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TRIP REPORT:

EVALUATION OF THE FAMILY PLANNING BOOKLETS USED BY THE MEXICAN FEDERATION OF PRIVATE FAMILY PLANNING ASSOCIATIONS, JUAREZ, MEXICO

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August 12-22, 1985

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TABLE OF CONTENTS

Executive Summary i

Abbreviations iii

Introduction 1

Design of the Final Evaluation Survey 1

Development of the Questionnaire and Protocols for the Evaluation of the Distribution, Use and Impact of FEMAP Print Materials for Oral Pills and IUD's . 2

Research Design for the Evaluation 5
Guadalajara
Juarez

Estimated Budget for the Evaluation 11

Conclusion and Recommendations 13

APPENDICES

A. List of Contacts
B. Questionnaire for Clients/Users (in Spanish)
C. Questionnaire for Community Promotors (in Spanish)
D. Interview Protocol for the Central Administrator for Booklet Disribution
E. Distribucion National de Folleteria, FEMAP (Spanish)
F. Example of FEMAP's Booklet Shipping Records (Spanish)
G. Interview Protocol for the Sponsoring Organization's Director
H. Interview Protocol for the Local Agency Director, Supervisor, and Social Worker
I. Interview Protocol for the Local Community Coordinators
J. Instructions for Pretesting Procedures and Questionnaires
K. Proposed Budget for the Study

EXECUTIVE SUMMARY

D. Lawrence Kincaid, consultant for the Johns Hopkins University/Population Communication Services (from the Department of Communication, State University of New York at Albany) visited Juarez, Mexico, from August 12-22, 1985. The purpose of the trip was to provide technical assistance for the evaluation of the FEMAP-JHU/PCS project (LA-MEX-01), with special emphasis on the impact the print materials.

By the time of the visit the final plans for the project's evaluation had already been completed and accepted by the JHU/PCS regional program coordinator, Patrick Coleman, so no changes were recommended by the consultant. The final evaluation placed emphasis on the radio component of the project. The special study of the impact of the booklets was considered as a necessary supplement to this final evaluation.

The previously prepared questionnaire for the evaluation was found to be appropriate overall for Mexico. However, several minor modifications and rewording were necessary as it was translated into Spanish. The most significant change was a consequence of the shift from an evaluation of the use of the booklets in a clinic-based program (like the one in Nigeria) to the community-based distribution program of Mexico.

Two sites were selected for the evaluation: Guadalajara, the newest addition to FEMAP, and Juarez City itself where the program was initiated. These two sites minimized the

travel costs to conduct the study and provided a useful contrast for the evaluation. As a new program, Guadalajara provided the opportunity to use a standard, controlled field experiment by simply randomly dividing the next twenty community volunteers (promotoras) to be recruited into experimental and control groups. The former would be trained to use the booklets, the latter without the booklets. Then each set of volunteers would be observed during home visits to see how they work, followed by interviews with the clients and promotoras. Then the situation would be reversed: the control promotoras would be retrained with the booklets, those in the experimental group would be asked to suspend using the booklets, and then both would be observed working once again. This type of design enables FEMAP to assess both the impact of the introduction of the booklets in the program as well as their withdrawal.

The program in Juarez offered the opportunity to assess the differential impact of the booklets on existing promotoras who have been considered highly successful as opposed to those who have not. The design called for the observation and interviews with both types of promotoras and their clients during home visits in which the booklets were used as usual. Then both types of promotoras would be asked to continue working, but without the use of the booklets. The impact of the suspension of the booklets would then be assessed on each type of promotora. We would expect a drop-off in performance of both types of promotora, but a much

greater decline by the weaker promotoras. Such an outcome would support the notion that the booklets contribute to the standardization of performance of voluntary community workers, and have a positive overall impact on home visits. An additional set of home interviews were planned with some of the previously contacted, current users of each promotora to determine the extent to which the recall of family planning knowledge had declined since the initial home visit, and to assess the extent to which the booklets are actually used in the home and shared with neighbors.

The total budget for such an evaluation was estimated to be US $ 12,164 plus an additional ten percent overhead. Of this total, FEMAP would provide the funds or in-kind services for US $ 6,350, and JHU/PCS would be asked to provide the remaining $ 5,814 and $ 1,216 in overhead.

It was recommended that FEMAP implement the study and request the additional funds from JHU/PCS. It was also suggested that FEMAP request an extension of their project until the end of January, 1986, in order to have sufficient time to finish the extra evaluation. The consultant encountered a very positive response by FEMAP for such an evaluation and is confident in their ability to conduct the study as planned.

LIST OF ABBREVIATIONS

FEMAP	Federacion Mexicana de Associaciones Privadas de Planificacion Familiar (The Mexican Federation of Private Family Planning Associations)
CMI/PF	Centros Maternos Infantil y de Planificacion Familiar (Maternal/Infant Health Care and Family Planning Centers
JHU/PCS	The Johns Hopkins University/Population Communications Services

Introduction

D. Lawrence Kincaid, consultant for the Johns Hopkins University/Population Communication Services (JHU/PCS) visited Juarez, Mexico, from August 12-22, 1985. The purpose of the trip was to: (1) provide technical assistance on the design of the FEMAP-JHU/PCS project (LA-MEX-01) final evaluation survey, (2) review and adapt a survey questionnaire to be used with health administrators, health workers, and clients which will evaluate the distribution, use, and impact of the FEMAP print materials on oral contraceptives and IUD's (including training), (3) develop a strategy with FEMAP staff for the implementation of the evaluation including pretesting, (4) select appropriate locations for evaluation, and (5) develop a budget for the evaluation.

Design of the Final Evaluation Survey

The plans and design of the evaluation survey for FEMAP and JHU/PCS's communication project were discussed with Cesar Saldivar, Director of Communications. Plans for the evaluation had already been finalized by the time of the visit and accepted by Patrick Coleman, JHU/PCS's Regional Program Coordinator for the project, so no changes were recommended by the consultant. The main component missing from the evaluation design was the specific evaluation of the impact of the print materials developed for the project. The planned evaluation survey of the general population focuses upon the impact of the radio component. The

additional evaluation of the print materials, which was the main purpose of the current technical assistance mission, was considered by FEMAP to be a valuable contribution to the overall evaluation of their communication project and quite complementary to the previously planned survey.

Development of the Questionnaires and Protocols for the Evaluation of the Distribution, Use, and Impact of FEMAP Print Materials for Oral Pills and IUD's

The evaluation of the impact of print materials in Mexico is part of an international comparison of similar materials in several countries. Prototype questionnaires for Nigerian clinic nurses and clients had already been developed by the consultant prior to the visit. The main problem for their adaptation in Mexico was the shift from a clinic based program for non-readers in Nigeria to the community based distribution program for readers in Mexico.

