

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

IMCI ADAPTATION GUIDE

*A guide to identifying necessary adaptations of clinical policies
and guidelines, and to adapting the charts and modules
for the WHO/UNICEF course*

PART 3 The Study Protocols

F. Protocol for Designing and Pretesting an Adapted Mother's Card

June 2002



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The 2002 working draft of the IMCI Adaptation Guide consists of the following sections:

- Section A.** The Adaptation Process
- Section B.** Procedures for Adapting the Charts and Modules
- Section C.** Technical Basis for Adapting the Clinical Guidelines, Feeding Recommendations and Local Terms
- Section D.** Protocol for Adapting the Feeding Recommendations
- Section E.** Protocol for Identifying and Validating Local Terms
- Section F.** Protocol for Designing and Pretesting an Adapted Mother's Card
- Section H.** Modifying the Generic Chart Booklet: Using Microsoft Publisher®

Please provide comments and further input to WHO/CAH, Geneva, Switzerland.

This protocol is based on guidelines first developed in 1995
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F. Protocol for Designing and Pretesting an Adapted Mother's Card

INTRODUCTION

Advising mothers on home care of child illness and appropriate child feeding is an essential aspect of the integrated case management of child illness. Families can remember and follow the advice more easily if the health worker gives mothers a simple reminder sheet to take home. This section includes:

- Samples of alternative designs of a two-sided **Mother's Card**
- Points to consider in adapting the designs to the local situation, and
- An approach for pretesting the designs

Taking into account that most programmes will have limited time and resources, these guidelines are planned to allow adaptation of two or three alternative designs, pretesting, and analysis of the test results within a period of a few weeks.

1. The Mother's Card

1.1 What is the purpose of the Mother's Card?

- The main purpose is to provide the mother with **reminders of the key messages** she has received from the health worker. Taking these messages home also encourages other family members to support and help the mother carry out the advice.
- The Mother's Card serves as a **counselling aid**. Pointing to the pictures while giving advice helps the health worker remember to talk about key points, and at the same time, helps the mother to understand the advice.
- There can be space to write or mark information specific to a particular child, so that the advice is **tailored** to each situation.

2.2 What are the key topic areas to include in the Mother's Card?

The messages selected will depend on the nature of local health problems and services, and will be based on the integrated case management materials that have been adapted for your country. The most important points will be similar in all programmes. This card is intended as a reminder for **home care practices**, that is, the actions that will be the responsibility of the family. The key topics are those most important in preventing death or a worsening of the child's condition, as listed in the box below.

Key topics for the Mother's Card

1. When to return immediately to the clinic:

The goal is for the family to recognize what signs and symptoms show that the illness is getting worse and they need to bring the child back to the clinic immediately.

2. When and what extra fluids should be given:

Mothers should know that extra fluids are necessary during illness, and can be life-saving for a child with diarrhoea. This section should include messages and pictures on:

- more frequent breastfeeding;
- giving locally-recommended food-based fluids and clean water; and
- giving ORS, and if needed, picture(s) to remind mother of how to prepare ORS.

3. How to improve child feeding:

The card should help mothers remember the advice given on breastfeeding and the recommendations on specific local foods and feeding practices such as frequency and encouraging the child to eat more.

4. Immunizations:

If no permanent record of immunizations is available, the card may be used to record the immunizations given and the date to return for the next immunization.

2. Adaptation of the Mother's Card

Adaptation of the sample mother's cards will be part of the process of adapting and translating the training manuals and wall charts on integrated case management of childhood illness, and should reflect an understanding of health problems and health education needs in your country. Consult with local experts in health education who can help develop a Mother's Card that will reflect the goals and needs of your programme. Many useful manuals are available on the development of effective health education materials (see references), so details will not be provided here. Just keep in mind the following general principles and points:

- **Keep it simple.** The overall appearance of the card and the content of the messages should be as simple as possible. Don't try to include too much detail or too many ideas.

