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TRIP REPORT

Sudan Community-Based Family Health Project: Assistance in Materials' Development and Evaluation Planning

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Executive Summary

In April 1985, the Sudan Community-Based Family Health Project began development of two booklets, on motivation for child spacing and use of the pill, aimed at nonliterate villagers. Accompanying field worker materials, explaining use of the booklets and providing more detailed and technical information, were also to be developed.

The objectives of the current consultancy included: 1) providing technical assistance in development of the client and fieldworker materials; 2) assisting SCBFHP staff in planning Year II activities and developing a workplan and budget; and 3) assisting in the development of an evaluation plan to be implemented during Year II. All consultancy objectives were met.

Though both JHU/PCS and PATH/PIACT had received outlines of the messages to be included in each client booklet, it was not until the consultant arrived in Sudan that actual booklet drafts were reviewed. Due to unfortunate circumstances, SCBFHP has no full-time, in-house family planning advisor; this created difficulties for the project coordinator drafting the booklets. The advisory board she assembled (respected gynecologists and fp experts) gave both too much information (overly technical) and too little (few practical pill use instructions). Therefore, some of the draft messages were inaccurate or misleading. These problems were resolved and the revised messages are attached. The fieldworker manuals are still being drafted.

Year II planning included discussing fieldworker training and booklet distribution systems, and developing an ambitious, though reasonable, evaluation plan involving over 650 respondents. The study will compare family planning KAP of villagers with no exposure to FP training, villagers who receive only verbal instruction, and those who receive instruction and support materials.

The consultant recommends that JHU/PCS review and critique all project documents (draft messages, evaluation protocol and questionnaires, Year II workplan and budget) and respond to SCBFHP's request for Year II funds as quickly as possible to avoid delays in implementation. In the absence of a full-time family planning advisor, the SCBFHP should submit all future drafts of the FP materials to Dr. Bradshaw, JHU/PCS, and PATH/PIACT for review.

Abbreviations

FP	- Family Planning
JHU/PCS	- The Johns Hopkins University/Population Communication Services
MOH	- Ministry of Health
PATH/PIACT	- Program for Appropriate Technology in Health/ Program for the Introduction and Adaptation of Contraceptive Technology
SCBFHP	- Sudan Community-Based Family Health Project
TA	- Technical Assistance
USAID	- United States Agency for International Development
YII	- Year II

Introduction

The JHU/PCS project with the Sudan Community-Based Family Health Project began in April 1985. SCBFHP staff had already been trained in the PATH/PIACT materials' development process for a PATH/PIACT-sponsored project to develop two booklets on MCH topics, along with field worker manuals explaining how to use the booklets effectively and giving more detailed information. The purpose of the JHU/PCS project was to develop similar materials for nonliterate villagers, motivating them for child spacing and instructing on use of the pill. Accompanying fieldworker manuals are also being developed.

Consultancy Activities

Objectives

Scott Wittet of PATH/PIACT was asked to accomplish the following:

1) Provide TA in development of the project materials and to plan training and distribution of the materials.

2) Assist staff to plan for Year II activities and develop a detailed workplan and budget.

3) Assist staff in developing an evaluation plan for the booklets, to b implemented during Year II, including questionnaires and detailed budge

All consultancy objectives were met.

Review of Draft Booklets. In a preliminary meeting with Dr. Lois Bradshaw (Population Officer, USAID/Sudan), Willa Pressman (Technical Advisor to SCBFHP, Columbia University), and the consultant, Ilham Bash (JHU/PCS Project Coordinator, SCBFHP) presented the most recent drafts the booklets. Though SCBFHP had submitted outlines of the messages the proposed including in the booklets to PATH/PIACT and JHU/PCS, this was the first opportunity that a PCS consultant had to review booklet draft with artwork. Some of the messages included were problematic, due in part to input from one of the project advisory board members, a gynecologist on the Faculty of Medicine. The project coordinator included him on the board as representative of a conservative Islamic perspective on family planning (which may be more the rule than the exception in Sudan). He had warned that there is a strong possibility infertility resulting from pill use among nonparous women and that SCBF should recommend that women only use the pill after having at least one child. Participants in the meeting felt that including such a message was misleading and inaccurate and that, even though the booklets would emphasize child spacing and only show a woman who had already borne a child in the illustrations, the booklet should not actively discourage women from delaying their first child. The same advisor had also urged

the project coordinator to include at least six children in the pictures of the spaced family, as he feels that it is not appropriate to urge limiting family size in the context of Islam. Though it was agreed that the limiting message is probably not appropriate in Sudan, it is also not necessary to endorse, by implication, large families and that a four-child family is acceptable. Other misleading messages included a page on pill side effects showing a woman combing her hair, with huge quantities of hair coming out in the comb. Though hair loss can be a side effect of the pill, it was felt that this picture over-emphasized the extent of the problem.

Following that meeting, the consultant and the project coordinator spent a good deal of time revising booklet text and artwork. Meetings with other advisory board members helped convince the project coordinator that some of the advice she had received in good faith was indeed inaccurate or inappropriately presented.

During the revision process, further misunderstandings came to light. Currently there is no full-time project FP advisor at SCBFHP (the female doctor who had the job tragically passed away last year). This presents major difficulties for them as most project staff have other committments which prevent them from assisting the project coordinator to the extent necessary. The advisory board, when questioned about pill use, had tended to emphasize recent research findings and technical points more appropriate to the field workers' manual. They did not pass on practical

messages for pill use such as "take all the pills in the packet" and "begin a new packet immediately after finishing the old one." Due to the technical orientation of the advisory board, it is very important that the project coordinator send future drafts of the materials to JHU/PCS and PATH/PIACT for review.

Several other issues in regards to pill use arose as the revised booklet messages were being developed. SCBFHP plans to provide only combination pills in the project area; this creates problems, as it is difficult to make contraceptive recommendations to women who are breastfeeding or who have forgotten to take their pills for two days in a row. In both of these cases, women are usually told to use an alternative method for some period. However, no alternative is being offered. These problems were pointed out to project staff and they are considering whether it might be advisable to offer a barrier method, such as foam, and "mini-pills" in addition to the combination pills.

