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Subject Foreign Trip Report (AID/RSSA): Haiti, December 1-13, 1986

To James O. Mason, M.D., Dr.P.H
Director, CDC
Through: Assistant Director for Science, CHPE _____

SUMMARY

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SUMMARY

We traveled to Haiti for the purpose of planning and providing technical assistance in several areas related to family planning. Followup on Friedman's visit in May 1985 regarding contraceptive logistics management showed that the recommendations made at that time had not been adopted. Commodity requirements for pills and condoms were projected using the AID/Washington Contraceptive Procurement Tables. As in past years, the number of condoms recorded as distributed far exceeds the number that would be expected, based on estimated use levels. Visits were made to the central level warehouse, a district warehouse, and two clinics.

We also developed a scope of work and action plan for future CDC/DRH technical assistance in collaboration with USAID and the DHFN in three areas: a contraceptive use survey; service statistics and client recordkeeping; and logistics and distribution of contraceptives. Followup trips in the areas of logistics and service statistics by CDC and John Snow, Inc. (JSI) consultants will be necessary in order to evaluate the situation fully and to develop appropriate recommendations and implementation strategies for resolving problems. Several approaches were suggested for determining and resolving problems in contraceptive distribution and eliminating discrepancies between estimates of distribution and contraceptive prevalence.

We began planning both the administrative and technical aspects of a contraceptive use survey, scheduled to take part during the summer of 1987. The survey will include interviews with both females and males. It will address several important issues including: (1) the apparent discrepancy between condom distribution and use; (2) the reasons that fertility levels are

lower than expected, given estimated low levels of contraceptive acceptance and continuation; (3) male roles in contraceptive decisionmaking; and (4) contraceptive prevalence.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of USAID/Haiti, we traveled to Haiti with Mr. Peter Halpert of JSI, December 1-13, 1986, for the purpose of providing and planning technical assistance regarding contraceptive logistics, family planning recordkeeping, and a survey on contraceptive use. This assistance was performed in accordance with the Resource Support Services Agreement between USAID/S&T/POP and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. USAID

1. Dr. Michael White, Population and Health Officer
2. Leslie Curtin, Population Officer
3. Chris McDermott, Health Officer

B. Division d'Hygiene familiale et Nutrition (DHFN)

1. Dr. Jean-Claude Garnier, Director
2. Dr. La Mothe, Assistant Director
3. Guy-Fred Celestin, Chief, Statistics Activities
4. Jean-Marie Lormil, Chief Survey Section
5. Dr. Joseph, St. Marc District Health Office
6. Jean-Rudolphe Denis, Stock Controller

C. Child Health Institute (CHI)

1. Dr. Tony Augustin, Director
2. Marie-France La Fontaine, Computer Programmer
3. George Bicego, Demographer

D. Other

1. Antonio Rival, Sociologist-Linguist
2. James Allman, Columbia University, Resident Advisor in Operations Research
3. Reginald Boulos, Director, Cite Soleil Socio-Medical Center

III. BACKGROUND

Due to concern over the discrepancy between the purportedly low contraceptive prevalence rate and the relatively large number of family planning users in Haiti, as measured by services statistics and commodity distribution, Friedman traveled to Haiti in May 1985 to consult with USAID and DHFN personnel on commodity distribution (See Friedman's CDC Trip Report of June 6, 1985). Recommendations made in May 1985 to improve supply management below the central level included training of personnel and carrying out nationwide physical inventories by DHFN personnel, in collaboration with an outside auditor to be hired on a short-term basis by USAID.

Because the above problem remains largely unresolved, we were requested to travel to Haiti in December 1986 to:

- A. followup the recommendations of May 1985,
- B. estimate commodity requirements for the next 5 years according to the AID/W Contraceptive Procurement Tables,
- C. Develop a scope of work and action plan for future technical assistance in collaboration with USAID and the DHFN in the following areas:
 1. a survey to explore contraceptive use and various other issues related to family planning;
 2. service statistics and client recordkeeping; and
 3. logistics system and contraceptive distribution.