An analysis of the content of the brochures developed in Mexico revealed a close similarity in terms of content to the booklets developed for non-readers in Nigeria. With rewording, the majority of the questions dealing with the knowledge of oral pills and IUD's in the prototype Nigerian questionnaires could be used in Mexico. The other major changes had to do with the shift from clinic nurses to community volunteer promoters in Mexico. Other changes reflected local cultural conditions in Mexico regarding what kind of questions would make sense and be answered properly

in Mexico. These issues were resolved in consultation with FEMAP personnel experienced with community surveys (Cesar Saldivar and Rebecca Ramos, Director of Research). And finally, because the design for the evaluation involved home visits by the community promotors to be studied, an observational checklist was added to the questionnaire for the interviewer's use during her observation of the promoter's use of the print materials during the visit.

During the process of the questionnaires' adaptation all questions had to be reworded in appropriate Spanish translations. The preliminary draft of the client or user questionnaire may be found in Appendix B. It consists of several distinct sections (1) Interviewer's introduction, (2) basic background information about the respondent (Q# 1-6.2), (3) behavior regarding the use of the oral pills (Q# 7-11) or the IUD (Q# 12-14), (4) knowledge of the oral pill (Q# 15-22) or IUD (Q# 25-30) whichever corresponds to the print material used during the home visit, (5) rumors and attitudes towards the contraceptives (Q# 23-24 and 31-33), (6) the client's perception of the promoter (Q# 34-37), (7) experience with the booklet during the interview (Q# 38-41), and (8) an observational checklist for the interviewer who observes the home visit which records how the booklet is actually used, the number of questions the client askes, and the total time spent explaining the contraceptive method with or without the booklet.

The questionnaire developed for the promotor may be found in Appendix C. It parallels the one for the client. It has the same questions covering the knowledge of the pill and IUD, but includes a special section covering how she uses the booklets in her work including problems with its distribution.

Several interview protocols were also developed to assess the perceived impact of the booklets on the sponsoring organization, the distribution of the booklets from the central office to local offices and the field, and the use of the booklets for training purposes. These protocols may be found in Appendices D,G,H, and I. Some of these protocols were pretested on FEMAP personnel during the visit. An inventory list and distribution statement used by FEMAP were elicited during the use of Distribution Protocol (Appendix D): a national booklet distribution list (see Appendix E) and an example of their shipping statement for the booklets (see Appendix F). Much of the communication for the booklet distribution at FEMAP is handled by long-distance telephone, a means that may not be possible in many other countries in the study.

Research Design for the Evaluation

The booklets have been in full use for some time in Mexico, which makes it difficult to organize a field experiment with controls to assess their impact. As a national federation, however, FEMAP is continuously organizing new local branches. Thus, the situation allowed for two different variations on the standard field experiment design: (1) a straightforward experiment in which the family booklets and training are introduced to half of the available promotoras and the remaining half are used as a control group (with random assignment), and (2) the inverse of the standard experimental design in which the use of the family planning booklets (already in widespread use) is suspended with one group of promotoras while another group is allowed to continue as usual as a control (with random assignment).

Guadalajara

The best site in the Mexican program for the first type of experiment was the program recently implemented in Guadalajara. They have only reached the level of 20 promotoras and about 130 contraceptive users. At the time of the visit they were expecting to recruit about five new promotoras each month as the program expands. However, for the purpose of conducting this study, this schedule could be changed. The experiment requires the training and observation of the next twenty promotoras to be recruited. Plans were made to recruit all twenty new promotoras during the month of September. Although training and observation

will take place in a sequential manner as usual, all of the names will be obtained in advance, along with information about their ages and educational backgrounds. Ten of the twenty new promotoras will be randomly assigned to the experimental group and the remaining ten to the control group. The former will be trained as usual with the use of the family planning booklets, the latter will be trained without the booklets. Each promotora will begin their community home visits.

After a break-in period to accustom them to their new job, the study will begin. Interviewers will accompany the promotoras on previously arranged home visits to two potential IUD users and 2 potential oral pill users. After observing how the visit is conducted, she will conduct interviews with both the clients and the promotora. After this first stage of the experiment, the conditions will be reversed. The promotoras working without the booklets will be trained to use them, and those working with them will be asked to stop using the booklets as if they were no longer available. The cycle of four home visits and interviews is then repeated.

The experimental design is diagramed as follows:

Random Assignment	T_1 With Booklets	T_2 Booklets Suspended
Booklet Group:	$N = 10 \times \begin{bmatrix} 2 \text{ IUD} \\ 2 \text{ Pill} \end{bmatrix} = 40$	$N = 10 \times \begin{bmatrix} 2 \text{ IUD} \\ 2 \text{ Pill} \end{bmatrix} = 40$
	T_1 Without Booklets	T_2 Retrained with Booklets
Non-Booklet Group:	$N = 10 \times \begin{bmatrix} 2 \text{ IUD} \\ 2 \text{ Pill} \end{bmatrix} = 40$	$N = 10 \times \begin{bmatrix} 2 \text{ IUD} \\ 2 \text{ Pill} \end{bmatrix} = 40$
TOTALS:	20 Promotoras 80 Visits	80 Visits

Such a design will yield interviews with 160 clients and twenty promotoras under four different experimental conditions. During the first phase, T_1, the experiment conforms to the standard field experiment with booklets used in the experimental condition and not used in the control condition. The main hypothesis is that use of the booklets will result in higher knowledge scores and more positive attitudes on the part of the clients, and greater amount of time and attention by the promotora when she explains the methods in each home. During the second phase of the experiment, T_2, the experimental conditions are reversed. Promotoras without booklets are now trained by their coordinators to use the booklets; those who used the booklets initially are asked to continue their home visits without them as if they were no longer available.

How worthwhile is it to learn the effects of suspending use of the booklets? By far the most common

concern of program evaluators is to measure the impact of new programs, procedures, or technology. Such evaluation is often built into the original grant used to fund the new program. But an equally important question which administrators (as well as funding sources) often must face is: What are the effects of suspending a new program when the original funding expires or is interrupted? The inverse experiment designed for Guadalajara is designed to answer both types of questions, while at the same time ensure that all of the personnel in the program eventually receive the same benefits/training of the new program. The promotoras who are already using the booklets in other locations in Mexico have already provided their own subjective answer to this question: they say that they will feel "abandoned" by FEMAP if the booklets are no longer available.

Juarez

The voluntary, community based distribution program was originally initiated in Juarez City, and it was the first program to make use of the booklets. The program is subdivided into four distinct programs: (1)an urban program with fourteen coordinators, 450 promotoras, and approximately 29,000 current users, (2) a specialized urban program for institutions (e.g., prison) with 53 promotoras and over 2,000 current users, (3) a rural program with seven coordinators, 150 promotors, and 8,000 current users, and (4) a special social marketing program with 30 promotoras and 2,000 current users. Juarez was selected as the second

site for the study because of its maturity as a program, its extensive experience with the booklets as well as before the booklets became available, and because FEMAP itself is located there.