Lists of the current messages and descriptions of the illustrations are included in Appendix 1. Drafts of booklet artwork are being completed.

Field Worker Manuals. The family planning field worker manuals have not yet been developed. In light of the difficulty SCBFHP had in developing the client materials, it would be best to send examples of such manuals developed in other projects as soon as possible. The consultant will send copies of the relevant sections of the African prototype materials

already developed by PATH/PIACT as part of another JHU/PCS request for services. The consultant recommended that SCBFHP consider producing only one fieldworker manual with two sections - one on child spacing, the other on pill use. The two topics complement one another, and printing only one volume will simplify distribution and reduce costs. No final decision has yet been made on this point.

The consultant urged the project coordinator to be sure to involve SCBFHP trainers in manual development, since it is they who must finally approve the materials in the field. English translations of the manuals should be reviewed by PATH/PIACT and JHU/PCS as soon as first drafts are completed.

Training and Distribution. Booklet training and distribution activities, scheduled for YII, are complicated due to the nature of the SCBFHP project. The project was first implemented in the "original project area," near Khartoum. Several years ago, they scaled down most direct assistance and research there, leaving service provision and planning to the MOH and providing only occasional technical assistance. Training in use of the booklets and supplying the booklets are services they will provide.

The SCBFHP is currently active in the "project extension area," near Shendi, five to six hours north of Khartoum. There, they are introducing four health interventions - ORS, nutrition/growth monitoring, family

planning, and immunization - in a phased fashion, in that order. They are just about to begin family planning.

The project materials may be ready in time for family planning introduction. Unfortunately, against the advice of the project coordinator and others on the staff, it was decided some time ago that introducing the booklets during preliminary fieldworker training would "contaminate" project research results. The plan is to train fieldworkers and give them some booklets during later, refresher trainings in the extension area beginning in October 1986. In the original area, the booklets will be introduced as soon as they are ready (scheduled for June). The new project workplan, attached as Appendix 2, includes these activities.

During meetings with Dr. El Fatih (the acting project director), the project coordinator, and others, the consultant emphasized the need to plan distribution and resupply systems. While all agreed that this issue had to be thought out, project staff were reluctant to commit themselves to a specific plan, because it is important to involve local people and service providers in planning. Tying booklet distribution to pill packet distribution would seem to make the most sense. Initial supplies of booklets will be carried to the two project areas by the training staff.

Booklet Evaluation. An important objective of the consultancy, and the one requiring the most time, was planning for an evaluation of the

booklets. Actually, two evaluation plans were to be developed, one for the JHU/PCS materials and another for MCH booklets developed by SCBFHP (PATH/PIACT supported development of the second evaluation). During several meetings with the project coordinator, Dr. El Fatih, Dr. Kamal Khairella (project deputy and statistician, soon to relocate to Libya), Dr. Abdul Aziz Farah (Research Advisor to SCBFHP, Columbia University), and the consultant, an ambitious, though reasonable, evaluation plan was developed. After the consultancy, Dr. El Tom (the project director) returned to Khartoum and was able to review the evaluation plan. As always, he has a strong interest in the project and is supportive of the new scope of work. Since many study elements (training evaluators and service providers, selecting non-literate respondents, providing services for the study period, collecting base-line and end-of-study data from them, etc.) would be identical in evaluating the PATH/PIACT and JHU/PCS booklets, combining the two studies was judged to be the most time- and cost-effective means of implementation. The total cost of the proposed study is $15,131. This should be split equally between the two projects, reducing the cost to $7,565 for each organization. The detailed evaluation budget is attached as Appendix 3.

Evaluation Protocol

Objectives:

1) Monitor client use of SCBFHP produced MCH/FP booklets.

2) Record client attitudes towards booklets.
3) Collect client suggestions for improving booklets.
4) Compare KAP on MCH/FP topics between clients who have never been trained by evaluation staff nor seen booklets, clients who have been trained but have never seen booklets, and clients who have been trained with booklets and taken them home.

Sample:

Two hundred non-literate mothers between the ages of 15 and 50, chosen randomly in each of three villages outside of SCBFHP project areas. Total of 600 mothers.

Village 1: Control. Mothers to receive no training on MCH/FP topics from evaluation staff.
Village 2: Control. Mothers to receive individual training without booklets.
Village 3: Experimental. Mothers to receive identical training except that booklets will be used as specified in training criteria, then given to them to take home.

Method:

Initial planning and questionnaire development. February to May 1986. During this period, the project manager and her staff will consult with

SCBFHP evaluation experts, PATH, and JHU/PCS to finalize study protocols and questionnaires. The questionnaires will be pretested by evaluation staff prior to implementation.

Beginning surveys. July 1986. Identical beginning surveys will be implemented with study populations in all three villages prior to participant training, to establish base-line KAP. A total of 666 mothers will be interviewed on four topics: ORS, nutrition, child spacing and use of the pill. Their names and addresses will be recorded for follow-up interviews. The final target sample size is 200 mothers per village. During respondent selection and the initial survey, 222 mothers will be contacted to allow for a ten percent drop-out rate.

Seven to ten interviewers will be recruited from each village and trained by the project manager and her assistants (SCBFHP staff). The interviewers will conduct the beginning and final surveys in all villages and the fieldworker FGDs in Village 3 (see page ten). The beginning and final survey questionnaire is attached as Appendix 5.

Training. August and November 1986. In Villages 2 and 3, study participants will be trained on all four topics. Booklets will be used and distributed only in Village 3. During the first month of training, all Village 2 and 3 mothers will be trained on ORS and nutrition. Three months later, they will be trained on child spacing and use of the pill.

Seven to ten trainers will also be recruited in each village and trained by project staff in order to supplement available manpower. In no case will a trainer also be an interviewer.