We were accompanied by Mr. Peter Halpert of JSI who worked with us in the areas of contraceptive logistics and recordkeeping. Visits were made to the central-level warehouse, a district-level warehouse, and two clinics.

In addition, Howard Goldberg traveled to Haiti in July of 1986 for the purpose of assisting USAID in the development of a project paper for population (See Goldberg CDC Foreign Trip Report of August 11, 1986, pages 6-7, and Appendix). It was recommended that further technical assistance be provided in logistics management and recordkeeping and in carrying out a contraceptive use survey.

IV. FOLLOWUP OF PREVIOUS RECOMMENDATIONS

- A. Requisitions and shipments were to be accounted for in units of condoms, cycles (plaquettes) of pills, and tubes of foam at lower program levels. This was already being done at the central level.

This recommendation has not been implemented. This principle must be taught as part of recommendation C below.

- B. Boxes of contraceptives were to be marked with their date of manufacture (if not known, the date of receipt) in large, easy-to-read numbers to facilitate the first-in, first-out (FIFO) system of stock management at all levels. Supplies at all levels are to be stocked on pallets and away from walls.

This recommendation has not been implemented at the central level in a formal sense, although central level stores continue to be well-managed. These principles must be taught to personnel in the periphery as per recommendation C, below.

- C. Short, easily understood training sessions were recommended to teach general supply management principles, as well as the principles mentioned in B above.

This recommendation has not been implemented. It should be carried out as a part of the USAID action plan for the Family Planing Outreach Project.

- D. Annual or semi-annual physical inventories were to be conducted at central and provincial levels. An outside auditor was to be hired by USAID to assist in this area.

This recommendation has not been implemented. It has been presented again to DHFN and USAID personnel, who have responded positively. This will also be part of the USAID action plan.

V. PROJECTED COMMODITY REQUIREMENTS

As indicated in Section IV, previous recommendations have not been implemented, and it is still impossible to obtain precise data on distribution below the central level and/or commodities dispensed to users. In the absence of such data, the following forecasts are based upon reports from the DHFN with the knowledge that only with the implementation of the technical assistance proposed in this report will better data become available (See Section VI).

A. Pills

The 1985 Annual Report of the DHFN showed that 79 percent of all "new acceptors" of contraception from DHFN sources were users of pills. This is consistent with the 1983 Contraceptive Prevalence Survey which indicated 71 percent of all current users of modern methods were pill users.

DHFN figures show that the proportion of all new acceptors who are pill users has been increasing since 1974, as shown in Table I, and has been in the 75 to 79 percent range during the most recent 2 years with data available.

TABLE I

Proportion of New Acceptors Who Are Pill Users
(Excluding Sterilization Acceptors)

<u>Year</u>	<u>% Pill Users</u>
1974	32
1976	53
1978	67
1980	75
1982	68
1984	75
1985	79

Source: 1985 DHFN Annual Report, Table 30, Page 48

Thus, the most recent report of 79 percent will be used for estimating future commodity needs.

DHFN service statistics state that there were 103,125 females using contraceptive methods, obtained from DHFN sources, in 1985. Since we are assuming that the proportion of 79 percent of pill users can be applied to

this total, there would be 81,469 pill users, each using 13 cycles per year, for an estimated total of about 1,060,000 cycles dispensed to clients. This amount closely corresponds to the 1,033,000 cycles, which is the projected quantity of all brands of pills from all donors to be issued from the central warehouse, based on issues through October 1996. It also closely corresponds to the 1986 "Estimated Product Use" from the CPT table completed in May 1985 of 1,048,000 cycles. The figure of 1,060,000 will therefore be used for the 1986 estimated product use for pills.

Pill use is projected to increase roughly 5 percent per year for the next several years, as the proportion of users employing pills may increase even further and the total number of users of all methods increases, particularly as new private sector agencies begin providing family planning services using project commodities (given the low prevalence of use, the increase of 5 percent represents approximately a one percentage point increase). It is not foreseen in the medium-term that either the number of sterilizations or IUD users will increase enough to affect the projected modest increase in pill use (neither of these two methods are commonly employed in Haiti.)