The large number of trained promotoras creates an opportunity which Guadalajara does not offer. Knowledge of the promotoras' performance makes it possible to categorize them into strong, weak, and moderately successful. Sampling promotoras according to this stratification makes it possible to determine the relative impact of the booklets according to the quality of the promotora who uses them. We would expect the booklets to improve the performance of the strongest promotoras somewhat, but we would expect their impact to be greatest with the weakest promotoras. Because the booklets have been employed in the Juarez program for so long, however, it is not possible to test this hypothesis directly. Therefore, we have designed the type of inverse experiment described as one of the conditions in the Guadalajara study. A small random sample of promotoras stratified by prior performance will be observed during four home visits each while using the family planning booklets as usual. This will allow us to determine if the more successful promotoras use the booklets differently from the less successful promotoras. Then in the form of the inverse experiment described as one of the conditions in the Guadalajara study, they will all be asked to <u>suspend</u> the use of the booklets for their next four home visits. The

second phase of the study will determine the extent to which performance declines without the booklets, also according to the quality of the promotoras. The level of performance of the promotoras will be determined by their supervisor according to the number of users they have recruited per time period and the supervisor's own subjective judgment. Only the best and poorest performers will be studied, not the moderately successful ones.

The design for Juarez takes the following form:

SAMPLING:

Promotoras by Quality:	Urban	Rural	Random Sample Proportionate to Size: Urban	Rural	Total
High	100	38	7	3	10
Medium	250	74			
Low	100	38	7	3	10
TOTALS:	450	150	14	6	20

DESIGN:

	No.	T_1 With Booklets	T_2 Without Booklets	T_3 Current Users
Strong Prom.	10	10 x [1 IUD, 1 Pill] =20	10 x [1 IUD, 1 Pill] =20	10 x 2 =20
Weak Prom.	10	10 x [1 IUD, 1 Pill] =20	10 x [1 IUD, 1 Pill] =20	10 x 2 =20
TOTALS:	20 Promotoras 120 Clients	40	40	40

As can be seen from the chart, in addition to the 40 new clients interviewed with the booklets and 40 clients interviewed without the booklets, an additional two current

users of each promotora will be interviewed in their homes to measure recall of contraceptive knowledge and use of the booklets in the home and with friends and neighbors.

Procedures for data analysis following this design were discussed with Cesar Saldivar who will direct the study. The tables for displaying the data will take the form of the main criterion variables (e.g., family planning knowledge) by the four or five conditions of each study (e.g., with booklets, without booklets, booklets suspended, booklets added, and current users). The instructions left for pretesting the procedures and questionnaires for the study may be found in Appendix J. The pretesting will all be conducted in Juarez.

Estimated Budget for the Evaluation

The size of the study--the number of sites, promotoras studied, and clients interviewed--was in part limited by the expected amount of resources and funds available. In a sense the design represents the minimum amount of information necessary to evaluate the impact of the booklets on both field workers and potential clients. Without specifying at the beginning the exact amount of additional funds necessary to conduct the study, it was hoped that no more than US $ 5,000 would be required. After the calculation of all of the expected costs, the total sum came to US 12,164. After accounting for the US $ 6,350 which FEMAP already had available for the study--either in kind or cash--the extra

funds necessary to complete the study came to US $ 5,814. At the request of the administrative division of FEMAP, an additional 10 percent overhead was added to the budget, or an additional US $ 1,216. This raised the total to be requested from JHU/PCS to US $ 7,030. At the time the overhead was added to the study, FEMAP was advised that this aspect of the budget would have to be negociated with JHU/PCS in accordance with the original grant for the project. The fact that two distinct sites were selected for the evaluation makes it possible--though not advisable--to reduce the overall cost of the study by simply dropping one of the proposed sites.

The complete budget is shown in Appendix L. It is divided into two columns: one for FEMAP's contribution, the other for additional funds necessary from JHU/PCS. As would be expected the greatest expense is for the salaries of the personnel necessary to carry out the research: $ 7,290, or 54 percent of the total. The $ 2,670 designated as consultant fees amounts to 20 percent of the budget. Travel and transportation accounts for another 15 percent, or $ 2,054. Some of FEMAP's contribution to the budget is in the form of salaries previously budgeted, but not yet allocated to this evaluation. The main costs which FEMAP could not cover under existing funding are for the consultants for outside data analysis (which includes the use of an IBM mainframe computer), travel and transportation costs, and the costs for the eight interviewers.

Conclusion and Recommendations

The discussions with FEMAP regarding the use and distribution of the JHU/PCS family planning booklets produced experimental designs to measure their impact in two quite distinct local programs: Guadalajara, one of the newest private family planning programs, and Juarez, one of the oldest programs. The first site allows for an experimental test of the introduction of booklets with a randomly assigned control group. The second site allows for the evaluation of the impact of the booklets according to the past success or quality of the voluntary promotoras who use the booklets. The impact of the booklets on the work of some of the strongest and weakest promotoras will be determined by measuring their current effectiveness in the field then suspending their use of the booklets. If the quality of the home visit declines more for the weaker promotoras than the stronger ones, then we will conclude that the booklets are playing an important role in standardizing the performance of the voluntary promotoras. If there is no significant drop in the performance of either type of promotora after the suspension of the booklets, then we will conclude that the most important function of the booklets is for the training of the promotoras and not necessarily the direct education of the family planning users. And finally, the survey of current users in Juarez will tell us the extent to which distributing copies of the

booklets to clients in their homes helps sustain the users level of knowledge at an acceptable level several months after the promotoras' visits, and the extent to which the clients actually use the booklets in the home or with friends and neighbors.

It is recommended that JHU/PCS provide the additional funds necessary to conduct these two studies. The knowledge to be gained from them will be quite valuable relative to the cost required. The consultant is confident that FEMAP has the personnel and time to conduct the study with these resources during the latter months of 1985, and January of 1986 for preparation of the final report. If necessary, it is recommended that the original project period be extended to the end of January to allow for this extra evaluation. Both the President of FEMAP, Guadalupe de De la Vega, and the Executive Director, Dr. Ernesto Barraza, expressed a strong interest in conducting a special evaluation of the booklets to determine exactly how much is being gained by the program from their use.

APPENDIX A

List of Contacts

FEMAP
Plutarco E. Calles 744 Norte
Ciudad Juarez, Chihuahua
Mexico
Tel. 011-52-161-665-535

lupe de De la Vega, President

Dr. Ernesto Barraza, Executive Director

Cesar Saldivar, Director of Communications

Dr. Enrique Suarez, Director of Information, Education and Training

Consuelo Soto de Flores, Coordinator of Social Work Programs

Rebecca Ramos, Director of Research

FEDERACION MEXICANA DE ASOCIACIONES PRIVADAS
DE PLANIFICACION FAMILIAR A. C.
CIUDAD JUAREZ
CHIHUAHUA, MEXICO

=

CUESTIONARIO PARA USUARIOS

Nombre del Entrevistado ______________________
Dirección ______________________
Nombre de la Promotora ______________________
Fecha ______________________
Ciudad : 1 Guadalajara ____________ 2 Juárez ____________

Grupo :
1. Con folletería inicialmente.
2. Sin folletería inicialmente.
3. Sin folletería bajo instrucción.
4. Con folletería bajo instrucción
5. Usuario subsecuente.