Training Follow-up. After each training month, interviewers will contact study participants in Villages 2 and 3 to determine whether they were trained (and given booklets in Village 3). They will ask questions tapping respondent attitudes about the training (Villages 2 and 3) and about respondent use of the booklets and suggestions for improving them (Village 3). The follow-up questionnaire is attached as Appendix 6.

Service provision. August 1986 to November 1987. In Villages 2 and 3, ORS and pill packets will be provided to mothers by the trainers over the course of the study period, as necessary.

Fieldworker FGDs. November 1986 and February 1987. In Village 3, FGDs with study trainers (fieldworkers) will be held three months after distribution of the booklets. The FGDs will be designed to tap fieldworker perceptions of booklet usefulness and to gather suggestions for improvement.

Final surveys. August and November 1987. One year after the training, interviewers will conduct surveys tapping client KAP on the various topics in all three villages. The KAP questions will be identical to those included in the beginning survey.

The project coordinator feels strongly that the period between introducing the booklets and conducting the final survey should be 12 months. The consultant, and other project staff, feel that this is unnecessary and that six months is a more appropriate gap. After much discussion on this point, no consensus was reached. Everyone is reconsidering their positions, though the workplan contains the 12 month hiatus.

Analysis:

Frequencies of responses to all survey items will be generated for all three villages.

Using Chi-square statistical tests, significance levels of differences in KAP on the topics will be calculated between the three villages and between beginning and final surveys in each village. Significance levels of differences in client perceptions of the quality of their training in Villages 2 and 3 will also be calculated using Chi-square.

Village 3 data from the fieldworker FGDs will also be recorded.

Part-time staff will be hired in Khartoum for data compilation and computer analysis.

Reporting:

A full report detailing study protocol, analyzing results, and making recommendations will be produced by project staff. Study questionnaires and tables describing all results will appear as Appendices.

Year II Workplan and Budget. All Year II activities have been previously discussed in this report. The Year II workplan and budget are attached as Appendices 2 and 4. SCBFHP has sent a letter to Maxwell Senior, JHU/PCS Regional Program Officer, requesting $14,347 to support all Year II activities. This includes $7,565 as JHU/PCS' 50% contribution to the booklet evaluation. Six months ago, the University of Khartoum began requiring that all new projects be charged a ten percent overhead. This line item is included in the YII budget.

Conclusions

The project coordinator clearly understands the materials' development process and has the will and resources to implement it. Her success at implementing this and the health materials' development project has attracted the attention and interest of a variety of health service delivery organizations in the country. Since there is no full-time, family planning advisor on the SCBFHP staff, however, drafting the materials has sometimes been a difficult process. Dr. Bradshaw has strongly urged SCBFHP to identify and hire an appropriate candidate; as

they introduce family planning to their project areas, this need will become even more critical.

The current revised drafts of the two booklets, developed with the consultant, are now ready for pretesting, which will begin soon. First drafts of the fieldworker materials will soon be created; sample materials to use as guidelines have been sent to SCBFHP. The project staff have begun planning fieldworker training and booklet distribution.

SCBFHP is capable of implementing the evaluation described in this report. Though it is ambitious (involving interviews with over 650 women), the staff is experienced in survey techniques, they know their respondents and how to reach them, and they have carefully thought out all aspects of the plan. The results should be informative and valuable to the SCBFHP, JHU/PCS and others interested in the evaluation of family planning print materials. In addition to evaluating client knowledge with and without support materials, use of a large study population may yield strong data on differences in acceptance and continuation of pill use among the study groups.

SCBFHP is concerned that the small-scale printings of the booklets (approximately 10,000 copies of each) will be quickly consumed in the project areas. Judging from the interest other MCH/FP organizations have shown in the ORS and nutrition booklets, perhaps as many as 100,000 copies of each booklet will be needed for eventual national distribution.

These needs were discussed with Dr. Bradshaw, who was very supportive of looking for AID funding for mass reprintings of the booklets, if it could be shown that they were appropriate for other regions, such as Western Sudan. In fact, recent pretests in El Obeid support this and SCBFHP will request reprinting funds as booklet stocks decrease.

Recommendations

1) JHU/PCS staff should critique the draft booklet messages as soon as possible and relay their comments to SCBFHP. JHU/PCS should strongly urge the project coordinator to photocopy and submit all drafts of all materials (with English translations) to JHU/PCS and PATH/PIACT for review (rather than waiting until the materials are ready for printing).

2) SCBFHP should acquire a full-time FP advisor, with field and academic experience in family planning prior to contraceptive introduction in the project areas.

3) SCBFHP should be sure to present drafts of all materials to Dr. Bradshaw for comments. They should continue to consult their advisory board with the understanding that there may be differences of opinion among board members and not all suggestions will be utilized.

4) JHU/PCS should respond to the SCBFHP Year II workplan, budget, and request for funding as soon as possible.

5) JHU/PCS should carefully review the evaluation protocol and questionnaires (and suggest revisions, if necessary) as soon as possible so as not to delay implementation. JHU/PCS should determine whether it prefers a twelve or six-month hiatus between introduction of the materials and the final survey.

6) JHU/PCS should continue to follow-up with Dr. Bradshaw regarding funding of large-scale printings of the materials at an appropriate time.

7) JHU/PCS should consider supporting an additional technical assistance visit prior to printing the materials, to provide a final review of them and to assist in finalizing evaluation plans.

Contact List

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Ms. Ilham Abdalla Bashir, Materials Developer (IEC Project Coordinator)

Dr. Abdul Aziz Farah, Project Advisor

Dr. Kamal Kheiralla, Department of Community Medicine

Ms. Willa Pressman, Project Intern

Dr. Priscilla Joseph (Post-graduate studies - not project staff)

Ms. Afaf Osman Musa (artist - not project staff)

FP Materials Advisory Board

Dr. Hamid Rushwan, Head, Department of Gynecology, Faculty of Medicine. Also head, Sudan Family Planning Association

Dr. Hassan Wahbi, Head, Training Institute Clinic

Dr. Farouque Abdul Aziz, Head Educational Development Center

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Dr. Mohammed Hassan Baldo, Director, National MCH/FP Project

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Appendix 1 - Child Spacing and Pill Booklet Messages

Child Spacing Booklet Messages

Note: Most of the pages in this booklet are divided in two. The top picture and caption relate to Layla (who spaces her children), the bottom picture and caption to Nefissa (who does not).