The Contraceptive Procurement Tables were prepared using the above estimates from central warehouse data as a base, since, as mentioned above, data for lower level issues from warehouses and distribution to clients are not available. It is assumed that 50 percent of the following year's estimated use will be kept in stock in the central warehouse (See Appendix 1). This assumes that the quantities of contraceptives in the pipeline between the central warehouse and the periphery contain a sufficient amount to ensure continuing availability. Until further technical assistance, we will employ this assumption for lack of a better one.

B. Condoms

The 1985 DHFN Annual Report showed 10 percent of new female acceptors to be condom users. Using the DHFN figure of 103,125 total female acceptors, and assuming 10 percent are condom users, we arrive at an estimate of 10,313 users. Using DHFN data, we estimate an average of 240 condoms per year* are dispersed to each user for a total of 2,475,000 condoms. DHFN service statistics also provide data on the actual number of condoms distributed to male users (but not to females). In 1985, this figure was 10,032,155 condoms (Table 35, page 56).

Therefore:

	10,032,155 condoms distributed to men
+	2,475,000 estimated distribution to women
=	12,500,000 condoms distributed in 1985,

which will be used as the estimated product use for 1986. Based on actual issuance figures through October 1986, we estimate that 17,250,000 condoms will be issued from the central warehouse in 1986. This is obviously far out of line with both service statistics and previous survey data and so will not be used to estimate future requirements. Thus, our assumption that condom use

*This is recognized as being larger than most programs, but we will accept this figure until better data comes from the survey and the outside auditor.

One additional note should be made regarding future use of condoms. It is conceivable that as a result of the increasing spread of AIDS and the fact that condoms may provide protection, the use of condoms could increase far beyond present levels, primarily from increased use in disease prevention, rather than pregnancy prevention. In such an event, current projections of condom demand would become outdated. The annual review of these figures is will increase roughly 4 percent per year for the next several years, particularly as private sector agencies begin providing family planning services, is applied to the 12,500,000 figure (See Appendix 1). very important.

VI. CONTRACEPTIVE SURVEY

As mentioned earlier, since the number of condoms issued from the central warehouse disagrees sharply with the estimates of condoms used, according to survey data and the DHFN's own service statistics, more in-depth evaluation of family planning program performance is called for. In July 1986, a consultant from CDC/DRH visited Haiti at the request of USAID to recommend actions which would be helpful in explaining the discrepancy between condom distribution and use as well as indicating what types of technical assistance CDC/DRH could provide in regard to program evaluation in general (See Goldberg's CDC Foreign Trip Report of August 11, 1986, pages 6-7, and Appendix). It was recommended at that time that a nationwide household-based survey be conducted in order to investigate contraceptive use more fully and to answer other questions (discussed below) relating to family planning in Haiti.

The objectives of such a survey would differ considerably from those of a conventional contraceptive prevalence survey (CPS) such as the one conducted in Haiti during 1983. The proposed survey would measure contraceptive prevalence and cover a number of other topics usually included in CPS's but would also focus on a relatively small number of issues of particular importance to USAID, DHFN, and private sector agencies involved in family planning in Haiti. The primary objectives of the proposed survey are as follows:

- A. To get as complete an estimate as possible of the use of contraceptive methods with an emphasis on condoms. The survey is to include a specific module designed to collect detailed information on condom distribution and use. It is also intended that males will be surveyed, in addition to females, under the premise that males will be able to shed more light than females on the use of condoms, the numbers of condoms received, the number on hand, etc.
- B. To resolve the question of why the fertility level is lower than would be expected, given the very low estimates of contraceptive prevalence. The 1983 CPS showed only about 7 percent of women in union using any type of contraception (with only 3-4 percent using modern methods), while the crude birth rate is estimated to be about 36 births per 1,000 population and total fertility about 5.5 births per woman. These fertility figures would generally be in line with prevalence at least 2-3 times higher than that reported for Haiti. By examining the proximate determinants of fertility: contraceptive use, (including use of traditional methods), breast-feeding, patterns of union and cohabitation, separation of spouses,

infertility, and abortion, we hope to find out why fertility is lower than one might expect.