Número de caso ____________

1.- Introducción del Entrevistador
- Nombre; propósito de la entrevista; establecer confianza con el entrevistado....

1.- Edad del Entrevistado ________
2.- Hasta que año llego en la escuela ______________
3.- ¿Cuántos hijos tiene? Hombres ______ Mujeres ________
4.- ¿Cuántos niños más piensa tener? ________
5.- ¿ Ha usado métodos de Planificación Familiar?
1. Si 2. No 3. No contesto
5.1 ¿Cuál o cuáles métodos ?
1.- Pastilla 4. Locales (ovulos, jaleas etc) 7.-Ritmo
2.- Condón 5. Salpingoclasia 8. Hierbas
3.- Diu 6. Vasectomia 9. Inyección
10. Otros

6.- ¿Esta usando actualmente algún método de Planificación Familiar?

1.- Si 2. No 3. No contestó

6.1 (en caso afirmativo) ¿Cuál?

1. Pastilla
2. Condón
3. Diu
4. Locales (ovulos, jaleas, etc.)
5. Salpingoclasia
6. Vasectomía
7. Ritmo
8. Hierbas
9. Inyección
10. Otros _____

6.2 ¿Por cuánto tiempo ha usado este método?

_____

*** Unicamente para usuarias de pastillas *** (En caso negativo pase a la pregunta # 12)

7. ¿Se le ha olvidado alguna vez tomar la pastilla?

1.Si 2. No 3. No recuerdo

8. (en caso afirmativo) ¿Que hizo usted en esa ocasión?

1. La tomó al día siguiente
2. Cambio de método
3. No supo que hacer
4. Otros (especifique) _____
5. No recuerda

9.- Se ha olvidado de tomar la pastilla por dos o más días seguidos?

1. Si 2.No 3. No recuerda

10.- (en caso afirmativo) ¿Que hizo usted en esa ocasión?

1. Continuó con la pastilla cuando se dió cuenta?
2. Uso otro método para protegerse.
3. Otros(especifique)_____
4. No recuerda

11.- (en caso afirmativo) ¿Cuando sucedió esto, consultó usted con la persona que le habia recomendado la pastilla?

1. Si 2. No 3. No recuerda

*** Unicamente para usuarias de Diu *** (en caso negativo pase a la pregunta # 14)

12.- Cuando fue la última vez que se revisó el Diu, para ver si estaba correctamente en su lugar?

1.- Durante el mes pasado
2.- Hace más de un mes
3.- Nunca lo ha revisado
4.- No recuerda

13.- ¿Reviso usted su Diu después de su última menstruación?

1 Si_____ 2 No_____ 3 No recuerda _____

14.- ¿Cuáles métodos de Planificación Familiar le ha explicado la promotora?

1. Pastilla
2. Condón
3. Diu
4. Locales (ovulos, jaleas, etc.)
5. Salpingoclasia
6. Vasectomía
7. Ritmo
8. Hierbas
9. Inyección
10. Otros _____

*** Si no menciona la pastilla, pase a la pregunta # 25 ***

*** Si tiene información sobre pastilla:***

15.- ¿Cuándo debe empezar la mujer a tomar la pastilla:

1. Al quinto día de la regla
2. Otros (especifique) _____
3. No sabe/ no recuerda

16.- Después del parto, si no está dando pecho, cuando debe empezar a tomar la pastilla?

1. A los 30 días después del parto.
2. Otros (especifique) _____
3. No sabe/no recuerda

17.- Cada cuando debe tomarse la pastilla

1. Diariamente
2. Otros (especifique) _____
3. No sabe/no recuerda

18.- Sabe usted cuantas pastillas tiene un ciclo?

1. 28 pastillas (21 y 7)
2. Otros (especifique) _____
3. No sabe/ no recuerda

19.- Que cambios puede notar una mujer que toma las pastillas?

1. Nauseas, mareos, dolores de cabeza, sangrados.
2. Otros (especifique) _____
3. No sabe/no recuerda

19.1 (en caso afirmativo) ¿Son normales estas molestias, mientras se acostumbra la mujer a la pastilla?

1. Si 2. No 3 No sabe

19.2 ¿Que debe hacer una mujer que continua con estas molestias después de 3 meses de tomar la pastilla?

1. Consultar médico
2.- Consultar promotora
3.- Otros (especifique) _____
4.- No sabe

20.- ¿Que debe hacer una mujer que olvida tomar la pastilla un día?
1. Se debe tomar la pastilla al día siguiente
2. Otros (especifique) _____
3. No sabe/no recuerda

21.- ¿Qué debe hacer una mujer si olvida tomar la pastilla por dos o más días seguidos?
1. Protegerse con otro método por ese mes
2. Otros (especifique) _____
3. No sabe

22.- ¿Qué mujeres no deben tomar la pastilla?
1. Mujeres con : presión alta, varices, diabetes, derrames, coagulos, embolia, epilepsia, asma, enfermedades del higado — y/o fumadoras.
2. Otros (especifique) _____
3. No sabe

23.- Algunas personas dicen que las pastillas causan cancer; ¿usted-cree que esto es cierto?
1. Si 2. No 3. No sabe

24.- Algunas personas dicen que si la muejr usa la pastilla por mu - cho tiempo no se puede volver a embarazar al dejar de tomarlas; ¿Cree usted que esto es cierto?
1. Si 2. No 3. No sabe

¿Recomendaria usted la pastilla para una mujer que no desea — embarazarse ?
1. Si 2. No 3. No sabe ¿por que? _____

*** Si tiene información sobre el Diu: ***

25.- En que parte del cuerpo se coloca el Díu?
1. Dentro del utero, en la matriz
2. Otros (especifique)
3. No sabe

26.- En que días se debe colocar el Diu la mujer?
1. Durante la menstruación
2. Otros (especifique)
3. No sabe

27.- ¿Para que sirven los hilos del Diu?
1. Para asegurar al usuario de que el Diu está en su lugar.
2. Otros (especifique) _____
3. No sabe

28. Cuando debe revisar la mujer que el Diu no se le ha salido o movido?
1. Cada mes , después de cada menstruación
2. Otros (especifique) _____
3. No sabe

29.- ¿Qué cambios puede notar una mujer que usa el Diu?
1. Manchas pequeñas de sangre, aumento de sangrado en la regla, cólico, dolor de cintura.
2. Otros (especifique)
3. No sabe