Page	Text and *Illustration
Cover	How to Have a Happy, Healthy Family
	* Layla and her family: Ahmed, Layla, girl 9 years old, son 6 years old, girl 3 years old, babe in arms.
1	Layla was twenty years old when she first got pregnant.
	* Layla in house, pregnant, with husband.
	Nefissa became pregnant when she was only 14 years old. It is bad for the mother and bad for the baby when the mother is so young.
	* Nefissa, pregnant, at home with her husband.
2	Layla's first baby, Hannah, was born healthy and strong, thank God. Layla's delivery was not difficult. Layla breastfed Hannah every day so that she would grow strong.
	* Layla breastfeeding Hannah, husband nearby.
	Because Nefissa was so young, she had a difficult delivery. She almost died. Her daughter, Mona, was born small and weak.
	* Nefissa breastfeeding Mona, husband nearby.
3	Layla and her husband, Ahmed, know that it is best to wait at least three years before they have another child. They want to prevent pregnancy until then. Ahmed is trying to convince Nefissa and her husband, Hashim, to go with them to the clinic to learn about family planning.
	* Layla and Ahmed urging Nefissa and Hashim to come with them. Clinic in background. Hashim looks displeased.
4	The midwife has explained about different family planning methods, like the contraceptive pill and IUDs. Layla and Ahmed will use a family planning method from the clinic because breastfeeding does not always prevent pregnancy. Hashim and Nefissa will not use a family planning method.They want to have many children, soon.
	* Midwife at table with methods. Ahmed pointing at them and smiling. Hashim looking disgusted.

5 Koranic injunction: Breastfeed your baby for at least two years.

After one year, Hannah has grown bigger. She is breastfeeding and eating other foods.

* Hannah at breast, Ahmed bringing supplemental foods.

Mona is also one year old. Nefissa is already pregnant again. She has weaned Mona abruptly and she is not growing well. She needs breastmilk to be strong.

* Hashim's family: Nefissa is pregnant, Mona looks sick and is crying.

6 Now Hannah is two years old. Layla is feeding her many supplemental foods and has begun to wean her.

* Layla breastfeeding Hannah with supplemental foods at her side.

Mona is two years old, too. Nefissa is pregnant again. There is no breastmilk for Mona or her little sister. Nefissa did not have time to grow strong before she had the second baby. Now she feels very weak and the baby girl is weak, too.

* Nefissa, pregnant, looking weak and tired. Baby with bottle on bed. Mona, also sickly, is reaching for a dirty baby bottle on the floor.

7 By using a family planning method, Layla delayed pregnancy until Hannah was three years old. Layla had time to become strong before becoming pregnant again.

* Layla, pregnant, sitting with Hannah and Ahmed. Ahmed is feeding Hannah.

Nefissa is pregnant again. She is very sick and the midwives are afraid she will die. If she dies, who will take care of Mona and her sisters? Nefissa does not die, but the baby dies during delivery.

* Nefissa being carried out of the house on her bed by Hashim and others. She is holding her abdomen and is in pain. Girls sitting on floor in foreground, crying.

8 Hadith: Love your children and be kind to them. If you promise them something, fulfill your promises. They depend on you for food and life.

Layla and Ahmed are able to give each child what she needs.

* Ahmed taking girl to school, Layla breastfeeding baby.

Nefissa and Hashim are not able to provide well for their children.

* Nefissa, sick in bed; Hashim looking worried. Three girls crying.

9 When Hannah is six years old, she gets a new baby brother. He is also strong and healthy.

* Layla's family: two girls, 6 and 3, going to school. Layla with newborn son on bed.

At Hashim's house, Nefissa is having another difficult labor. She is weak from getting pregnant every year. She cannot control her children.

* Nefissa in labor, children (6, 5, 4, and 2 years old) being naughty in house.

10 Hadith regarding the importance of educating your children.

Ahmed is teaching his daughters.

* Ahmed at table with girls, 6 and 3. Layla breastfeeding son.

Nefissa has been pregnant six times, but two of her babies have died. Even with four children, Hashim does not have enough time to teach them well.

* Nefissa breastfeeding newborn in bed. Children (three girls and one boy) fighting. Hashim leaving the house.

11 Three years later, Layla is pregnant again. She does not have as much housework as Nefissa. Her daughters help her, too.

* Layla washing clothes, Hannah (now 9) hanging them up on clothesline. Second daughter (6) filling bucket with hose. Son (3) standing with Ahmed in background.

Nefissa is pregnant, too. Now she has six children. There is much housework to do. Will it never finish?

* Two older girls (9 and 8) helping Nefissa do wash, younger children (girl 7, boy 5, girls 3 and 2) playing in house. Some crying, some making a mess.

12 Hadith regarding providing enough food for the family.

No one in Ahmed's house is hungry. There is plenty of food for them all.

* Ahmed handing out bananas to Layla and children (Hannah is 9, girl 6, boy 3, baby being breastfed by Layla.

Sometimes there is not enough food for everyone in Hashim's house.

* Nefissa, looking worn, breastfeeding baby. Hashim breaking banana in two to hand to children (same ages as previous picture).

13 Hadiths supporting family planning.

God wants mothers and fathers to care for their health and to provide well for their children. Because Ahmed and Layla waited three years between pregnancies, their family has been happier, healthier and more prosperous. You can plan your family, too. Ask a health worker about family planning methods.

* Layla's family in pose similar to cover.

