

Type of Person	Check who is participating	Check if they can read
Mother		
Father		
Grandmother		
CHW		
TBA		

Initial Reaction

1. Please tell me your initial reaction to the material.
2. In your opinion, what can this material be used for? What is its purpose?
3. Is there any aspect of the material that right away you like a lot or that bothers you?

Text and Drawing

If the respondent can read, ask him/her to read the first sentence out loud. If no one can read, you read it.

4. In your opinion, what does this sentence mean?
5. Are one or more words difficult to understand? [If yes] tell me which, please.
6. Can you suggest how we can say the same idea in words that people will understand better?
7. Do you think the idea of the message is good, so so, or bad?
8. Who is this message for? Is it for people like you?

Pneumonia

9. Please look at this drawing (respiratory illness). What do you see in this drawing?
10. What do you think the drawing is showing? Anything else?
11. Have you seen children like the child in the drawing?
12. Looking at the drawing, what problem does the child seem to have?
13. Do you think the idea that this drawing wants to show is clear? Do you have any suggestion for making the idea clearer?
14. Do you like the drawing? Why?
15. Does anything in the drawing bother you? (If yes) what? Why?
16. Do you have a suggestion for making the drawing more pleasant?

If the respondent can read, read the sentence out loud. "Signs of pneumonia..." If no one can read it, you read it.

17. In your opinion, what does this sentence mean?
18. Can you suggest how we can say the same idea in words that people will understand better?
19. In your opinion, if your child had any of these illnesses, would that be a reason to take your child to a health facility?
20. In your opinion, what does "fast breathing" mean?

21. In your opinion, what does "difficult breathing" mean?
22. In your opinion, what does "make a sound like a cat" mean?
23. Can you suggest how we might say "fast breathing," "difficult breathing," or "makes a sound like a cat" in words that people will understand better?
24. Do you agree that "fast breathing," "difficult breathing," and "makes a sound like a cat" are the most important signs of pneumonia, bronchitis, or asthma?
25. Are there other signs that we should include?
26. Have you seen any of these signs in your child or in a child of friends or relatives? Which? Any other?

Diarrhea

[The guide follows the same type of questions (9-26) about the signs of diarrhea.]

Dehydration

[The guide follows the same type of questions (9-26) about the signs of dehydration.]

Other Signs of Serious Illness

[The guide follows the same type of questions (9-26) about the signs of serious illness.]

Beautiful Child

[This section of the material invites parents to attach a photo or other memento of their youngest child.]

27. What do you believe is the idea of this part of the material? Tell me how you understand it.

28. What should the family do with this space?
29. What would you put here?
30. What is your opinion of this section of the reminder material?

Mirror

31. What do you think of the mirror?
32. Do you already have a mirror in your home? Do you have one on the wall?
33. How much do you think that you would use a mirror on the reminder material?

Calendar

34. What do you think of the calendar?
35. Do you already have a calendar in your home?
36. How much do you believe you would use the calendar on the reminder material?

The Material in General

We are almost done. I just want to ask a few final questions about the material in general.

37. Are the ideas in the material new for you or are they things you already knew? Which ideas or danger signs are new for you?
38. What is your general opinion about the material?
39. Do you believe the material would be helpful to families?
 - a. How do you think families around here would use the material?

- b. Do you like the material? How would you use it if you had a copy?

40. What do you think about the size of the material? Do you have any suggestions for changing it?
41. What do you think about the colors in the material? Do you have any suggestions for changing them?
42. If you had one of these materials, where would you put it (in what room and where in the room)?
43. Do you have any additional suggestions for the material?

Thank you very much for your help.

I2: Ghana Pretesting Guide for the Mothers Reminder Material

Pre-Testing of Mothers Reminder Materials GHS-MOH, Ghana BASICS II

Interviewer's Name: _____

District: _____ Village: _____

Date of Interview: _____

Introduction

Good morning/afternoon my name is _____. I am working for the Ghana Health Service & BASICS II. We are designing a reminder material for families in Ghana to help them take better care of children. Before the material is complete, we need to ensure that it will be acceptable and would convey the intended message. Your responses would therefore assist us to improve upon the material. Do I have your permission to go on? Thank you.