30.- ¿Que pasa si una mujer que usa el Diu se embaraza?
1. Debe ver al médico para que le extraiga el Diu, si no lo hace; el Diu será arrojado durante el parto.
2. Otros (especifique) _____
3. No sabe

31. ¿puede el hombre sentir el Diu durante el acto sexual?
1. Si 2. No 3. No sabe

32. Algunas personas dicen que si la mujer se embaraza con el Diu, el niño corre peligro, usted cree que esto es cierto?
1. Si 2. No 3. No sabe

33. ¿Recomendaría usted el Diu a una mujer que no desea embarazarse?
1. Si 2. No 3. No sabe

33.1 ¿Por qué _____

_____

A continuación deseamos que nos responda sinceramente las siguientes preguntas:

34. A su juicio ¿Como le explico la promotora la información sobre los métodos de Planificación Familiar?

1. Muy Bien 2. Bien 3. Regular 4. Mal
5. No sabe

35. Cuánto cree usted que la promotora se interesa por su bienestar - como usuaria de Planificación Familiar.
1. Mucho 2. Algo 3. Poco 4. Nada

36. Si un doctor obtiene un 100 por lo que sabe de Planificación Fa - miliar, que calificación le daria usted a su promotora sobre lo que ella sabe de Planificación Familiar?

_____

37.- ¿Recomendaría usted a un familiar o amigo.a que viniera con esta promotora por información y/o servicios de Planificación Familiar?
1. Si 2. No 3. No sabe

37.1 ¿Por qué? (sea especifico y obtenga adjetivos calificativos)

_____

Experiencia del usuario y la folletería de Planificación Familiar.

38. ¿Había visto antes estos folletos? (mostrar juego de folletería)
1. Si 2. No 3. No recuerda

39.- (en caso afirmativo) ¿Cuáles folletos había visto?
1. Diu
2. Pastilla
3. Condón
4. Salpingoclasia
5. Vasectomía
6. Espermaticida
7. Ninguno
8. Todos

40. ¿Quien le mostró esta folletería?
1. La promotora
2. Enfermera, Trabajadora Social
3. Amigo, Familiar
4. Otros (especifique) _____

41. ¿Cuál (es) de los folletos recibió usted?
1. Diu
2. Pastilla
3. Condón
4. Salpingoclasia
5. Vasectomía
6. Espermaticida

(insertar en el cuestionario de usuarios)

37.2 Como cree usted que sean los conocimientos de la promotora en Planificación Familiar?

_____ Excelente

_____ Buena

_____ Regular

_____ Mala

37.3 Para dar confianza usted diria que la promotora es .....

_____ Excelente

_____ Buena

_____ Regular

_____ Mala

7. Ninguno
8. Todos

42. Quien le dió a usted este (estos) folletos?
1. La promotora
2. Enfermera, Trabajadora Social
3. Amigo, Familiar
4. Otros (especifique) _____

43. Cuándo le dieron a usted el (los) folleto (s) le explicaron cada parrafo y dibujo?
1. Todo el contenido
2. Casi todo
3. Algo
4. Casi nada
5. Nada

44. (Si recibió folletería) ¿Todavía guarda el (los) folleto (s) que le entregaron?
1. Si 2. No 3. Lo dió a otra persona
4, No recuerda

45. ¿Cuántas veces ha visto y/o leido el (los) folleto (s)
_____

46. ¿Le mostró el folleto a su pareja?
1. Si 2. No

46.1 (en caso negativo) ¿por qué no? _____
_____

47. ¿Ha mostrado el folleto a alguien más?
1. Si 2. No 3. No recuerda

47.1 (En caso afirmativo) ¿A quien?
1. Familiar
2. Amistad
3. Vecina (o)
4. Otros (especifique) _____

Le ha dicho a alguien donde conseguir información acerca de este (estos) método (s)
1. Si 2. No 3. No recuerdo

¿En general, que piensa usted sobre esta folletería?
_____
_____
_____

Observación de la situación Promotora/Usuario

Uso de Folletería

1. ¿Como usa la promotora el folleto?

_____ A. Explica cada parrafo, página por página.

_____ B. Lee todos los mensajes al usuario.

_____ C. Mientras explica, se apoya en los gráficos del folleto.

_____ D. Facilita que el usuario haga preguntas sobre lo que no entiende

_____ E. Cuando termina su explicación, pide al usuario que explique con sus palabras la información.

_____ F. Deja al usuario uno de los folletos que explicó.

_____ G. Le pide al usuario que guarde y/o cuide el Folleto que le dejo.

_____ H. Le sugiere que muestre el folleto a su pareja.

2. Anote cuantas preguntas hizo el usuario potencial durante la entre-- vista _____

3. Anote la hora exacta desde que la promotora comienza la explicación -- del anticonceptivo con la usuaria. _____

La hora que la termina _____

Total de tiempo en minutos _____

CUESTIONARIO PARA PROMOTORAS

- INTRODUCCION DE EL ENTREVISTADOR -

(NOMBRE, POSICION , OBJETIVO DE LA ENTREVISTA, ETC.)

1. Edad _____ 2. Estado Civil _____

3. ¿Cuánto tiempo tiene de ser promotora de Planificación Familiar?

   Meses _____ Años _____

4. ¿Hasta que año llegó en la escuela ? _____

5. ¿Ha tomado cursos especiales ~~o~~ entrenamientos en Planificación Familiar?

   1. Si _____ 2. No _____

6. (en caso afirmativo) diga cuántos cursos ha tomado y de cuántos días fue cada uno:

   Dias de duración

   1. _____
   2. _____
   3. _____

7. ¿Cuántos hijos tiene?

   Hombres _____ Mujeres _____

8. ¿Cuántos hijos más piensa tener?

   _____

9. ¿Ha usado algún método de Planificación Familiar?

   1. Si _____ 2. No _____ 3. No contesto _____

10. ¿Esta usando algún método para no tener embarazos?

    1. Si _____ 2. No _____ 3. No contesto _____

10.1 (en caso afirmativo) ¿Cuál o cuáles ?

1. Pastilla
2. Condón
3. Diu
4. Locales (ovulos, jaleas, etc.)
5. Salpingoclasia
6. Vasectomía
7. Ritmo
8. Hierbas
9. Inyección
10. Otros _____

CONOCIEMTOS DEL LA PASTILLA Y DIU:

11. ~~15.~~- ¿Cuándo debe empezar la mujer a tomar la pastilla:
   1. Al quinto día de la regla
   2. Otros (especifique) _____
   3. No sabe/ no recuerda

12. ~~16.~~- Después del parto, si no está dando pecho, cuando debe empezar a tomar la pastilla?
   1. A los 30 días después del parto.
   2. Otros (especifique) _____
   3. No sabe/no recuerda

13 ~~17.~~- Cada cuando debe tomarse la pastilla
   1. Diariamente
   2. Otros (especifique) _____
   3. No sabe/no recuerda

14. ~~18.~~- Sabe usted cuantas pastillas tiene un ciclo?
   1. 28 pastillas (21 y 7)
   2. Otros (especifique) _____
   3. No sabe/ no recuerda

15. ~~19.~~- Que cambios puede notar una mujer que toma las pastillas?
   1. Nauseas, mareos, dolores de cabeza, sangrados.
   2. Otros (especifique) _____
   3. No sabe/no recuerda

16 ~~19.1~~ (en caso afirmativo) ¿Son normales estas molestias, mientras se acostumbra la mujer a la pastilla?
   1. Sí 2. No 3 No sabe

17. ~~19.2~~ ¿Que debe hacer una mujer que continua con estas molestias después de 3 meses de tomar la pastilla?