- C. To examine barriers to contraceptive use. The Child Health Institute (CHI), as well as the other organizations involved in family planning, is interested in what factors (particularly program-related factors) are serving as deterrents to contraceptive acceptance and continuation. To fulfill this objective, we will include questions on problems with obtaining supplies, both perceived and actual, with access to services, with the services rendered to clients, and with the methods themselves.
- D. To examine male roles in family planning decisionmaking and male attitudes about family planning. Little is known yet about the role men play in Haiti regarding contraceptive use. It is important to know to what extent and in what ways males represent barriers to family planning use and how program activities might be modified to take male roles and attitudes into account.

In addition to fulfilling the above-mentioned objectives, the survey will examine several other facets of family planning, such as contraceptive prevalence and method mix, levels of unplanned pregnancy, the need for family planning services and continuation rates for oral contraceptives. It will also include information which will help define family planning target groups and compare use among women with access to different types of family planning programs and delivery systems.

A draft of the survey protocol is included in Appendix B to this report. The protocol contains proposed details relating to the survey, including administrative arrangements, the role of the various agencies involved in the survey, the preliminary budget, a tentative survey calendar, and the sampling design. We plan to return to Haiti in April 1987 to work further on the survey and finalize plans for it. In the period between the current trip and the April trip, a draft questionnaire will be developed, the first stage of sampling will be carried out, and planning for the pretest, training, fieldwork, and data entry will be further developed.

VII. PROPOSED ACTION PLAN FOR FUTURE TECHNICAL ASSISTANCE

Technical assistance from CDC and JSI is proposed in order to resolve the previously mentioned problems with family planning in Haiti, as well as to provide additional technical assistance for family planning logistics as per the Project Paper. In general, the problem of contraceptive consumption exceeds what prevalence levels would indicate may be due to requisitions being received for contraceptive supplies at the central level which are not accompanied by reports of stock on hand and stock consumption to justify the quantities requested. Until 2-3 years ago, DHFN paid the salaries of a number of employees at the regional and district levels whose duties included providing regular reports of family planning activities, including a "Rapport Mensuel d'Approvisionnement et Consommation" (Monthly Supply and Usage Report). Based on these reports, DHFN stock controllers could ensure that requisitions were in line with quantities issued and stock on hand at the peripheral level.

This changed with the recent regionalization of health services. Regionalization meant that DHFN no longer paid local salaries or distributed program drugs other than contraceptives and, therefore, had little ability to exert pressure to require regular reporting from its ex-employees or other personnel at the peripheral level. At the present time, therefore, the DHFN largely receives requisitions for contraceptives which may or may not reflect actual need.

Four approaches to this problem have been identified, which could contribute to resolving the discrepancy between commodity distribution and contraceptive prevalence, as well as help explain the relatively low fertility rate in the presence of low prevalence. These approaches are:

- A. Include data on quantities of contraceptives dispensed to clients in the new Health Information System (Systeme d'Information Sanitaire).
- B. Once regional and district family planning officers, who will be paid by the new Family Planning Outreach Project, are in place, revive the Monthly Supply and Usage Report for contraceptives.
- C. As per earlier recommendations, employ for a 2-month period each year an auditor (expert-comptable) or similar person, to be known as a contraceptive inventory evaluator, to assist DHFN stock controllers in organizing annual physical inventories and verification of quantities distributed at regional, district, and (possibly on a sample basis) clinic level storage facilities.
- D. Carry out a contraceptive survey as described in the previous section of this report.

In preliminary discussions with DHFN staff, it was decided that action C could be implemented almost immediately, the planning for action D could start soon, while the implementation of the first two approaches should await future technical assistance visits by CDC consultants.

A proposed action plan is:

- April 1987-CDC consultant visit for contraceptive survey (Questionnaire pretest, second stage sampling, finalize budget).
- April 1987-CDC/JSI consultant visit for recordkeeping, service statistics and logistics.
- June 1987-CDC consultant visit for survey (training, start of fieldwork, and installation of data entry programs).
- July 1987-CDC consultant visit for survey (check fieldwork and data entry progress).
- September 1987-CDC/JSI consultant followup visit for logistics, including short training sessions in logistics management.