Section A

(Only ask this section of caretakers, not health workers. Record in mother's own words)

How old is your youngest child? _____
if child is 5 years or older, discontinue

Can I ask you what level of school you have completed? _____

Before I show you the material I would like to ask you some questions on illnesses that affect children in this community.

1. What illnesses usually affect children under five years in this community?
 - a. _____ e. _____
 - b. _____ f. _____
 - c. _____ g. _____
 - d. _____ h. _____
2. Which of these do you think are most serious and can cause death in children?
 - a. _____ e. _____
 - b. _____ f. _____
 - c. _____ g. _____
 - d. _____ h. _____

2a. What about these illnesses makes you think these are the most serious?

3. What signs or symptoms are most serious for children and would lead you to seek medical care immediately?

- a. _____ e. _____
- b. _____ f. _____
- c. _____ g. _____
- d. _____ h. _____

3a. **If fever is mentioned at question 3, ask:** How do you decide when a child's fever requires you to seek medical treatment?

3b. **If diarrhea is mentioned at question 3, ask:** How do you decide when a child's diarrhea requires you to seek medical treatment?

3c. **If lethargic/unconscious/lack of playing is mentioned at question 3, ask:** How do you decide when a child's lethargy/lack of playing requires you to seek medical treatment?

Section B

Please check (✓) the type of material and version.

Material: Folder Poster
Version: A B

(Ask this section of caretakers and health workers)

I'm now going to show some materials to you and ask a few questions about them. In this discussion there are no right or wrong answers to the questions. All that I want is your candid opinion about these materials so feel free to talk.

Please look at this material for a moment.

Initial Reaction

1. Please tell me your initial reaction to the material.

2. In your opinion, what can this material be used for? What do you think is its purpose?

3. Is there any aspect of the material that you like? Which aspect and why?

- 3a. Is there any aspect of the material that you dislike? Which aspect and why?

Text and Drawing (Happy Family)

4. Please look at this drawing. What do you see in this drawing?

5. What do you think the drawing is showing? What else? (probe)

6. Have you seen children/families like the ones in the drawing? Yes No
- 6a. If **yes**, are they like most children/families around here? Yes No
- 6b. If **no** at question 6 or 6a, please explain how they are different from most families around here.

7. Do you like the drawing? Why?

8. Does anything in the drawing bother you? (If yes) what? Why?

9. Who can read the words?

Check (✓) against the type of person and if they can read the material.

Type of Person	Check who is participating	Age of person	Can he/she read? (Yes/No)	Age of child
Mother				
Father				
Grandmother				
Community Health Nurse				
Other health worker				

If any of the respondents can read, ask him/her to read the first sentence out loud. If no one can read, you read it.

10. In your opinion, what does this sentence mean?

11. Are one or more words difficult to understand? [If yes] tell me which, please.

12. Can you suggest how we can say the same idea in words that people will understand better?

13. Do you think the idea of the message is...

a. Very good c. Not good
b. Good f. Not good at all

14. Why do you think this message is _____ ?

15. Who is this message for? Is it for people like you?

16. How well do you think the drawing illustrates the message?

a. Very well c. Not well
b. Somewhat well f. Not at all

17. What suggestions do you have to make the picture more clearly reflect the message?

Text and Drawing (Care-seeking picture)

18. Please look at this drawing. What do you see in this drawing?

19. What do you think the drawing is showing? What else? (probe)

20. Have you seen families like the ones in the drawing? Yes No

21. If yes, are they like most children/families around here? Yes No

22. If no at either of previous two questions, please explain how they are different from most families around here.

23. Do you like the drawing? Why?

24. Does anything in the drawing bother you? (If yes) what? Why?

If the respondent can read, ask him/her to read the first sentence out loud. If no one can read, you read it.

25. In your opinion, what does this sentence mean?

26. Are one or more words difficult to understand? [If yes] tell me which, please.

27. Can you suggest how we can say the same idea in words that people will understand better?

28. Do you think the idea of the message is...

a. Very good c. Not good
b. Good f. Not good at all

29. Why do you think this message is _____ ?

30. Who is this message for? Is it for people like you?

31. How well do you think the drawing illustrates the message?
 a. Very well c. Not well
 b. Somewhat well f. Not at all
32. What suggestions do you have to make the picture more clearly reflect the message?
-

[Questions 18-32 are repeated for the other drawings and captions.]