1. Consultar médico
2.- Consultar promotora
3.- Otros (especifique) _____
4.- No sabe

18. ~~20.~~.- ¿Que debe hacer una mujer que olvida tomar la pastilla un día?
1. Se debe tomar la pastilla al día siguiente
2. Otros (especifique) _____
3. No sabe/no recuerda

19. ~~21.~~.- ¿Qué debe hacer una mujer si olvida tomar la pastilla por dos o más días seguidos?
1. Protegerse con otro método por ese mes
2. Otros (especifique) _____
3. No sabe

20. ~~22.~~.- ¿Qué mujeres no deben tomar la pastilla?
1. Mujeres con : presión alta, varices, diabetes, derrames, coagulos, embolia, epilepsia, asma, enfermedades del higado — y/o fumadoras.
2. Otros (especifique) _____
3. No sabe

21. ~~23.~~.- Algunas personas dicen que las pastillas causan cancer; ¿usted-cree que esto es cierto?
1. Si 2. No 3. No sabe

22. ~~24.~~.- Algunas personas dicen que si la muejr usa la pastilla por mu - cho tiempo no se puede volver a embarazar al dejar de tomarlas; ¿Cree usted que esto es cierto?
1. Si 2. No 3. No sabe

¿Recomendaria usted la pastilla para una mujer que no desea — embarazarse ?
1. Si 2. No 3. No sabe ¿por que? _____

*** Si tiene información sobre el Diu: ***

23. ~~25.~~.- En que parte del cuerpo se coloca el Díu?
1. Dentro del utero, en la matriz
2. Otros (especifique)
3. No sabe

24. ~~26~~.- En que días se debe colocar el Diu la mujer?

1. Durante la menstruación
2. Otros (especifique)
3. No sabe

25. ~~27~~.- ¿Para que sirven los hilos del Diu?

1. Para asegurar al usuario de que el Diu está en su lugar.
2. Otros (especifique) _____
3. No sabe

26. ~~28~~. Cuando debe revisar la mujer que el Diu no se le ha salido o movido?

1. Cada mes , después de cada menstruación
2. Otros (especifique) _____
3. No sabe

27. ~~29~~.- ¿Qué cambios puede notar una mujer que usa el Diu?

1. Manchas pequeñas de sangre, aumento de sangrado en la regla, cólico, dolor de cintura.
2. Otros (especifique)
3. No sabe

28. ~~30~~.- ¿Que pasa si una mujer que usa el Diu se embaraza?

1. Debe ver al médico para que le extraiga el Diu, si no lo hace; el Diu será arrojado durante el parto.
2. Otros (especifique) _____
3. No sabe

29. ~~31~~. ¿puede el hombre sentir el Diu durante el acto sexual?

1. Si 2. No 3. No sabe

30. ~~32~~. Algunas personas dicen que si la mujer se embaraza con el Diu, el niño corre peligro, usted cree que esto es cierto?

1. Si 2. No 3. No sabe

31. ~~33~~. ¿Recomendaría usted el Diu a una mujer que no desea embarazarse?

1. Si 2. No 3. No sabe

32. ~~33.1~~ ¿Por qué _____

_____

- Uso de folletería -

33. ~~7.~~ (El entrevistador debe traer algunos folletos a la mano, para mostrar - los)

¿Usa usted los folletos cuando explica los métodos de Planificación Familiar?

1. Si 2. No 3. A veces

- Si la respuesta es negativa, se concluye la entrevista -

- En caso afirmativo, circule cuál o cuáles usa -

2. Pastilla
3. Condón
4. Diu
5. Salpingoclasia
6. Vasectomía
7. Espermaticida

34. ~~2.~~ Explique por favor como usa los folletos con sus usuarios.

- Circule solamente aquellos puntos que ella mencione, no lea la lista -

8.- Explica cada parrafo, página por página.
9.- Lee todos los mensajes al usuario.
10.- Mientras explica, se apoya en los gráficos del folleto
11.- Faciliata que el usuario haga preguntas sobre los que no entiende
12.- Cuando termina su explicación, pide al usuario que explique con sus palabras la información
13.- Deja al usuario uno de los folletos que explico
14.- Le pide al usuario que guarde y/o cuide el folleto que le dejo
15.- Le sugiere que muestre el folleto a su pareja.

35. ~~16.~~ ¿Recibio entrenamiento sobre como usar los folletos, antes de comenzar a usarlos?

1. Si 2. No

36. ~~17.~~ (en caso afirmativo) ¿Quien le dió este entrenamiento?

_____

37. ~~18.~~ Describa como le dieron el entrenamiento (no lea la lista, solo registre la (s) respuesta (s) que mencione)

1. Me dieron folletos para que los leyera
2. Leimos los folletos en voz alta, me explicaron como usarlo
3. Me pidieron que usara el folleto, en dinamicas (de roles, de grupo,- etc.)
4. Me acompañaron a visitar un usuario con la folletería y practicar
5. Otros _____

38. ~~19.~~ ¿Cuántos folletos de cada método le quedan, aproximadamente?

1. Pastilla _____
2. Diu _____
3. Condón _____
4. Vasectomía _____
5. Salpingoclasia _____
6. Espermaticida _____

39. ~~20~~. ¿Se ha quedado alguna vez sin folleteria?

1. Si 2. No 3. No recuerda

40. ~~21~~. ¿Cuánto tiempo ha tenido que esperar para que la resurtan?

_____ dias

41. ~~22~~. ¿Ha tenido algún problema para que le entreguen más folletería cuándo - la ha necesitado?

_____

42. ~~23~~. ¿Describa como la folletería ha impactado su trabajo?

_____

_____

APPENDIX D

Interview Protocol for the Central Administrator for Booklet Distribution

1. Who printed the booklets?

   Where?
   When?

2. After printing were the booklets shipped to the central office, or directly to clinics/branches?

3. Where do you store the booklets after receiving them from the printer?

4. Who prepares them for shipping to the clinics/branches?

   How are they packaged?

5. Who is responsible for maintaining an inventory of the booklets and the records regarding their shipping?

6. Describe the shipping process from the point of view of the central office. (First step, second, etc.)

7. What means is actually used to transport them?

   Directly to the door of each clinic/branch?
   If not, how do the clinics/branches claim them?