- **Make the wording clear.** The meaning of the messages must be easily understood by the people who will use the card, both mothers and health workers. It is important to use common local terms. Consider the literacy level of the users when choosing the words and the size of type for the messages.
- **Make the pictures clear.** Pictures without background are easier to understand, and while some shading of a drawing is helpful, too much can be distracting. Keep the scale of objects as natural as possible and try to avoid showing only part of a person or object, because this can be confusing. See the reference list if you need more information on preparing appropriate pictures.
- **Make the card attractive.** The card does not have to be elaborate or multi-coloured, but mothers will be more likely to keep it and look at it if it is attractively laid-out and has appealing pictures. If the card will be coloured, choose colours that are popular in the local culture.
- **Be persuasive.** Many posters and other educational materials are designed to not only present the facts, but to motivate people to follow the advice by linking the action with some desirable outcome, such as a healthy, happy child. For this programme, this is optional because the health worker should try to motivate the mother during the counselling session, but the card the mother takes home could also remind her (and the rest of the family) of **why** it is important to follow the advice.
- **Make the card reflect the programme priorities and local practices.** Points can be dropped or added to reflect the local situation, wording can be changed and pictures adapted, as in the examples below.
 - List the locally-recommended food-based fluids by name, and add pictures, if appropriate.
 - For the feeding recommendations, use the names and pictures of the local foods that were chosen in the process of adapting the "food box".
 - Try to adapt details like the clothing and features of children in the pictures to be similar to those of the audience.
 - Emphasize important local health problems. For example, all countries will include fruits and vegetables rich in vitamin A in the feeding recommendations, but in a country where vitamin A deficiency is a serious problem, rich sources of vitamin A might be listed as a separate point, to add emphasis.
 - Coordinate with existing health programmes and the health education materials currently used in clinics or given to mothers. For example, is there already a child health card or growth monitoring card that the mother keeps? If so, try to develop a sheet that can be folded inside the existing card so they are kept together and brought to the clinic. If immunizations are recorded on the existing card, it may not be necessary to have space for that on the new Mother's Card. But it is still important to record name and date of birth on both cards, in case they are not carried together.

- Make the card easy for the health worker to use for counselling and for recording information. This depends on the counselling approach that will be used in your programme. Some programmes may want to design a card that allows health workers to tailor the advice by circling or checking pictures that show the advice that is most relevant to a particular child (i.e. specific to the child's age or illness). Or, in a literate population, there may be blank space left for the health worker to write specific recommendations for the mother.

3. Preparation of samples for testing

While adapting the key messages, text, and pictures, it will be important to discuss your ideas with knowledgeable co-workers. Refine your ideas as much as possible, so that you can put together a couple draft cards for pretesting (see below). Some decisions about adaptation cannot be finalized without feedback from the actual users, so keep a list of what you want to learn about your designs from the audience. The different options you have developed can then be pretested with mothers and health workers to determine what works best.

Assemble the two or three best versions for pretesting by typing the messages onto paper the size of the planned card, and inserting the drawings. These samples do not need to be final and polished, but should be clear, complete, and well-laid out. All versions should be in the same stage of development, because people's reactions could be biased if one version looks more polished than another. These test versions can then be photocopied for use in the pretest.

4. Pretesting the Mother's Card

4.1 Why pretest the Mother's Card?

Pretesting the Mother's Card is a way to measure the reactions of people to the messages and pictures before printing and distributing a large quantity. This is an essential step because no matter how carefully a card is designed, it will never be possible to know the reaction of the audience without pretesting.

With a pretest you can compare responses to two or three designs to find out which one communicates best and is easiest to use. In some cases, you may be comparing people's understanding of two different formats or ways of arranging the pictures and text; in others, the general format may be the same, but several versions of a specific picture are being compared. It is important to be clear about what you want to learn during the pretest.

4.2 Who will participate in the pretest?

We are most interested in the response of mothers or other child primary caregivers of children aged 0 to 36 months, and of the health workers who will

use the card for counselling. Please note that when the text refers to mothers, it also implies other primary caregivers. A total sample of at least 30 mothers and ten health workers is recommended. Details on sampling technique are included in the protocol, later in this section.