Folder to hold Child Health Records Booklet

33. What do you believe is the idea behind the development of this material (Show the folder)? How should it be used?
-

The material in general

We are almost done. I just want to ask a few final questions about the material in general.

34. Are the ideas in the material new to you or are they things you already know? Which ideas or danger signs are new to you?
-
35. What is your general opinion about the material?
-
36. Do you believe the material would be helpful to families?
-
- a. How do you think families around here would use the material?
- b. Do you like the material? How would you use it if you had a copy?
37. If you had one of these materials, where would you put it (in what room and where in the room)?
-

38. How often do you think you would refer to this material? Why?
-

39. What do you think about the size of the material? Do you have any suggestions to improve upon it?
-

40. What do you think about the colors in the material? Do you have any suggestions to improve upon it?
-

41. Do you have any additional suggestions for the material?
-

(Show the other type of material)

This is the other version of the material. Please look it over for a moment.

42. What do you believe is the idea behind the development of this second material? How should it be used?
-
43. Which one of the two do you think you'd be more likely to use/look at more often? Why?
-
44. Which one do you think would be more likely to remind you to take your child to the health center if s/he had one of the symptoms on the material? Why?
-
45. Which one would you prefer to have in your home? Why?
-

[Questions on drawings and captions are repeated.]

Thank you very much for your time and patience!

13: Nicaragua Pretesting Guide for the Reminder Material for Health Staff (Doctors, Nurses, Sanitary Inspectors, and Auxiliary Nurses)

Date of the interview: _____ Name of the health facility: _____

Location: _____

Name of the interviewer: _____

Person interviewed (check): Auxiliary nurse Sanitary inspector Nurse Doctor

Introduction

Project HOPE, BASICS, and the Ministry of Health are designing a reminder material for families in this part of the country to help them care for the health of their young children. We have prepared a draft of one material, but before we print and distribute it to the families, we want to talk with some mothers, fathers, grandmothers, and health personnel to see if the material is ready or if we need to make some changes to make it better. Could you answer some question to help us learn this?

Text and Drawings

Please read the first sentence.

1. What do you think about the first sentence (MAMA! PAPA!...)?
 - a. Do you think that families can understand what it means?
[If not] why not?
 - b. Do you have any suggestions for changing the language?

Please read the text and look at the drawing on signs of respiratory illnesses.

2. Do you agree that these are the most important signs?
3. Do you have any suggestions for eliminating, adding, or changing any sign?
4. Do you have any suggestion for changing the language?
5. Do you think that the drawing communicates the idea of a child with

respiratory illness? Do you have any suggestion for improving the drawing?

Please read the text and look at the drawing on signs of serious diarrhea.

6. Do you agree that these are the most important signs?
7. Do you have any suggestions for eliminating, adding, or changing any sign?
8. Do you have any suggestion for changing the language?
9. Do you think that the drawing communicates the idea of a child with serious diarrhea? Do you have any suggestion for improving the drawing?

Please read the text and look at the drawing on signs of dehydration.

10. Do you agree that these are the most important signs?
11. Do you have any suggestions for eliminating, adding, or changing any sign?

12. Do you have any suggestion for changing the language?
13. Do you think that the drawing communicates the idea of a child with dehydration? Do you have any suggestion for improving the drawing?

Please read the text and look at the drawing on signs of serious illness.

14. Do you agree that these are the most important signs?
15. Do you have any suggestions for eliminating, adding, or changing any sign?
16. Do you have any suggestion for changing the language?
17. Do you think that the drawing communicates the idea of a child with serious illness? Do you have any suggestion for improving the drawing?
18. Do you have any comments or suggestions on the part of the material where the family puts a photo or memento of the child?
19. Do you think that looking at the mirror would be a motivation for families to put the material on a wall and use it? Do you have comments or suggestions about the mirror?
20. Do you think that looking at the calendar would be a motivation for families to put the material on a wall and use it? Do you have comments or suggestions about the calendar?