8. How is the distribution recorded and monitored? How are you informed of their receipt by the clinics and their condition upon arrival?

9. How is the clinic/branch that receives them notified that they have been shipped? When?

10. How many pieces of each booklet are shipped to each clinic? How often? For what period of expected use? On what basis is the quantity shipped estimated? Who makes the estimate (central office or local branch)?

11. Is the number and type shipped related to your overall communication strategy? Is the number and timing of the shipping tied to a campaign?

12. Are instructions sent to the booklet recipients for their use? For storage? For further distribution? For inventory control? For resupply?

13. In what form does the central office maintain a record of the available booklet inventory? How often is it updated? By whom?

14. What system is used to notify the printer about reprinting? How much in advance of desired resupply? How is the number of copies to be reprinted estimated? For what period of time?

15. How large is the geographical area of the distribution? How large the population served? (i.e., number of clinics, potential users, general population)

16. What are the costs of distribution? Budget estimate? Actual costs?

17. Who pays for the distribution costs? Central offic or local recipients? National or i..ternational sources?

18. What problems have you encountered with the distribution? How did you deal with them?

32

FEMAP

DISTRIBUCION NACIONAL DE FOLLETERIA

I MATERNO INFANTIL Y DE PLANIFICACION FAMILIAR DE CD. JUAREZ, CHIHUAHUA.
(17% Producción de Folletería)

Método	Cantidad
Pastilla	85,000
Salpingoclasia	17,000
Condón	42,500
Diu	20,400
Vasectomía	8,500
Espermaticida	5,610
Total.	179,010

CENTRO DE ORIENTACION FAMILIAR, A. C. DE MATAMOROS, TAMAULIPAS.
(6% Producción de Folletería)

Método	Cantidad
Pastilla	30,000
Salpingoclasia	6,000
Condón	15,000
Diu	7,200
Vasectomía	3,000
Espermaticida	1,980
	63.180

PLANIFICACION FAMILIAR DE TIJUANA, A. C. TIJUANA, B. C.
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000

FEMAP

PROMOTORA DE LA SUPERACION FAMILIAR, A. C.
DE LEON, GTO.
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

DESARROLLO Y PROMOCION DE LA SALUD COMUNITARIA, A. C.
DE SALTILLO, COAH.
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

CENTRO DE DESARROLLO HUMANO, A. C.
DE MEXICO, D. F.
(3% Producción de Folleteria)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000

Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
Total.	31,590

SUPERACION FAMILIAR DE IRAPUATO, A. C.
DE IRAPUATO, GTO.
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

VISION DEMOGRAFICA RESPONSABLE , A. C.
DE CHIHUAHUA, CHIH.
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3.600
Vasectomía	1,500
Espermaticida	990
Total.	31,590

FEMAP

Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

BIENESTAR FAMILIAR DE COATZACOALCOS, A. C.
DE COATZACOALCOS, VERACRUZ
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

CENTRO SOCIO CULTURAL DE NOGALES, A. C.
DE NOGALES, SON.
(3% Producción de Folleteria)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

FEMAP

PROGRAMA DE PLANIFICACION FAMILIAR DE
BAJA CALIFORNIA, A. C.
DE TIJUANA, B. C.
(3% Producción de Folletería)

Método	Cantidad
Pastilla	15,000
Salpingoclasia	3,000
Condón	7,500
Diu	3,600
Vasectomía	1,500
Espermaticida	990
	31,590

COMUNICACION, INTERCAMBIO Y DESARROLLO HUMANO
PARA AMERICA LATINA.
DE CUERNAVACA MOR.
(1% Producción de Folletería)

Método	Cantidad
Pastilla	5,000
Salpingoclasia	1,000
Condón	2,500
Diu	1,200
Vasectomía	500
Espermaticida	330
	10,530

PRO SUPERACION FAMILIAR NEOLONESA, A. C.
DE MONTERREY, N. L.
(13% Producción de Folletería)

Método	Cantidad
Pastilla	65,000
Salpingoclasia	13,000

Condón	32,500
Diu	15,600
Vasectomía	6,500
Espermaticida	4,290
	136,890

II Por iniciar actividades y servicio en este año: (2% a cada afiliado)

1.- ACAPULCO
2.- CUAUHTEMOC
3.- CURUACAN
4.- CULIACAN
5.- DELICIAS
6.- GUADALAJARA
7.- JALAPA
8.- MEXICALI
9.- PARRAL
10.- TORREON
11.- TAPACHULA

Método	Cantidad	Sub-Total de Folletos Entregados a — 11 Programas
Pastilla	10,000	110,000
Salpingoclasia	2,000	22,000
Condón	5,000	55,000
Diu	2,400	26,400
Vasectomía	1,000	11,000
Espermaticida	660	7,260
	21,060	

Nota: Se distribuirá entre los programas de reciente inicio el 22% (231,660 folletos) de la Producción de Folletería * Ver estimado C.

III STOCK PARA FEMAP

(11% Producción de Folletería * ver estimado C.)

Método	Cantidad
Pastilla	55,000
Salpingoclasia	11,000
Condón	27,500

FEMAP

Diu	13,200
Vasectomía	5,500
Espermaticida	3,630
	115,830

Nota: Al stck de FEMAP se deben añadir las siguientes cantidades, para obtener el total de las Producción * Ver estimado D.

Método	Cantidad
Pastilla	50,000
Salpingoclasia	30,000
Condón	50,000
Diu	30,000
Vasectomía	25,000
Espermaticida	12,000

Relación de Folletería del Diu, Preservativo, Espermaticida, Pastilla, Salpingoclasia y Vasectomía. Enviada a los siguientes programas:

Transporte	Fecha	No. de Guia	Responsable
Matamoros			
T. Norte	7-3-85	88871	Hector M. Chavez
T. Norte	19-3-85	89110	Herminia Servin
T. Norte	22-3-85	89168	Herminia Servin
T. Norte	9-3-85	88924	Sra. De La Hoz
Chihuahua			
T. Chihuahuenses	7-3-85	41410	Alicia Valenzuela
T. Chihuahuenses	9-3-85	84190	Alicia Valenzuela
T. Norte	22-3-85	989169	Alicia Valenzuela
T. Chihuahuenses	26-3-85	42449	Alicia Valenzuela
T. Chihuahuenses	1-4-85	57986	Alicia Valenzuela
T. Chihuahuenses	8-4-85	58278	Alicia Valenzuela
León			
T. Chihuahuenses	7-3-85	41409	Alejandra Valadez
T. Chihuahuenses	22-3-85	142185	Alejandra Valadez
T. Chihuahuenses	26-3-85	142448	Alejandra Valadez
T. Chihuahuenses	1-4-85	57988	Alejandra Valadez
Irapuato			
T. Chihuahuenses	7-3-85	41408	Silvia de Horta
T. Chihuahuenses	22-3-85	142184	Silvia de Horta
T. Chihuahuenses	26-3-85	142450	Silvia de Horta
T. Chihuahuenses	1-4-85	57990	Silvia de Horta
Saltillo			
T. M. Saltillo	7-3-85	308083	Idalia Gandarilla
T. Norte	22-3-85	989167	Idalia Gandarilla
T. M. Saltillo	26-3-85	214198	Idalia Gandarilla
T. Norte	1-4-85	46504	Idalia Gandarilla

APPENDIX G

INTERVIEW PROTOCOL FOR THE SPONSORING ORGANIZATION DIRECTOR

1. When did your organization begin its operations?

2. When did the communication component involving the family planning booklets begin? When was the funding received? What was the source of the funding?