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Pill Booklet Messages

Page	Text and *Illustration
Cover	Using Contraceptive Pills
	* Close-up of woman holding pill packet.
Intro	Title page with Koranic injunctions and hadiths pages supporting fp
	Further page of culturally appropriate support for fp
1	Fatima and her husband know that their family will be healthier if they wait three years before having another child. She has gone to the health center to learn more about using contraceptive pills. As long as she takes the pill, she will not become pregnant. If she stops taking the pill, she can become pregnant.
	* Fatima at health center, talking to nurse. Nurse is showing her a pill packet. There is a poster of a pill packet on the wall behind her.
2	The nurse is asking Fatima some questions and checking her blood pressure, to see if the pill will be a good family planning method for her.
	* Top: Fatima sitting, talking to nurse. Nurse is writing on notepad. Pill poster behind nurse. Bottom: Nurse taking Fatima's blood pressure.
3	The nurse has given Fatima some pill packets. They are free. She is telling Fatima to take the first pill on the fifth day of her period. Then she must take one pill each day.
	* Fatima and nurse talking. Nurse is pointing to first pill with one hand, holding up five fingers on the other hand.
4	Fatima is having her period. On the fifth day, she takes the first pill.
	* Five panels on page. First four panels show Fatima, a large red square above her (or other symbol of menses), and a hand showing one, two, three, and four fingers successively. The last panel shows Fatima taking a pill at night (lamp is lit), and hand shows five fingers.
5	Fatima takes one pill each day, at bedtime. If she stops taking the pill, even for only two days, she could become pregnant.
	* Fatima in bedroom taking pill, husband on his bed. Baby's crib next to their beds.

Fatima takes one pill each day, even if she is not going to have sexual relations with her husband.

* Fatima in bedroom taking pill, husband on his bed. Baby's crib between their beds.

7 Fatima remembers to take all of the pills in the packet, including the brown pills. After taking the last pill, she starts a new packet the next day. She does not miss taking a pill, even for one day.

* Close-ups of two pill packets at top of page. All pills in right-hand packet are gone. Arrow leads to first pill of left-hand packet. Fatima taking pill below packets. Lamp lit.

8 When they first start using pills, some women have slight headaches, nausea or spotting. These problems go away within two or three months, when the woman's body becomes accustomed to the pills.

* Inserts of different women (not Fatima) with headache, nausea and spotting. At bottom of page, three pill packets (three months).

9 One night, Fatima forgot to take a pill. When her husband reminded her about it the next morning, she took the pill immediately. That night, she took the next pill as usual.

* Three panels on page. Top panel: Morning, husband holding up one finger with one hand, offering Fatima pill packet with the other. Fatima looking as if she has just remembered. Bottom right: Fatima taking pill in morning. Bottom left: Fatima taking pill at night.

10 Once Fatima forgot to take her pills for two days in a row. She knew that she could get pregnant. She decided to use another family planning method until the fifth day of her next period, when she could begin a new pill packet. She and her husband are talking to the nurse about other ways of preventing pregnancy.

* Top panel: Morning, husband holding up two fingers, Fatima looking as if she just remembered. Bottom: Fatima and husband at health center, nurse talking about other fp methods displayed on table.

11 Fatima keeps her pills, and other medicines, where her son cannot reach them.

* Fatima hiding pills on top of cabinet. Son reaching out for them.

12 Fatima has used pills for three years. Her son has grown big and strong. She and her husband have decided that they would like to have another baby, so she stops using pills as soon as she finishes the packet.

* Family together in bedroom. Son asleep on bed (no longer in crib). Fatima throwing away empty packet of pills.

13 Fatima is pregnant. The family is happy because there will soon be a new baby.

* Pregnant Fatima and family in house. Three-year-old son holding father's hand, pointing at Fatima's belly.

14 Fatima has a happy, healthy baby! She begins taking pills again as soon as the 40 days are over. Fatima and her husband want to wait three years before having another baby. Their new baby will be able to breastfeed for two years and will grow big and strong like its brother. Fatima will be healthy and the next baby will be healthy too.

* Woman with new baby and husband with son. Fatima holding pill packet.

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Appendix 2: SCBFHP-JHU/PCS ACTIVITIES: FEBRUARY 1986 - AUGUST 1987#

TASKS	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
	86											87							
Develop and pretest FP materials (client and hw)	f	f	f																
Print FP materials				f															
Train hws to use booklets; distribute*					1f				2f										
Plan evaluation and conduct preliminary research in study area; design questionnaire	3	3	3	3															
Train evaluation staff					3f														
Pretest evaluation questionnaire					3f														
Conduct beginning survey						3f													

Activities involving the SCBFHP ORS and Nutrition booklets are not included on this workplan.

* In the "original" project area, the ORS and nutrition booklets will be introduced first, the family planning booklets will be introduced as soon as available. In the project "extension" area, all booklets will be introduced along with the appropriate project interventions (sequentially as follows: ORS,nutrition, family planning). In evaluation areas, the ORS and nutrition booklets will be introduced concurrently, the family planning booklets three months later.

Key: 1 = "Original" project area activity
2 = Project "extension" area activity
3 = Evaluation area activity
f = Family planning booklets (Pill and Child Spacing) activity
hw= health worker

TASKS	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
	86											87							
Train trainers									3f										
Distribute booklets study area										3f									
Training follow-up											3f								
Fieldworker FGDs												3f							
Conduct final evaluation survey																			3f Nov

Key: 3 = Evaluation area activity

f = Family planning booklets (Pill and Child Spacing) activity

hw= health worker

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Appendix 3: SCBFHP - PATH - JHU/PCS BOOKLET EVALUATION BUDGET