The Material in General

21. What is your general opinion about the material?
22. Do you believe the material can help families know when they should bring their sick children to a health facility?
23. Do you believe that people really will use it when their children are sick?
24. What do you think about the size of the material? Do you have any suggestions?
25. What do you think about the colors on the material? Do you have any suggestions?
26. Do you have any additional suggestion about the material?
27. Do you have any questions for me about how the reminder material will be used?

Thank you very much!

Sample Request for Bid

Part A: Cover page

Issuance Date: Thursday, August 7, 2003: 12:00 noon

Closing Date: Monday, August 19, 2003

Closing Time: 12:00 noon

Subject: Request for Quotations for Printing of Materials

Ladies/Gentlemen:

[ORGANIZATION NAME] is soliciting quotations from qualified organizations to provide printing of materials, as described in Part E.

Please submit your most competitive offer in accordance with the attached instructions, with all required certifications, and in compliance with the commodity schedule. Any subcontract issued as a result of this Request for Quotations (RFQ) will be subject to all instructions, certifications, terms and conditions, and specifications included in this RFQ.

This RFQ in no way obligates [ORGANIZATION] to award a contract nor does it commit [ORGANIZATION] to pay any cost incurred in the preparation and submission of an offer. Any questions concerning this RFQ may be directed to [NAME OF PERSON WHO CAN ANSWER] in writing by e-mail at [EMAIL ADDRESS] or fax [FAX NUMBER] no later than Thursday, August 14, 2003.

We thank you for your interest in this solicitation and look forward to receiving your offer.

Sincerely,

[NAME]

[CONTACT INFORMATION]

Part B: Instructions

1. Preparation of Offers

- 1.1 Offerors are expected to examine the specifications and all instructions contained in this RFQ. Failure to do so will be at the Bidder's risk.
- 1.2 Offers must be firm for [30] days following the Bid Closing Date. Proposals offering less than 30 days will be considered non responsive and will be rejected.

2. Contents of Offers

- 2.1 Offerors shall provide the unit price for each item in the Bid Schedule. For each line item the quantity given shall be multiplied by the unit price, and the results provided. In case of any discrepancy between a unit price and the total price, the unit price will be taken as correct and the total price adjusted accordingly. It will be assumed that no offer has been made for any line item for which a unit price or total price is not shown.

3. Signature and Submission of Offer

The Offer must be signed by a person duly authorized to do so. A bid submitted by a corporation must bear their seal.

The Offeror's proposal must be delivered, not later than 12:00 noon Monday, August 19, 2003 to the [ORGANIZATION AND ADDRESS]. Faxed and electronic proposals will not be accepted.

4. Late Offers

Offerors will be held responsible for ensuring that their proposals are received in accordance with the instructions stated herein. A late offer will not be considered even if it became late as a result of circumstances beyond the Offeror's control; it will only be considered if the sole cause was attributable to the Buyer, or any of its employees.

5. Bid Evaluation and Contract Award

- 5.1 Awards will be made to the lowest responsive and responsible firm whose offer is most advantageous to the Buyer, after a thorough evaluation of all bids, considering the following evaluation factors:
 - (a) Total Offered Price;
 - (b) Conformance with the Technical Specifications stated in Part E;
 - (c) Conformance with the Terms and Conditions;
 - (d) Proposed Delivery Period (early delivery preferred);
 - (e) Past Performance of Supplier;

A "responsive" offer is one which complies with all of the terms and conditions of the RFQ without material modifications. A material modification is one which affects the price, quantity, quality, delivery or installation date of equipment or materials, or which limits in any way responsibilities, duties or liabilities of the Bidder or any rights of [ORGANIZATION], as any of the foregoing have been specified or defined in the RFQ.

A "responsible" Offeror is one who has the technical expertise, management capability, workload capacity, and financial resources to perform the work.

[ORGANIZATION] will reject all offers that are not responsive. [ORGANIZATION] reserves the right to reject a bid, if the bidding firm is not fully qualified to provide the goods and services as specified in the contract or who has demonstrated prior difficulties in providing goods and services in a responsive fashion.

- 5.2 [ORGANIZATION] reserves the right to delete any item or group of items.
- 5.3 [ORGANIZATION] is under no obligation to award a contract

5.4 [ORGANIZATION] reserves the right to increase or decrease the quantity of an item duly awarded in accordance with the RFQ by 20% (twenty percent) plus any fraction necessary to equal a whole number of the quantity bid, at the unit price offered. This option shall be exercised, if at all, at the time an award is made.