As much as possible, try to test the Mother's Card among people in clinics that are typical of the places where the card will be used. Although it is not necessary to select a statistically random sample, do try to choose a sample that will be representative of the intended audience. The more representative the sample, the better the chance that the results will apply to the whole population.

- Pretest in at least two different sites, but try to avoid having more than four sites unless sufficient time and funds are available, and unless the results must reflect a very large and unusually diverse population.
- Choose sites to represent the **major** sub-populations in the country that might differ in their response to the card. For example, choose one rural and one urban site, or sites from each of three main ethnic groups.
- In most cases, the 40 or so interviews recommended above will be enough to provide consistent responses on comprehension, acceptance, and ways to improve the card. In rare cases where the results are inadequate, you may decide later to add more sites and respondents.

4.3 How should the Mother's Card be pretested?

The pretest should be designed to measure the understanding and acceptability of the card in situations as close as possible to the real situation in which it will be used. Remember that the purpose of the Mother's Card is to reinforce messages received during counselling. Testing the comprehension of this card will be more complicated than testing a poster that is intended to "stand alone", i.e. to communicate one or two main points without any explanation. In some ways, the best approach would be to conduct **exit interviews**, by interviewing mothers as they leave an actual counselling session at a health clinic. However, in most cases, the pretest will need to be conducted before the programme is implemented, so this will not be possible. The following methods are recommended:

- **Individual interviews with mothers:**

This method involves a one-to-one interview with each mother, showing her alternative versions and asking specific questions about the messages and pictures. In cases where the mother cannot read the card, she should be "counselled" or have the card briefly explained to her.

The questionnaire should be designed to find out how well the mother understands the card, whether she likes it and can identify with the pictures and actions shown, and what she would do with it. A sample questionnaire is provided in Annex F-2, page 23.

- **Health worker interviews:**

An effective way to pretest the designs is by asking health workers to demonstrate how they would use the card in one or two hypothetical cases. The card should be easy for them to understand and to explain to the mother in a role-play situation. A checklist (see Annex F-2, page 31) is used to record their responses, and health workers are also asked whether they find the card useful, which design they prefer, and what suggestions they have for improving the design.

- **Additional option - Focused group discussions:**

This approach can be used for comparing different concepts and getting initial reactions from people at an early stage in the design process. The difficulty is that some of the concepts on the card, such as danger signs related to illness, are difficult to show in a picture and the audience may be unable to read the labels. Focused group discussions (FGDs) are a valuable technique for generating new ideas and a quick way to capture the reactions of a group of people. However, this is a highly qualitative research method that requires considerable expertise to conduct and analyse. There is a risk that the reactions of one or two people will guide the discussions, and the true range of opinions will not be expressed. Although, various manuals are available on conducting FGDs, we do not recommend this method for pretesting the Mother's Card. Only the interview approach is discussed in these guidelines.

4.4 Who will conduct the pretesting?

The person responsible for pretesting may conduct the interviews, or may train and supervise a small team of interviewers. Ideally, interviewers would have previous experience in health education. The number of interviewers needed depends on the number of sites, distance to be travelled, and the amount of time available, but two to four will usually be enough.

It is important that at least one person who has been through the training course for the integrated case management of childhood illness programme should be involved in training the interviewers. Training should cover:

- Discussion of the purpose of pretesting
- An overview of the Integrated Management of Childhood Illness, including discussion of the "Counsel the Mother" materials
- An overview of the Mother's Card, including alternative versions to be tested
- A thorough explanation of the protocol and interview forms
- Clear instructions and criteria for sample selection
- Discussion and practice of interviewing techniques such as creating rapport with the respondent, remaining neutral and objective, asking open-

ended questions, probing without leading, and recording answers clearly; and

- A field practice session to check staff's understanding of the protocol, the forms, and the interview techniques.