3. How long was the period in which the booklets were developed? Dates: _____ to _____

   When did you first receive them from the printer?

4. What do you like best about the booklets? Least?

5. What do you think have been the main effects of the booklets on the way that this program is run?

6. On the training of your own personnel?

7. On the work of the community promotores (or clinic nurses)?

8. On the clients/users?

9. Could your organization have developed the booklets and used them without financial support from JHU/PCS?

10. Without outside technical assistance?

11. How important are the booklets to your family planning program?

12. Would you be willing to replace the external funds when they expire in order to continue to have the booklets for program? How and where would you obtain the funding required?

13. What other general comments do you have about the booklets?

APPENDIX H

INTERVIEW PROTOCOL FOR THE LOCAL DIRECTOR SUPERVISOR, AND SOCIAL WORKER[1]

1. When did your association begin its community operations?

2. When did the family planning booklets first arrive for use in your program?

3. In your opinion, what do you think has been the main impact of the booklets on the manner in which the association operates?

4. The administrative structure of the association?

5. The capacity to serve its clients?

6. The association's relationship with its coordinators and promotoras?

7. Its ability to recruit new community volunteers/promotoras? Why?

8. The effectiveness with which you train coordinators and promotoras? Why?

9. Has the availability of booklets had any noticeable effect on the association's relations with other community organizations? Which ones? How?

10. What do you like best about the booklets? Least?

11. When and how do you receive the booklets? From whom?

12. Who is responsible for storing and maintaining them? Where are they stored?

13. In what manner is an inventory kept of the booklets? That is, how do you know how many you have on hand? How often is this count updated?

14. To whom do you distribute copies of the booklets? Through whom?

15. Please describe the process by which you distribute the booklets? How are they delivered? How often? On what basis? (demand?) How do you determine what number of each booklet to give out? What procedures do you follow to resupply them?

---

[1] May be conducted individually or in a group interview.

16. Have you decided when to ask the central office for a resupply? What lag time (delay) do you expect between your request and actual delivery?

17. On what basis did you (would you) estimate the number of copies of each booklet you need for resupply?

18. How are the booklets used in the training of new coordinators and promotoras?

19. What are the clients/users asked or expected to do with their copies of the booklets?

20. Have you had any problems with the booklets? How did you resolve them?

APPENDIX I

INTERVIEW PROTOCOL FOR THE COMMUNITY COORDINATORS

1. How long have you worked as a coordinator?

2. How many promotoras do you supervise?

3. When did you first start using the family planning booklets?

4. How many copies of each booklet are you given at a time? Where do you keep these copies?

5. How many copies of each booklet do you give out to your promotoras? Where do they keep their copies?

6. How often is it necessary to resupply the promotoras with booklets? How many new copies do you give them at one time? On what basis do you estimate the number that they will need?

7. Have any of your promotoras ever run out of booklets? Why? What do they usually do when they run out? How long does it take for them to be resupplied when they run out?

8. Have you ever run out of copies of the booklets? Why? What do you usually do when they run out? How long does it take for you to be resupplied when they run out? How did you actually obtain the new copies?

9. How many copies of the booklets do you have on hand now? What method do you use to know how many copies you have on hand?

10. Do you keep any records regarding how many copies your promotoras have on hand from week to week? How and how often are these records updated?

11. How do you estimate the number of copies you and your promotoras will need?

12. Do you use the booklets to train new promotoras? Please describe to me how you use them for training?

13. What do you like most about the booklets? Least?

14. How would you recommend to improve the booklets?

15. What do you think has been the most important impact of the booklets on your work? The work of the promotoras?

16. What would be the effect of no booklets in the future?

Field procedures for Pretesting the Questionnaires

Have the investigator/interviewer for the Juarez study to pretest the procedures and the questionnaires with two promotoras and four clients during home visits.

1. Select one very good promotora and one weak promotora for the pretest.

2. Accompany each promotora on home visits to one potential pill user and one potential IUD user. (total of four home visits)

3. Both promotoras should have been trained to use the booklets. During their home visits, observe how the explain the pill or IUD, recording your observations on the last sheet of the questionnaire for users.

4. After the completion of each home visit ask the promotora to leave you alone with the client to conduct the follow-up interview using the prepared questionnaire.

   During the interviews, note all problems encountered with the form and order of the questionnaire, its clarity for other interviewers, problems that the client may have with some of the wording or questions in their initial form, and so forth. Mark all problems encountered in the margins of the questionnaire for later analysis.

   On the back of each questionnaire used, indicate any problems in general encountered during the interview, along with possible suggestions for revision.

5. When all of the home visits have been completed and the client interviews, interview the two promotoras using their questionnaire. Follow the same procedures as described in number 4 above.

6. Analyze all of the returned questionnaires in the office, and recommend whatever revisions are necessary in the two questionnaires.

7. Revise the field procedures to be followed by the interviewers as needed, with special attention given to how to handle the promotora and client during the home visit.

8. Be sure to eliminate the two promotoras and their four clients from inclusion in the actual study.

Appendix K

PROPOSED BUDGET

	FEMAP	JHU/PCS
Salaries		
Two research coord. x 2 mo.@ $ 450/mo.	$ 1,800	
8 interviewers x 46 interviews @ $5 ...		$ 1,840
1 secretary x .5 x 2 mo. @ $ 150/mo....	150	
40 promotors x 35 days @ $ 2.50/day....	3,500	
Consultant Fee		
1 research consultant x .25 x 4 mo. @ $ 750/mo.....	750	
1 data analyst* x 1.5 mo. @ $ 800/mo...		1,200
ata coders: 360 Q-aires @ $ 2.00/unit		720
Travel Expenses		
Transportation (2 visits to Guadalajara)		450
Per diem (12 days @ $ 42.00).....		504
Local Transportation		
360 home visits x 2 @ $ 1.53/visit.....		1,100
Equipment and Supplies		
Office supplies.....	150	
SUBTOTALS:	6,350	5,814
Overhead Expenses (@ 10%)		
Administration, accounting, space, utilities, services, etc.....		1,216
TOTALS:	US $ 6,350	$ 7,030
COMBINED TOTAL:		$ 13,380

* The data analyst fee includes the cost of computer time & supplies