6. Specifications

Please see detailed specifications in Part E.

7. Non Compliance with Specifications

In the event that the item offered does not fully comply with these specifications, the Offeror shall state definitively wherein the proposed unit does not comply, referring to the applicable paragraph of these specifications. When no statement to the contrary is received, the successful Bidder shall be considered as having met all of the provisions of the specifications under that paragraph and shall be bound to any claims made by the Buyer.

[Add other relevant instructions.]

Part C: Bid Schedule

Item No	Item Description (See technical specifications in Part E)	Quantity to print	Unit price	Total price
1.	Printing and Lamination of Mothers Reminder Material	10,000.00		
	Total price			

Part D: Conditions of Contract

[Add relevant conditions of contract]

Part E: Technical Specifications

Item No	Mother Reminder Materials	Quantity to print
1.	Specifications for Section Mothers Reminder Material—Poster or Wall Chart Paper: Vanguard 180gms or higher Paper size: 14" X 23" Full color both sides 17" X 13" Double side lamination with 100 micro film	10,000.00

Part F: Subcontract Clauses

[Add relevant subcontract clauses]

Production Checklist

We have:

- ___ 1. Ensured that the final versions **are correct** before giving them to the producers.
- ___ 2. Met with the person(s) handling the job and walked through with him or her every aspect of the material, page by page, illustration by illustration.
- ___ 3. Clearly explained that these materials have **already been pretested and approved** by the audience involved and that their responsibility is to produce the materials, not change or adapt them.
- ___ 4. Prepared an agreement that indicates the following:
 - ___ Precise description of the physical characteristics of the material (size, paper weight, degree of plastification, colors, other elements)
 - ___ Number of copies to produce
 - ___ Price for the work
 - ___ Payment terms
 - ___ Production schedule and completion date
 - ___ Price for corrections that are not the fault of the firm
 - ___ Any special work that the firm will provide
- ___ 5. Asked to see their final version (camera-ready copy) **before** they begin production/copying.
- ___ 6. Seen the final version (camera-ready copy).
- ___ 7. Arranged to be at the printers for the initial run to check that (1) colors are correct, (2) pages are in the proper order, (3) fonts/type set is as agreed upon, (4) text and illustrations/photographs are clear, and (5) paper is the quality and color agreed upon.
- ___ 8. Been to the printers and confirmed everything listed in #7 during the initial run.

Source: *HealthCom Communication Tool Box (slightly adapted)*

Distribution Plan for the MRM

Area/District	Community	Number of appropriate families	Mode of distribution 1) house-to-house 2) at health facilities 3) at growth promotion or vaccination sessions	Person responsible (and title)

The number of appropriate families is based on the list of all those with children under 5 years of age.

Guidelines for Explaining the Reminder Material to Families

Nicaragua

Introduction

The Ministry of Health, Project HOPE, BASICS, and other organizations have prepared a material to help Nicaraguan families protect their children's health. It is a "reminder material" that helps families remember: (1) what are the danger signs for sick children; and, (2) the critical importance of promptly bringing a child with one of these danger signs to the closest health center or hospital.

You, the community volunteer or traditional midwife, play a very important role in protecting your community's health. The reminder material is a tool that can help with this. You can help by:

- Giving the reminder material to all families in your community with one or more children under 2 years of age.
- Explaining carefully to mothers—and if possible to the father and grandmother—what all of the words and drawings mean and how to use the material.
- Answering all questions that people in your community have regarding child illnesses and the importance of seeking care immediately when they notice a danger sign.

This guide is to help you carry out these tasks.

Questions and Answers

- **Who should receive the reminder material?**
All families in your community with one or more children under 2 years of age.

- **How should you record which families have received a copy of the material?**

You should complete the form with the name of the mother, the date you gave her a copy, and the number of children less than 2 years old. Keep the form to show staff from the health center or hospital.

- **Can you give the reminder to the family without giving an orientation?**

You should not do this. It is better to return another day when the mother—and if possible the father and grandmother—are available to participate in the orientation. It is very important to explain the material to all families, especially to those who do not know how to read.