4.5 How will the results be used?

The person responsible for pretesting must also plan for coding and analysis of the data. This person will supervise data collection, review each form for completeness, fill in codes, and tabulate the results quantitatively, with or without a computer. The questionnaire can provide space for coding and suggested codes for the closed-ended questions, and the supervisor will need to develop code lists for the open-ended questions. Do not neglect the open-ended questions because it is not enough to know that a picture was not understood -- you will need to know **why**. Or if picture No. 2 is preferred over other pictures, why do people like or understand that version? Make a code list that groups similar responses but preserves the detail on "what" and "why". Add to the list as needed, whenever a new type of response is received that doesn't fit under any existing code. There may be many codes for each open-ended question.

The coded responses can be summarized as percentages, to compare results on various aspects. For example, what percentage of mothers understood which signs meant they should take the child back to the clinic? What percentage understood the concept of frequency in the child feeding section? How could it be improved? What percentage preferred the overall design of the "fluids" section in version 1 and what percentage thought version 2 was better? Which design had the highest percent of health workers using it correctly? What were the parts they did not understand?

Tabulate the answers to the open-ended questions, to help explain **why** certain aspects were not well-understood or **why** one version was preferred over another. To aid in interpretation, you may also want to look back and read the actual responses written on the forms. Since the sample will be quite small, this should not be too time-consuming.

Cross-tabulations based on demographic characteristics are also informative. Were certain messages better understood by urban mothers than by rural mothers? Did one ethnic group object to a certain picture or prefer a different colour of paper?

If you are using a computer and have a programmer available, more complex analysis may also be possible. But the analysis should always be based on questions that are relevant to the purpose of pretesting. For example, of those mothers who understood the message about fluids correctly, what percentage based their response on the words? On the pictures?

Finally, the results need to be pulled together in a report. The ideal report will be brief, clear, and make specific recommendations on how to improve the design of the Mother's Card. Preferably, it will include a sketch showing the proposed final version of the card, based on the pretest results. To be most useful, the report should be prepared and distributed as soon as possible. It should be possible to complete the analysis and report-writing within about ten days after data collection is finished.

5. Summary protocol for pretesting the Mother's Card

5.1 Preparation steps

1. Adapt the sample data forms for interviews with mothers and health workers (attached) according to the Mother's Card designs you have developed and wish to test.
2. Identify the major sub-populations and choose sites to represent them. Determine the sample size for each site.
 - If there are three sites, at least ten mothers should be interviewed in each, to have a total sample of 30 mothers. Or, 15 in each of two sites, eight to ten in each of four sites, etc.
 - More sites may be needed in order to sample a sufficient number of health workers, if many clinics are staffed by only one or two workers. A sample ten is recommended, and a variety of types of workers can be included, as long as they are likely to be involved in the counselling of mothers in the programme.
3. Visit the sites to verify that they are "typical" and to obtain permission to work there.
4. Train the personnel who will conduct the pretest and have them practice using the interview forms. Revise the forms, if needed.
5. Plan a schedule for conducting the pretest and arrange transport and supplies, as needed. Photocopy enough interview forms and sample mother's cards for the pretest.

5.2 Interviews with mothers

1. Within each site, select participants systematically, as follows:
 - Select randomly a mother or caregiver of a young child (0-36 months) present at the facility and ask whether she would be willing to participate.
 - If yes, conduct the interview.
 - Continue selecting mothers randomly and conducting interviews until the required number has been completed.

Alternatively, if selection cannot be made at the facility, mothers may be selected randomly from a list, if a complete record is available (from the health worker, for example) of households with children under 3 years.

2. Conduct the interviews in private, using the test versions of the Mother's Card. Since these pictures are not meant to "stand alone", but rather to remind mothers of what they have been told, provide the mother with a brief explanation of the messages on the card, similar in detail to the counselling she is likely to receive in a busy clinic. Then go through the card, section by section, asking her to explain to you what the card tells her or to pretend she is explaining it to a neighbour. Then, ask the questions on the form about her reaction to the card and what she would do with it.
3. If the mother is literate and can read the messages, do not explain the card to her. Allow her time to read through it, and then proceed with the questionnaire. Responses of literate mothers will need to be interpreted somewhat differently during the analysis.
4. If alternative designs are being tested, show the mother the other design(s), section by section, and ask her to explain which she prefers and why. For example, which of these pictures does she think is best to show that the child needs to be taken back to the clinic:
 - Health building clinic?
 - A health worker talking with a mother and child?
 - A mother hurrying to the clinic?