	SL	US$
Respondent Selection		
2 Interviewers x SL30 x 2 days	120	49
Driver x SL30 x 2 days	60	25
Car rental x SL200 x 2 days	400	164
Evaluation Staff Training		
11 Interviewers x SL6 x 4 days	264	108
Photocopying .40 x 10 pages x 40 copies	160	66
Pretesting Questionnaire		
11 Interviewers x SL15 x 2 days	330	135
Car rental SL200 x 2 days	400	164
Print questionnaire (2000 copies)	1000	410
Beginning Survey		
11 Interviewers x SL30 x 10 days	3300	1353
Car rental 2 cars x SL200 x 3 days	1200	492
Facilities	1040	426
Training of Trainers		
14 Trainers x SL10 x 6 days	840	344
2 Staff x SL30 x 6 days	360	148
Transport	100	41
Facilities	1000	410
Training of Villagers		
14 Trainers x SL5 x 20 days	1400	574
Training Follow-up		
11 Interviewers x SL30 x 20 days	6600	2706
Car rental 2 cars x SL200 x 6 days	2400	984
14 Trainers x SL5 x 1 day	70	29
Facilities	2080	853
Service Provision		
14 Trainers x SL50	700	287
Final Survey		
11 Interviewers x SL30 x 20 days	6600	2706
Car rental 2 cars x SL200 x 6 days	2400	984
Facilities	2080	853
Data Analysis	2000	820
TOTAL	36904	15131
PATH contribution (50%)	18452	7565
JHU/PCS contribution (50%)	18452	7565

Exchange rate 3/4/86: SL1.00 = US$ .41

Appendix 4: SCBFHP - JHU/PCS: YEAR TWO BUDGET

	SL	US$
Honoraria		
Project Coordinator (SL500/mo. x 6)	3000	1230
Artist (SL200/mo. x 6)	1200	492
Accountant (SL160/mo. x 6)	960	394
Secretary (SL200/mo. x 6)	1200	492
JHU/PCS contribution to booklet evaluation (see attached budget)	18452	7565
Communications	1000	410
Consumable supplies	1000	410
Distribution of Family Planning Booklets		
Original project area		
2 Staff x SL20 x 3 days	120	49
30 Trainees x SL20 x 3 days	1800	738
Petrol	500	205
Project extension area		
2 Staff x SL30 x 3 days	180	74
30 Trainees x SL20 x 3 days	1800	738
Car rental (SL200 x 3 days)	600	246
Subtotal	31812	13043
University of Khartoum Overhead (10%)	3181	1304
TOTAL	34993	14347

Exchange rate 3/4/86: SL1.00 = US$ .41

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DRAFT 3/3/86

Appendix 5: SCBFHP BOOKLET EVALUATION - BEGINNING QUESTIONNAIRE

1. _____ Village name
2. ____(1) Control ____(2) Training only ____(3) Tr.+ Booklet
3. _____ Respondent #
4. _____ Respondent's name
5. _____ Husband's name
6. _____ Respondent's age (reject respondent if not 15-50)
7. _____ Number of children (reject if 0)
8. _____ Number of children under 5 years old (reject if 0)
9. _____ Age of youngest child

10. Show literacy card and ask respondent to read it aloud.
    ____(1) Non-literate
    ____(2) Literate (reject)

11. Has anyone in your house had three or more years of education?
    ____(1) Yes
    ____(2) No

12. Who are the best sources of health advice in this village?
    ____(1) Health worker
    ____(2) Teacher or adult educator
    ____(3) Others

ORS

13. What are the most serious diseases of young children in this village?
    ____(1) Diarrhea or vomiting
    ____(2) Dehydration (go to 15)
    ____(3) Other (go to 15)

14. Why is diarrhea (vomiting) so serious?
    ____(1) Causes dehydration
    ____(2) Other (probe)

15. Have any of your children had diarrhea in the last three months?
    ____(1) Yes
    ____(2) No (go to 21)

16. How old was the last child who had diarrhea?
    ____(1) Less than 3 years
    ____(2) 3 - 5 years (go to 18)
    ____(3) More than 5 years (go to 18)

17. Is that child still breastfeeding?
____(1) Yes
____(2) No

18. How many days did that child have diarrhea?
____Number of days

19. What did you do to treat the child?
____(1) Gave ORS
____(2) Other (go to 21)

20. How many packets of ORS did you prepare during the period that the child had diarrhea?
____ Number of packets (go to 23)

21. Have you ever seen one of these packets before? (Show ORS)
____(1) Yes
____(2) No (go to 23)

22. Have you ever heard of ORS before?
____(1) Yes
____(2) No (go to 34)

23. What is it used for?
____(1) To treat diarrhea, vomiting, or dehydration. (probe)
____(2) Other

24. Have you ever prepared it?
____(1) Yes (go to 26)
____(2) No

25. Have you ever been told how to prepare it?
____(1) Yes
____(2) No (go to 34)

Please show me how you prepared ORS before or how you were told to prepare it. (Have respondent role-play ORS preparation. Mark 'yes' below for each step the respondent correctly demonstrates.)

26. Measures one liter of water into container.
____(1) Yes
____(2) No

27. Pours entire contents of ORS packet into water.
____(1) Yes
____(2) No

28. Stirs mixture.
____(1) Yes
____(2) No

29. How often should you give ORS to a child?
    ____(1) Whenever child is thirsty and whenever child has stool or vomits
    ____(2) Other

30. How often should you make fresh ORS solution?
    ____(1) Every 24 hours if some is leftover and more is needed for treatment
    ____(2) Other

31. If the child normally breastfeeds, what should the mother do while the child is being treated with ORS?
    ____(1) Alternate breastfeeding with giving ORS
    ____(2) Other

32. If the child normally eats supplementary foods, what should the mother do while the child is being treated with ORS?
    ____(1) Alternate feeding with giving ORS
    ____(2) Other

33. If the child does not want to drink the ORS, what should the mother do?
    ____(1) Make the child drink the ORS
    ____(2) Other

Nutrition

The following questions are about what women should do when they are pregnant. Please tell me what you think is best for most mothers to do. If you were unable to do any of these things the last time that you were pregnant, I would like to know that, too.

[Note: If the respondent gives a (1) answer to questions 34 to 39, but then tells you that she was unable to do this herself the last time she was pregnant, mark the (1) space as usual, then mark the space that corresponds to her own experience and circle it.]

What are some things that pregnant women should do to take care of themselves and their unborn babies? [Try to get the woman to name a number of different behaviors, if she names any of the behaviors listed in items 34 to 37, mark the (1) space for that behavior.]