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3. To investigate barriers to family planning. Which factors over which programs have control might be important in limiting acceptance and continuation of contraception? To achieve this objective, the survey will collect information on problems, both perceived and actual, with obtaining supplies, access to services, the quality of services, and the methods themselves.
4. To examine male roles in family planning decisionmaking and male attitudes about family planning. Relatively little is known about the role men play in Haiti regarding contraceptive use. It is important to know to what extent and in what ways males represent barriers to family planning use and how program activities might be modified to take male roles and attitudes into account.
5. To get baseline data on contraceptive prevalence, method mix, sources of contraception, fertility, and levels of unplanned pregnancy as USAID begins funding private sector family planning programs and implements its new population project. The survey will also demonstrate whether any major changes in these areas have occurred since 1983 and define target groups for family planning activities.
6. To measure continuation rates for oral contraceptives. It is suspected that continuation rates are extremely low, but this has never been documented at more than a local level.

II. ADMINISTRATIVE STRUCTURE

The Haiti Contraceptive Use Survey is to be conducted under the auspices of the Division d'Hygiene Familiale et Nutrition (DHFN) and the Institut Haitien de L'Enfance (CHI) using funding provided by USAID/Haiti. Technical assistance will be provided for all phases of the survey by the Division of Reproductive Health (DRH) of the U.S. Centers for Disease Control (CDC).

The DHFN will be responsible for all survey activities from planning through data collection. The data management activities, including coding, data entry, editing and preparation of data diskettes will be the responsibility of the CHI. Funding for all survey expenses, except data management and CDC technical assistance, will be given by USAID/Haiti to the DHFN, which will be in charge of disbursement of those funds. Funding for data management activities will come directly from the CHI budget for family planning evaluation activities. All costs incurred by CDC, for instance, travel, salaries, and per diem for its consultants, will be paid through a reimbursable agreement between CDC/DRH and USAID/Washington.

Once a survey director is selected, assuming he is not already an employee of DHFN, he will be made a temporary employee of that organization. This arrangement will be made for administrative reasons, and the director will have considerable autonomy. The director will devote a relatively small proportion of his time to the survey until the survey pretest, from which time he will devote most of his time to the survey until data collection is completed.

APPENDIX B

HAITI CONTRACEPTIVE USE SURVEYS-DRAFT PROTOCOL

I. INTRODUCTION AND OBJECTIVES

Despite the fact that Haiti conducted a Fertility Survey in 1977 and a Contraceptive Prevalence Survey in 1983, there are enough unanswered questions concerning certain aspects of family planning in Haiti to warrant the execution of another nationwide survey. The 1977 survey, part of the World Fertility Survey project, found contraceptive prevalence to be about 14 percent among women in union of reproductive age (about 5 percent were using modern methods). At the time it appeared that contraceptive use would continue to increase and eventually bring Haiti's fertility down to a level comparable to that existing in most other Caribbean nations. However, the 1983 survey revealed a decline in contraceptive use, down to 7 percent overall and 4 percent for modern methods. This downturn in contraceptive use and the lack of any indication of a fall in fertility has naturally led to real concern among family planning providers and funders, who are looking for ways of improving the situation in Haiti, where continued rapid population growth is viewed as highly detrimental. Such concern, along with some specific questions which remain unanswered, led to the recommendation that a survey on certain aspects of contraceptive use be performed.

Besides the general objectives of improving family planning program performance, examining the family planning needs of the population, and learning more precisely the national family planning and fertility situation, The survey was proposed with several quite specific objectives in mind. These objectives are as follows:

1. To explain the large discrepancy between the number of contraceptives, particularly condoms, reportedly distributed, and the estimated number used according to surveys and service statistics. The amount distributed far exceeds all estimates of use based on existing data. Some possible explanations for the disagreement are that methods are reaching individuals but are not being used, more contraception is being practiced than statistics indicate, and not as many contraceptives are being distributed to individuals as the statistics purport.
2. To resolve the question of why the fertility level is lower than would be expected, given the very low estimates of contraceptive prevalence. The 1983 CPS showed only about 7 percent of women in union using any type of contraception (with only 3-4 percent using modern methods), while the crude birth rate is estimated to be about 36 births per 1,000 population and total fertility about 5.5 births per women. These fertility figures would generally be in line with prevalence at least 2-3 times higher than that reported for Haiti. By examining the proximate determinants of fertility (both modern and traditional contraception, breast-feeding and amenorrhea, patterns of union and cohabitation, and abortion), we can likely explain the apparent inconsistency.