Remember to alternate the order of the designs that are shown. Start the first interview with design No. 1, the second with design No. 2, and so on. Note on the form which version was shown first.

5. Record answers in the space provided, using number codes for the closed-ended questions, and writing detailed responses to the open-ended questions.

5.3 Interviews with health workers

1. In each site, visit the clinic and explain to the health workers that you want to test different versions of a Mother's Card with the health workers most likely to use the card and conduct counselling. Health workers do not need to be selected randomly but try to cover the range of categories who will use the materials.
2. When the health worker is free, conduct the interview, using the appropriate form. Explain that this is **not** a test of the health worker, but a way to get her/his opinion about the card and whether it is useful. Show the Mother's Card to the health worker and explain its purpose briefly. Ask the questions on the form regarding the messages the card is trying to

convey, which design she/he thinks is best, and how it could be improved.

3. Ask the health worker to imagine counselling the mother of a young child. Describe a situation, such as a breastfed 8 month-old child with diarrhoea and lack of appetite, and ask her/him to role-play using the card to provide counselling.
4. As the health worker responds, use the checklist and "comments" section to mark whether she/he is able to understand and use each section of the card correctly. If alternative designs are being tested, have her/him choose the card she/he prefers to use. If desired, the forms may be adapted to allow testing with a different or an additional hypothetical case.

5.4 Coding, analysis, and report writing

1. In each site, the supervisor should collect all data forms, review them and add codes, as needed. Discuss any incomplete or unclear forms with the interviewers. Confirm arrangements and supplies for next site.
2. Submit forms to the person responsible for computer data entry, if entry can begin while data collection continues.
3. When all sites are completed and data forms have been checked and coded, tabulate the results by hand calculator or computer, as discussed above.
4. Discuss the results and conclusions with those involved in data collection and analysis. Prepare the final report, making recommendations and drafting the final design of the Mother's Card.

Selected References for Further Information on Design and Pretesting of Health Education Materials

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Section F

ANNEXES

- | | |
|------------------|--|
| Annex F-1 | Sample designs for the Mother's Card |
| Annex F-2 | Sample pretest questionnaires for adaptation |

Annex F-1

Sample designs for the Mother's Card

Two different designs are attached. They have been prepared to give a general idea of what the card could look like, but have not been tested and are not necessarily the designs that your programme should use. Many of the pictures in Sample 2 have been "cut and pasted" from health education materials of the governments of Bolivia, Honduras, Indonesia, Swaziland, and The Gambia, so they were not prepared specifically for the Mother's Card. Just use them as a starting point for designing a card. In adapting the designs, it is possible to alter the overall format or the way the pictures are arranged, as in Figure 1, or to substitute different versions of individual pictures in the card, as in Figures 2, 3, 4, and 5.

Figure 1: Another format for the "When to Return Immediately" section of Sample 1