34. Go to a health clinic (or, she should see a doctor or health worker).
    ____(1) Yes
    ____(2) No

35. Eat well-balanced meals.
    ____(1) Yes
    ____(2) No

6. Take vitamin or mineral pills.
____(1) Yes
____(2) No

37. Prepare her nipples for breastfeeding.
____(1) Yes
____(2) No

38. Do many women in this village go to the clinic when they are pregnant?
____(1) Yes
____(2) No

39. When, during a woman's pregnancy, is it best for her to visit a clinic for the first time?
____(1) Month 1 - 2
____(2) Month 3
____(3) Month 4 - 5
____(4) After month 5
____(5) Other

In what ways can the clinic staff help a pregnant woman? [Try to get the respondent to mention as many ideas as possible. If she mentions any of the activities listed in items 40 to 43, mark the (1) space.]

40. Checking the position of the fetus.
____(1) Yes
____(2) No

41. Giving advice on pre-natal care.
____(1) Yes
____(2) No

42. Preparing the nipples for breastfeeding.
____(1) Yes
____(2) No

43. Prescribing vitamins or minerals.
____(1) Yes
____(2) No

The following questions are about what to do after a baby is born. Please tell me what you think is best for most mothers to do. If you were unable to do any of these things after your last baby was born, I would like to know that, too.

[Note: If the respondent gives a (1) answer to questions 44 to 46, but then tells you that she was unable to do this herself the last time she was pregnant, mark the (1) space as usual, then mark the space that corresponds to her own experience and circle it.]

44. How soon after the baby is born should it be put to the breast?
____(1) Immediately
____(2) Other

45. What should a woman do before putting her baby to her breast the first time?
____(1) Clean the nipple
____(2) Other

46. Do some women take their young children to the clinic even if the children are not feeling sick?
____(1) Yes
____(2) No

What can the clinic staff do for a young child who is not feeling sick? [Try to get the respondent to name as many activities as possible. If any of the activities listed in items 47 to 50 are mentioned, mark the (1) space.]

47. Weighing the child.
____(1) Yes
____(2) No

48. Checking to be sure the child is healthy.
____(1) Yes
____(2) No

49. Giving vaccinations.
____(1) Yes
____(2) No

50. Giving advice on caring for the child's health.
____(1) Yes
____(2) No

The following questions are about taking children to clinics. Please tell me what you think is best for most mothers to do. If you were unable to do any of these things for your last baby, I would like to know that, too.

[Note: If the respondent gives a (1) answer to questions 51 to 58, but then tells you that she was unable to do this herself the last time she was pregnant, mark the (1) space as usual, then mark the space that corresponds to her own experience and circle it.]

51. What is the best age to first take a young child to the clinic, even if he is not feeling sick?
____(1) Less than two months old
____(2) Two months old
____(3) Three to six months old
____(4) More than six months old
____(5) Other

52. How often should a mother take her young child to the clinic, even if he is not feeling sick?
____(1) Monthly
____(2) Other

53. What is the best food for mothers to give to very young children?
____(1) Breastmilk
____(2) Formula or animal milk
____(3) Other

54. At what age should a child first be given supplemental foods?
____(1) One to three months
____(2) Four to six months
____(3) After six months
____(4) Other

55. How should mothers wean their children?
____(1) Gradually (probe)
____(2) Other

56. If the mother of a young child becomes pregnant, should she continue breastfeeding him?
____(1) Yes
____(2) No

57. At what age should a baby boy be completely weaned?
____(1) One year
____(2) 18 months
____(3) Two years
____(4) Three years
____(5) Other

58. At what age should a baby girl be completely weaned?
____(1) One year
____(2) 18 months
____(3) Two years
____(4) Three years
____(5) Other

Child Spacing

The following questions are about having children. Please tell me what you think is best for most women. If you have been unable to do the things that you recommend, I would like to know that, too.

[Note: For questions 59 to 63, if the respondent tells you that she thinks that one answer is best, but her experience is different, mark the "best" answer as usual, then mark the space corresponding to her experience, and circle it.

59. What is the best number of children to have in a family?
____(1) 0 - 1
____(2) 2 - 3
____(3) 4 - 5
____(4) 6 - 7
____(5) More than 7
____(6) Other (try to get respondent to state number)

60. What is the minimum number of children to have in a family?
____(1) 0 - 1
____(2) 2 - 3
____(3) 4 - 5
____(4) 6 - 7
____(5) More than 7
____(6) Other (try to get respondent to state number)

61. What is the maximum number of children to have in a family?
____(1) 0 - 1
____(2) 2 - 3
____(3) 4 - 5
____(4) 6 - 7
____(5) More than 7
____(6) Other (try to get respondent to state number)

62. What is the best age for a woman to first become pregnant?
____(1) 15 years old or younger
____(2) 16 to 17 years old
____(3) 18 to 20 years old
____(4) More than 20 years
____(5) Other (try to get respondent to give age)

63. How often should a woman become pregnant?
____(1) Every year
____(2) She should wait two years between pregnancies
____(3) She should more than two years be between pregnancies (three years)
____(4) Other (try to get response in years)

64. If a woman has a baby every year, does it effect her health?
____(1) Yes
____(2) No (go to 66)

65. How does it effect her health?
____(1) She becomes weak, tired, sick, or has difficult labor
____(2) Other

66. If a mother has a baby every year, does it effect the health of her other children?
____(1) Yes
____(2) No (go to 68)

67. How does it effect the health of the other children?
____(1) They may breastfeed for a shorter time
____(2) They may suffer in other ways
____(3) Other

68. If a husband and wife wish to wait for two or three years between pregnancies, is it alright for them to do so?
____(1) Yes
____(2) No

69. What is the teaching of Islam about this?
____(1) It is acceptable
____(2) It is acceptable, in certain cases
____(3) It is always unacceptable

70. If a husband and wife want to postpone pregnancy for two or three years, what is the best way for them to do so?
____(1) Use a family planning method (including natural fp)
____(2) Breastfeed only (go to 73)
____(3) Other (go to 73)