- **How long should the orientation take?**

It should take at least 15 minutes.

- **If a family has more than one child under 2, can they receive more than one copy of the material.**

No, in order for the most families to get the benefits of the material, no family should receive more than one copy.

- **What should you do when a family has a new baby?**

If you still have a copy to give, you should give them a material and the orientation about it.

■ **What should you do if you can't answer a question from the families?**

First see if another health volunteer or traditional birth attendant can help. If not, you or the family can get the answer at the health center or hospital.

■ **When should you give the material and orient the families?**

There is no exact answer to this. You should carry out your tasks when it is convenient for you and when you expect the mother and possibly other family members to be at home.

The Steps to Orient Each Family about the Material

1. Greet the mother (and other family members), explain the purpose of the visit, and give them the material.

The purpose of the visit is to give and explain the material that is intended to help the family protect and maintain their young children's health. The material was designed with the help of mothers and families, and for that reason it uses common words and popular expressions. The material reminds families of serious conditions that their child may have and encourages them to take quick action if they notice any of these danger signs.

You can also mention that the material has features for the enjoyment and practical use of the family (such as a calendar, a mirror, and a place to put a photo of their child or children).

2. Explain the text and drawings on the material.

Ask a family member to read all of the words. If no one can do this, you should do it. Explain how the material emphasizes the importance of acting fast, without delay, if they notice any of the danger signs. Note the messages that express this idea: "It is

better to prevent than to be sorry later." "It is urgent...[your child] can die." You can explain that delay can result in bad sickness or even death, but quick treatment can save the child and allow him or her to become healthy again.

Check that the mother understands each danger sign. Note that the signs are grouped by signs of dehydration, signs of serious diarrhea, and signs of serious respiratory infection.

Invite the mother/family to ask questions.

3. Explain the other elements of the materials (e.g., calendar, mirror, and place to put the photo and information on the child).

The calendar: Show how it is organized, that the order of the months is: upper left, lower left, upper right, lower right. Note that at the end of every 4 months, the family should tear off the top two sheets in order to see the sheets with the next 4 months. Note that it shows the phases of the moon and holidays. Suggest that the family use the calendar to write down important events such as birthdays and anniversaries, dates of the mother's menstruation, and medical appointments, including the dates when the baby should be vaccinated.

The mirror: You can suggest that besides using it for combing hair, putting on makeup, and looking at your face, once in a while the mother should lift up the baby so s/he can see how he or she is growing big and healthy.

Healthy baby: Explain that if you have a photo of the youngest child (or children), you can tape or glue it over the photo of the other baby. If the family wants, help them to write down the name and birth date.

Invite the mother/family to ask questions.

4. Discuss where the family will place the material and when and how they should consult it.

The family should place the material on a wall, at an appropriate height for the mother to use the mirror, in a place where it will be seen often.

They can look at the calendar, mirror, and photo whenever they want.

They should consult the information on danger signs and the importance of immediate action whenever the child is sick.

5. Discuss what the family would do in case their child is very sick:

- to what health facility would they take the child,
- who would go with the child,
- how would they travel there,
- who would participate in the decision, and
- how would they obtain (or save) the money.

Discuss each question, the possible answers, and which answer seems the best for this family. If the family cannot answer one or more questions well, you can suggest that they discuss it, and discuss again (or if you visit regularly, and that later you will return to talk about it again).

6. Examine the child health card and discuss the actions that family should take.

Note if the child (or children) has all of its immunizations up to date. Motivate the family to go for any needed care or carry out preventive actions they are not doing. Help the family to understand the card better.

7. In summary, ask the mother/family to explain the overall purpose of the material, confirm where they plan to put it, and how they plan to use it.

Register for Distribution of MRM

Community: _____

Nearest Health Center: _____

Name of Distributor: _____

Mothers

Mother's name/address	Number of children under 2 years	Date of MRM distribution	Place where MRM will be put

Mothers-to-be

Name/address	Months pregnant	Date of MRM distribution	Place where MRM will be put

Methodology Used in the Nicaragua MRM Evaluation

(Excerpts from the evaluation report)

This evaluation was carried out in the Municipalities of Jinotega (Jinotega Department), Matagalpa (Matagalpa), and San Pedro de Lóvago and Acoyapa (Chontales).