Figure 2: Other pictures to show a need to return to the clinic



Figure 3: Another version of a child with difficult breathing

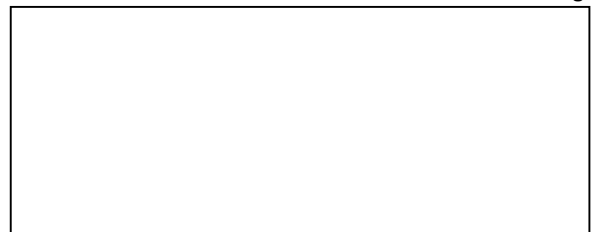












Figure 4: Another way to show the feeding of complementary foods



Figure 5: Most countries already have pictures of the preparation of ORS



► Feeding Recommendations During Sickness and Health

Up to 4 Months of Age	4 Months up to 6 Months	6 Months up to 12 Months	12 Months up to 2 Years	2 Years and Older
 <ul style="list-style-type: none"> Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours. 	 <ul style="list-style-type: none"> Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours. 	 <ul style="list-style-type: none"> Breastfeed as often as the child wants. 	 <ul style="list-style-type: none"> Breastfeed as often as the child wants. 	 <ul style="list-style-type: none"> Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:
<ul style="list-style-type: none"> Do not give other foods or fluids. 	<ul style="list-style-type: none"> Only if the child: <ul style="list-style-type: none"> shows interest in semisolid foods, or appears hungry after breastfeeding, or is not gaining weight adequately, 	<ul style="list-style-type: none"> Give adequate servings of: 	<ul style="list-style-type: none"> Give adequate servings of: 	<ul style="list-style-type: none"> Give adequate servings of:
<p>add complementary foods (listed under 6 months up to 12 months).</p> <p>Give these foods 1 or 2 times per day after breastfeeding.</p>	<p>3 times per day if breastfed; 5 times per day if not breastfed.</p>	<p>or family foods 5 times per day.</p>	<p>or family foods 5 times per day.</p>	<p>or family foods 5 times per day.</p>
				

* A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
 - replace with increased breastfeeding OR
 - replace with fermented milk products, such as yoghurt OR
 - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child's age.

SAMPLE 1
Side B

Annex F-2
Sample pretest questionnaires for adaptation

1 of 8

Pretest questionnaire for MOTHERS

Introduction

We are making a card for mothers and families about the health of children, but we have not yet decided on exactly what pictures and words to use. I would like to ask you a few questions about the card and show you different versions, to find out which one you like best.

BACKGROUND INFORMATION

ID number: _____

Date: ____ / ____ / ____
Day mo. yr.

Community: _____

Interviewer: _____

Mother's Card version shown first: _____

Caretaker (1 = mother; 2 = father; 3 = sibling; 4 = grandmother; 5 = other): _____

Age of child: _____ months

Educational level of caretaker (optional): _____

Can you (caretaker) read the messages on this card? (0 = No; 1 = Yes): _____

If yes, allow her time to read the first section and then ask her to tell you what it says.

What do these words say?

Record whether the mother is literate enough to read the card: _____

- 0 = reads incorrectly or cannot read
- 1 = partially correct reading
- 2 = reads correctly

If she reads the message correctly (code 2, above), do not explain the card. Give her time to read it and then proceed with the questionnaire. If she cannot read or reads incorrectly, give a brief explanation of the card, similar to counselling by a health worker, before continuing by asking the questions given below.

[Note to supervisor: Interviewers must be given a "script" and trained to explain the card in a standard way.]

Side A: WHEN TO RETURN IMMEDIATELY

1. What does this part of the card tell you to do?

[Note: Codes will need to be developed for the responses to question #1 to indicate what parts of the message were understood correctly. Add more codes as new responses occur.]

Examples: 0 = doesn't know or misses message entirely
 1 = something about health clinic or sickness
 2 = need to go to the health clinic if child has this sign
 3 = need to go to clinic immediately/urgently if child has this sign
 Etc.

Then point to each picture in this section and ask:

2. What does this picture show you? *(Fill in matrix, below)*

Codes for "understanding": 0 = incorrect / don't know; 1 = partially correct; 2 = correct

[Note: Codes for mother's response will need to be developed, so that you can tabulate what it is that she sees and why she does or does not understand.]

Side A: WHEN TO RETURN IMMEDIATELY	Write response in words of mother	Understanding		
		0	1	2
PICTURE OF CLINIC or NEED TO RETURN TO CLINIC				
Not able to drink				
Breastfeeding poorly (young infant)				
Becomes sicker				
Develops a fever				
CHILD WITH DIARRHOEA: Blood in stool				
Drinking poorly				
CHILD WITH COUGH: Difficult breathing				
Fast breathing				
(add lines, if needed)				

Comments: _____

Show alternative designs of this section to mother and explain that we would like to know which one she feels is best in showing the overall message.