71. What are the names of some family planning methods?
____(1) Pill only mentioned
____(2) Pill or other fp methods mentioned (including nfp)
____(3) Only nfp mentioned (go to 73)
____(4) Non-scientific or no methods mentioned (go to 73)

72. Where should someone go to get information about these methods or to get help using one of them, if they want to?
____(1) Clinic
____(2) Local health worker
____(3) Other

<u>Pills</u>

73. Have you ever seen a packet like this before? (Show pill packet).
____(1) Yes
____(2) No (go to 75)

74. Have you ever heard of contraceptive pills?
____(1) Yes
____(2) No (Thank respondent and end interview)

75. What are the pills for?
____(1) For family planning (preventing pregnancy)
____(2) Other

76. Have you ever been told how to use them before?
____(1) Yes
____(2) No (Thank respondent and end interview)

77. Have you ever used them before?
____(1) Yes
____(2) No (go to 80)

78. Are you currently using them?
____(1) Yes (go to 80)
____(2) No

79. Why did you stop using pills?
____(1) Wanted to get pregnant
____(2) Had bad side effects
____(3) Could not get pills
____(4) Other people made me stop taking them
____(5) Other

The following questions are about using pills. Please tell me what you think is best for most women. If you have been unable to do the things that you recommend, I would like to know that, too.

[Note: For questions 80 to 88, if the respondent tells you that she thinks that one answer is best, but her experience is different, mark the "best" answer as usual, then mark the space corresponding to her experience, and circle it.

80. When should a woman take the pills?
____(1) Daily
____(2) Other (probe)

81. When should she take the first pill of her first packet?
____(1) On the fifth day of her period
____(2) Other

82. What might happen if a woman stops taking the pill?
____(1) She might become pregnant
____(2) Other

83. Should a woman take all the pills in the packet?
____(1) Yes
____(2) No

84. What should a woman do after taking the last pill in the packet?
____(1) Start a new packet the next day
____(2) Other

85. What are the problems that can sometimes bother some women during the first three months of pill use?
____(1) Slight headache, nausea, or spotting
____(2) Mentioned one or two of above
____(3) Mentioned none of above

86. What should a woman do if she forgets to take her pill one day?
____(1) Take it as soon as she remembers the next day, then take the next pill as usual.
____(2) Other

87. What should a woman do if she forgets to take her pill for two or more days in a row?
____(1) Use another family planning method until the fifth day of her next period, then start a new pill packet.
____(2) Other

88. Where should a woman store her pills?
____(1) Out of reach of children
____(2) Other (probe)

Thank you for your help.

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Appendix 6: Follow-up Survey Questionnaire

The items below will be asked during follow-up surveys conducted one month after the trainings in villages 2 and 3. They are designed to tap respondent attitudes towards the training they received. The village 3 questionnaire also investigates client attitudes towards the booklets, use of them, and suggestions for improvement.

Village 2 Questionnaire

1. Interviewer name _____
2. Trainer name _____
3. Respondent number _____
4. Respondent name _____
5. Village _____

Greeting and introduction.

6. Did (trainer name) talk to you about anything last month?
   ____ Yes
   ____ No (probe - if still "No", thank respondent and end interview)

7. What did she talk to you about?
   _____
   _____

8. Did she show you anything?
   ____ Yes
   ____ No (go to 10)

9. What did she show you?
   _____

10. Did you think that what she told you was:
    ____ Very boring
    ____ Boring
    ____ Somewhat interesting
    ____ Interesting
    ____ Very interesting?

11. How did you feel about your conversation with her?
    ____ Very enjoyable
    ____ Enjoyable
    ____ Somewhat enjoyable
    ____ Bad
    ____ Very bad

Thank you for your help.

Village 3 Questionnaire

1. Interviewer name _____
2. Trainer name _____
3. Respondent number _____
4. Respondent name _____
5. Village _____

Greeting and introduction.

6. Did (trainer name) talk to you about anything last month?
   ____ Yes
   ____ No (probe - if still "No", thank respondent and end interview)

7. What did she talk to you about?
   _____
   _____

8. Did she show you anything?
   ____ Yes
   ____ No (go to 10)

9. What did she show you?
   _____

10. Did you think that what she told you was:
    ____ Very boring
    ____ Boring
    ____ Somewhat interesting
    ____ Interesting
    ____ Very interesting?

11. How did you feel about your conversation with her?
    ____ Very enjoyable
    ____ Enjoyable
    ____ Somewhat enjoyable
    ____ Bad
    ____ Very bad

12. Have you ever seen these booklets before? (Show two booklets most recently used in training)
    ____ Seen both.
    ____ Seen only one. Which one? _____
    ____ Not seen either. (Thank respondent and end interview)

13. Did she give you copies of the booklets to keep?
    ____ Yes
    ____ No (go to 23)

14. Can you show me your copies?
____ Showed both copies
____ Showed only one copy. Which one?_____
____ Did not show copies, but still has them.
____ Does not have copies anymore.

15. Where do you keep these booklets?
_____

16. Have you looked at the booklets again since she gave them to you?
____ Yes
____ No (go to 19)

17. How many time(s) have you looked at them again?
_____ time(s)

18. Why did you look at them again?
_____

19. Have you shown them to anyone else since they were given to you?
____ Yes
____ No (go to 23)

20. How many other person/people have you shown them to?
_____ person/people

21. Who did you show them to?
_____

22. Why did you show them the booklets?
_____

23. Do you like the booklets?
____ Yes
____ No

24. Why do (don't) you like the booklets?
_____

25. Are there any pages in the booklets that are hard to understand?
____ Yes
____ No (go to 27)

26. Which pages?
_____

27. Are there any pages in the booklets that you do not like or would like to change?
____ Yes
____ No (go to 31)

28. Which pages?

_____

29. Why don't you like them?

_____

30. How would you change them?

_____

31. Are there any pages that you like more than others?
____ Yes
____ No (go to 34)

32. Which pages?

_____

33. Why do you like them?

_____

34. Would you like to see more booklets like these on other topics?
____ Yes
____ No

Thank you for your help.

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