Sampling

The study universe consisted of all mothers who received the MRM and health staff, community health volunteers, and midwives in each of the municipalities; as well as all of the mothers with children from 4 to 28 months old who brought their children for care at a health facility on the day of the study and mothers who did not receive an MRM.

Below is a description of the sample for each population group:

Population Groups	Sample (for each of three provinces)
Parents of children 4-28 months old	Any who brought a sick child to the health facility on the day of the study
Health staff	4
Mothers who received an MRM	30
Mother who did not receive an MRM	30
Community health volunteers and midwives	4

A total of 49 parents with children 4 to 28 months old were interviewed at health

facilities, 100 mothers who received an MRM, 96 mothers who did not receive an MRM, 14 health staff, and 14 community volunteers or midwives.

Instruments

This primarily quantitative evaluation utilized the following instruments:

Questionnaire 1 was directed to mothers and fathers of children 4 to 28 months old, who brought their sick children to a health facility on the day of the survey. They were asked about:

- General information (8 questions)
- History of the current illness (7 questions): what signs of concern the family noted, who and when; what the parents did; whom they consulted; if they consulted an MRM; what triggered the decision to bring the child to a health facility; factors that influenced the parents; the parents' satisfaction with the care-seeking decision.
- The presence of an MRM in the home; use of the MRM; parents opinion on the MRM

Questionnaire 2 was directed to mothers at home who received an MRM (20 questions) and **Questionnaire 3** was directed to mothers at home who did not receive an MRM (14 questions). These instruments covered almost precisely the same topics:

- General information
- Child illnesses in the past three months: for any illness, what signs of concern the family noted; what the parents did; if they asked for advice and from whom; how much time passed between noting a danger sign and taking the child to a health facility; what

made the parents decide to act; the parents' satisfaction with the care-seeking decision

- Knowledge of danger signs: what are the danger signs, what they should do and not do; parents' beliefs concerning urgency of action, an appropriate time to wait before acting
- People from whom they ask advice about illness
- The presence of an MRM in the home; where it is kept; if they attached a photo of their baby on the material; if they consult the MRM for health advice; how often they look at the calendar; how often they look at the mirror; if they discussed the MRM information with anyone; their suggestions on improving the MRM and making the information clearer; the physical condition of the MRM

Questionnaire 4 was directed to health volunteers, midwives, and community committee members (9 questions). It covered:

- General information
- Involvement in child health: if they have noticed any impact of the MRM on whether and how soon families bring sick child to a health facility
- The MRM: the number of people who have asked them about information on the MRM; if since the MRM distribution, the respondent has followed up with families on the MRM; their opinion on the usefulness of the MRM and why; what aspects they believe families like the most.
- Comments: any problems in the distribution of the MRM, orientation of families, recording the copies distributed; suggestions on how to improve the material.

Questionnaire 5 was directed to health staff and contained several questions on:

- General information
- Trends in child health consultations in the last three months: if they have noticed any change in utilization, reasons for consultations or delays in seeking consultations

- The MRM: their opinion on families consulting the MRM—how many, how often; how familiar they are with the MRM; how useful the MRM is and why.
- Comments: any suggestions for improving the material; analyze information in clinic registers.

Information Collection

Before information collection, the field team met to review and revise the instruments and to standardize their use. At the same time, instructions on completing all instruments were prepared.

One day was devoted to pretesting the instruments in a community outside of the sample. Information was collected in the field during five days in April 2002.

Data Analysis

For analysis, five databases were designed in Epi Info 6.04, one for each questionnaire. The information collected in three provinces was entered in the Project HOPE office in Chontales and then forwarded to the research consultant for manipulation and analysis. The analysis focused on the knowledge and practices of respondents in relation to their use of an MRM.

The results were presented in frequency tables and percentages of variables already defined, as well as in graphs.

This evaluation report contains, first, the results of each question guide. The second section compares the results in areas where this was possible, e.g., in general information on the child, morbidity in the last three months, and actions taken by the mother during illness, as obtained from questionnaires 1, 2, and 3; knowledge on danger signs, based on the responses to questionnaires 2 and 3; and the usefulness of the MRM and suggestions obtained from answers to questionnaires 2, 4 and 5.