We have a choice of other versions of this section [show alternatives]. This section is supposed to say _____
(Briefly review overall message of section.)

3. Which of these (two or three) designs best shows you what you should do? _____
 (1 = version 1; 2 = version 2; etc.; 9 = don't know/no preference)

- 3a. Why? _____

[Note: Open-ended question -- develop codes.]

For each individual picture that has alternative versions, point to the picture and ask:

4. Which of these pictures shows _____ best?
 (State what the picture is meant to show and write response in matrix, below.)

Codes for "preference": 1= Version 1; 2=Version 2; etc.

[Develop codes for responses to "why"?]

Picture being tested	Preference		4a. Why? (In mother own words)
	1	2	
Not able to drink			
Develops a fever			
[Add a row for each picture that has more than one version.]			

5. Is there anything about this section (in either version) that you particularly like? _____
(0 = no; 1 = yes; 9 = don't know)

Version 1 _____	Version 2 _____
5a. If yes, what? _____ _____ _____ _____	_____ _____ _____ _____

[Develop codes for 5a.]

6. Is there anything about this section (in either version) that you don't like? _____
(0 = no; 1 = yes; 9 = don't know)

Version 1 _____	Version 2 _____
6a. If yes, what? _____ _____ _____ _____	_____ _____ _____ _____

7. Do you notice anything here that you don't understand? _____
(0 = no; 1 = yes; 9 = don't know)

7a. If yes, what? _____

8. Is it telling you anything that is not true or not possible? _____
(0 = no; 1 = yes; 9 = don't know)

8a. If yes, what? _____

9. Did you notice anything that might bother you or offend people who live in this community?
(0 = no; 1 = yes; 9 = don't know): _____

9a. If yes, what? _____

10. In your opinion, what could be done to make this sheet better? _____

[Develop codes for responses to open-ended questions 6a, 7a, 8a, 9a, 10.]

[Note to supervisor: Prepare the other sections of the form by repeating the specified questions from first section and using the suggestions for matrix formats (for question 2) given for each section, below. Again, develop codes for all open-ended questions, adding codes as new responses occur.]

Side A: FLUIDS

Repeat questions 1 - 7. See example matrix for question 2.

2. What does each picture show?

Side A: FLUIDS	Write response in words of mother	Understanding		
		0	1	2
Breastfeed more frequently				
Give food-based fluids (list picture of specific fluids, if included)				
Give clean water				
CHILD WITH DIARRHOEA:				
Give ORS				
Prepare ORS (if picture is included)				

Side A: IMMUNIZATIONS (if included)

Repeat questions 1, 5 - 7.

Side B: FEEDING RECOMMENDATIONS DURING SICKNESS AND HEALTH

Repeat questions 1 - 7. See example matrix for question 2.

2. What does each picture show?

[Note: Ask only once about pictures that are repeated for different age groups.]

Side A: FEEDING RECOMMENDATIONS	Write response in words of mother	Understanding		
		0	1	2
Breastfeed frequently				
Do not give other food or fluids				
Do not use feeding bottles				
Give food ____ times a day				
Give 3 family meals and 2 servings of nutritious food between meals				
Recommended foods (add a line for each food picture)				
Sit with child and encourage child to eat				
(add lines for any other pictures in this section)				

[Revise to reflect the messages in the versions being pretested.]

Overall Impression:

[These final questions refer to the Mother's Card as a whole.]

11. If we printed the sheet on coloured paper, which colour would you like best? _____

- 1 = _____ (colour 1)
 2 = _____ (colour 2)
 3 = _____ (colour 3), etc.
 9 = don't know (no preference)

12. What will (would) you do with this card?

[Check all that are mentioned, do not read list out loud.]