Working under the survey director will be a person whose responsibility will be to oversee the survey finances. He will be charged with disbursing funds for purchases, salaries, and other expenses and managing the survey budget.

Two fieldwork coordinators will work directly under the survey director. These individuals will be involved in training activities, but their most important function will be to oversee the activities of the interview teams during the fieldwork phase and to serve as intermediaries between those teams, those directing the survey activities, and the DHFN.

Those involved in data processing activities will be hired by the CHI and will be paid with CHI funds originally provided by USAID. The group will consist of a programmer who will serve as data manager and three to four clerical workers who will code, enter, and edit data. The data entry and editing will be performed using software developed at CDC which allows concurrent entry and editing.

Both the DHFN and CHI will have important roles in the survey beyond those described above. Draft questionnaires will be written by CDC/DRH consultants and submitted to the director and other staff of DHFN, as well as the director of CHI, in order that these organizations have a role in deciding the specific content of the questionnaire. Also, since these organizations will be the primary users of the survey results, they will work with CDC/DRH consultants on the analysis plan and the actual analysis.

Upon completion of data analysis, a survey report will be prepared jointly. Following the report preparation, a seminar will be held in Haiti to disseminate its findings.

III. DESIGN

The surveys are to be population-based and nationwide and are to be conducted at respondents' homes. Both the male and female surveys will include respondents of all union statuses between the ages of 15 and 44. Samples are intended to be nationally representative for both men and women.

The proposed sampling strategy utilizes a two-stage cluster design to select respondents for the survey. The first stage will consist of selecting a number (yet to be determined) of census enumeration sections (SER). These sections will be selected with probability proportional to their population according to the 1982 Census, the most recent sampling frame available. This step will be carried out using population figures obtained by the Child Health Institute (CHI) from the Haitian National Institute of Statistics.

The second stage of sampling will consist of the selection of clusters of households (of sizes to be determined) in each of the chosen enumeration sections. Every selected SER would contain a cluster of households in which females of childbearing age would be interviewed. Approximately two-thirds of the SER's would also have a second nonoverlapping cluster of households in which males would be selected for interview. Within selected households, interviewers will attempt to talk to all females (or males) between the ages of 15 and 44, regardless of marital status.

IV. CONTENTS

A. Female Survey

The female survey is to consist of two instruments--a short household questionnaire and a much longer respondent or individual questionnaire. A household form will be filled out for every residence visited. This form will include information on the household's location, a listing of all women 15-44 years old, and a small amount of information on each woman listed.

The respondent questionnaire will be administered to all women listed on the household form who agree to be interviewed. This form will cover nine broad topics as follows:

1. Socioeconomic and demographic characteristics, including age, religion, and socioeconomic status indicators.
2. Pregnancy and childbearing, including information on the number of live births and living children, date of last birth, breast-feeding, postpartum amenorrhea, desired fertility, and the incidence of unplanned pregnancies.
3. Contraceptive knowledge and use, including knowledge and past and current use of all family planning methods, desire to use, and source of methods used.
4. Condom utilization, including information on numbers of condoms used, obtained, and on hand and attitudes about condoms.
5. Continuation rates for oral contraceptives.
6. Barriers to family planning use, including information on reasons for not using or for having stopped using contraception, accessibility of family planning services, satisfaction with services used or available, and other factors which may be hindering acceptance or continuation of methods.
7. Induced abortion, including data on whether each respondent has ever undergone an induced abortion and, if so, when she last did so.
8. Sexual unions, including current status and a history of marriage, cohabitation, and separation from partners for long periods of time.
9. Family planning services available in the area in which the respondent lives. This section would not be completed by the respondent, but rather by those who are able to provide information on the types of program and delivery systems available in particular locales.

B. Male Survey

The male survey likewise, is to consist of two parts--a household form and a respondent form. The household form will be virtually identical to that used for females, except that a listing of males 15-44 years-old will be obtained.

The male respondent questionnaire will cover five broad topics, as follows:

1. Socioeconomic and demographic variables (see #1 under female survey).
2. Contraceptive knowledge and use, including somewhat less information than the corresponding section of the female survey, concentrating mainly on knowledge and use of each method of family planning.
3. Condom utilization, including somewhat more detailed information than in the corresponding section of the female survey;
4. Family planning and fertility attitudes, including information on each respondent's thoughts regarding family planning and decisionmaking roles in regard to childbearing and the use of contraception.
5. Sexual unions (See #8 under female survey).

V. TRAINING AND FIELDWORK

Training of interviewers and interview team supervisors will take place for a 1- to 2-week period immediately preceding the start of fieldwork. Training will be conducted by the survey director, CDC consultants, and DHFN personnel connected with the survey. Training will consist of teaching prospective interviewers the principles of successful interviewing and field procedures, as well as ensuring that they are completely conversant with the questionnaire contents and procedures for asking questions and filling out questionnaires. Each interviewer will carry out several practice interviews before the start of actual fieldwork. In addition, those selected as interview team supervisors must be well versed in selection of households, team logistics, editing questionnaires, and keeping track of forms.

For the female survey, four teams of female interviewers will be employed, each consisting of a team supervisor and three interviewers. Several more women will be trained than are to be used for interviewing in order to provide backup in case any interviewers leave the survey and in the case that some trainees prove unqualified as interviewers.

Interviewers will be recruited and hired by the survey director and the DHFN. As many as possible of the recruits will have previous interview experience, and all should have completed high school. Interview teams will each consist of three interviewers, a team supervisor, and a driver. Tentatively, there will be four teams of female interviewers and two teams of male interviewers. Women are to be interviewed by women and men by men. It is estimated that fieldwork will require about 10 weeks to complete. Because of the distances involved and the difficulties of getting from place to place in much of Haiti, it will be necessary for interview teams to spend a large number of nights in the field.

VI. DATA PROCESSING

The Child Health Institute (CHI) will be responsible for financing and overseeing the data processing aspects of the survey. Coding and data processing activities will take place at the CHI, using computers provided by

the CHI and possibly the DHFN. A survey data manager will be hired who will supervise coding, data entry, and data editing. He/she will also have the important responsibility of keeping track of the flow of questionnaires at the data processing location. Three people will be hired to carry out coding and data entry/editing. In addition, a computer programmer working for CHI will be available to assist with any programming or software-related problems encountered.

Questionnaires will be self-coding for the most part. However, there are likely to be several open-ended questions which will require coding.

Data entry and editing will be done concurrently using software developed at the Centers for Disease Control (CDC) and modified for use in the Haitian surveys. This software performs checks on the ranges of all variables and the "skip patterns" of the questionnaires. The data entry staff, thus, has the added responsibility of correcting errors in questionnaires or passing questionnaire problems on to the data manager (who will be trained with the interviewers to insure familiarity with the data collection instruments), who will decide on the appropriate actions. A computer programmer from CDC will come to Haiti at about the time that data collection begins for the purpose of familiarizing the CHI staff with the software, installing the software, and testing and debugging the programs.

Data entry will begin shortly after the start of data collection. It will continue at least several weeks beyond the completion of fieldwork, the exact duration being dependent on the speed of the data processing staff, the number of errors in the questionnaires, and the availability of computers. At some point late in the fieldwork, CDC consultants will come to Haiti to review fieldwork progress, as well as the progress and quality of data processing activities.

When all data have been entered and cleaned, data diskettes will be forwarded to the Centers for Disease Control where a final check on the completeness of data editing will be made. Copies of the diskettes will also be kept at the CHI and DHFN for the purposes of data analysis.

VII. DATA ANALYSIS

Analysis of data will be carried out jointly by staff members of CDC, DHFN, and CHI. CHI will perform the analysis of the data on which it is most interested, primarily a comparison of various aspects of family planning use according to the type of family planning service and delivery systems available to them, and establishing baseline family planning data for women living in areas with access to private sector family planning programs. Likewise, DHFN may carry out any analysis which is relevant to its activities and which it feels capable of performing. All other analyses, particularly contraceptive prevalence and needs, as well as demographic analyses, will be done at CDC. There is a possibility that staff from DHFN and/or CHI would find it useful to travel to CDC in order to work jointly on the data analysis.

As with data analysis, report-writing will be a joint effort between CDC, DHFN, and CHI. CDC will take the responsibility for coordinating the report and compiling the sections written by those involved. Before finalization,

the report will be reviewed by all three agencies. The report will be issued in both French and English.

The proposed survey calendar and survey budget are shown in Attachments I and II, respectively.

ATTACHMENT I
HAITI
Proposed Survey Calendar

12/86	CDC consultants' visit Prepare survey protocol Design survey administrative structure
1/87-3/87	First stage sampling Finalize budget Design draft questionnaires and submit to DHFN, CHI and USAID/Haiti Hire survey director
4/87	CDC consultants' visit Pretest questionnaire Obtain maps and sampling information
4/87-5/87	Finalize questionnaires Second-stage sampling Recruit interviewers Begin arranging survey logistics
5/87	Print questionnaires
6/87	CDC consultants' visit Finalize survey logistics Training and selection of interviewers
6/87-8/87	Fieldwork
6/87-9/87	Coding, data entry/data editing
8/87	CDC consultants' visit
10/87	Final data tape ready
10/87-12/87	Data analysis
1/88-3/88	Report-writing
4/88	Survey seminar Final report issued

ATTACHMENT II
Haiti
Proposed Survey Budget

<u>Salaries</u>		
Director(Rival)	\$1,000/month x 5 months	\$5,000
Director(Celestin)	\$1,000/month x 2 months	\$2,000
Accountant	\$700/month x 5 months	\$3,500
Fieldwork		
coordinators	\$600/month x 2 1/2 months x 2	\$3,000
Supervisors	\$500/month x 2 1/2 months x 6	\$8,100
Interviewers	\$400/month x 2 1/2 months x 18	\$21,600
Drivers	\$250/month x 2 1/2 months x 5	\$3,000
		<u>\$41,500</u>
Data coordinator	\$800/month x 4 months	\$3,200
Coders/keypunchers	\$250/month x 4 months x 3	\$3,000
		<u>\$6,200 (CHI)</u>
<u>Per diem</u>		
Director(s)	\$35/day x 50 days	\$1,750
Fieldwork		
coordinators	\$600/month x 2 1/2 months x 2	\$3,600
Supervisors	\$400/month x 2 1/2 months x 6	\$7,200
Interviewers		
(interior)	\$400/month x 2 1/2 months x 15	\$18,000
Interviewers (PAP)	\$100/month x 2 1/2 months x 3	\$900
Drivers	\$400/month x 2 1/2 months x 5	\$6,000
		<u>\$31,500</u>
<u>Transport</u>		
Repair DHFN vehicles	\$1500 x 3	\$4,500
Rent 2 vehicles	\$1500/month x 3 months x 2	\$9,000
Fuel	\$2/gal x 8 gal/day x 60 days x 5	\$4,800
Other maintenance and lubrication	\$500 x 3	\$1,500
		<u>\$19,800</u>
<u>Other</u>		
Printing		
questionnaires	\$.05/page x 101,000 pages	\$5,050
Office supplies (DHFN)		\$100
Interviewer supplies		\$1,000
Other supplies (maps, postage, shipping, guides, etc.)		\$1,000
Pretest (per diem, other costs)		\$1,000
Survey seminar		\$2,000
Printing final report		\$2,000
		<u>\$12,150</u>
Office supplies (CHI--diskettes, etc.)		\$500
TOTAL (DHFN)		\$105,600
(CHI)		\$6,700
GRAND TOTAL		<u>\$112,300</u>