- _____ Keep it with other important papers (stored out of sight)
 _____ Keep it with the Child Health Card
 _____ Bring it to the clinic
 _____ Show to others in family
 _____ Put it on the wall
 _____ Keep it close by to remind myself of the messages
 _____ Throw it away
 _____ Others: _____

13. Can anyone else in your family read the words on the card? _____
 (0 = no; 1 = yes; 9 = don't know)

13a. If yes, who? _____

Ask the mother (caretaker) if she has any other comments. Thank her for her assistance.

Pretest questionnaire for HEALTH WORKERS

Introduction

We are making a card for health workers to use for counselling mothers and families about the health of children, but we have not yet decided on exactly what pictures and words to use. I would like to ask you a few questions about the card and show you different versions, to find out which one you would like to use.

BACKGROUND INFORMATION

ID number: _____

Date: ____ / ____ / ____
Day mo. yr.

Community: _____

Interviewer: _____

Type of health worker: _____

Mother's Card version shown first: _____

Give a version of the card to the health worker and allow time for her/him to read through it. Then ask the following questions, section by section.

Side A: WHEN TO RETURN IMMEDIATELY

1. What is the main message of this section? _____

2. Do you notice anything here that you don't understand? _____
(0 = no; 1 = yes; 9 = don't know)

2a. If yes, what? _____

Show alternative designs of this section to mother and explain that we would like to know which one she feels is best in showing the overall message.

We have a choice of other versions of this section [show alternatives]. This section is supposed to say _____

(Briefly review overall message of section.)

3. Which of these (two or three) designs shows this message best? _____
(1 = version 1; 2 = version 2, etc.; 9 = don't know/no preference)

3a. Why? _____

4. Is there anything about this section (in either version) that you particularly like? _____
(0 = no; 1 = yes; 9 = don't know)

Version 1 _____	Version 2 _____
4a. If yes, what? _____ _____ _____ _____	_____ _____ _____ _____

5. Is there anything about this section (in either version) that you don't like? _____
(0 = no; 1 = yes; 9 = don't know)

Version 1 _____	Version 2 _____
5a. If yes, what? _____ _____ _____ _____	_____ _____ _____ _____

6. Is there anything about the message that is not true or not possible to follow? _____
(0 = no; 1 = yes; 9 = don't know)

- 6a. If yes, what? _____

7. In your opinion, what could be done to make this section better? _____

[As for the mother's questionnaire, develop codes for responses to open-ended questions 1, 2a, 3a, 4a, 5a, 6a, 7.]

Repeat these questions for the "Fluids" section and the "Feeding Recommendations" section.

Explain to the health worker:

Now I would like you to choose one of the cards and role-play how you would use this card to counsel the mother of an 8 month-old child, who is breastfed and has been brought to the clinic because of diarrhoea and lack of appetite. Please use the pictures on the card and give the advice that applies to this mother and child.

Which version did health worker choose to use for role-play? _____

(1 = version 1; 2 = version 2; etc.)

Record responses in the matrix below, according to the tasks listed in the left column. Write comments in the space provided, describing how well the health worker explains the messages and which parts seem to be most difficult.

[Note to supervisor: Be sure to edit this form to reflect the messages included in the designs being tested. It can also be adapted to different or additional cases.]

Side A: WHEN TO RETURN IMMEDIATELY <i>Check yes if the health worker:</i>	No	Yes
Counsels that mother should return to clinic if child has certain signs or symptoms		
Counsels that mother should return immediately or urgently		
Counsels mother to return if child: is not able to drink		
becomes sicker		
develops a fever		
has blood in stool		
is drinking poorly		
Gives additional messages that are incorrect or do not apply to this case		

Comments: _____

Side A: FLUIDS <i>Check yes if the health worker provides the following messages:</i>	No	Yes
The child needs more fluids when ill		
Child should be breastfed more frequently		
Child should be given extra food-based fluids, such as _____ (add extra lines for each fluid included on card)		
Child should be given clean water		
Extra fluids are very important or life-saving for a child with diarrhoea		
Extra fluids should be given until diarrhoea stops		
Child should be given ORS		
Explains preparation of ORS (if included)		
Gives additional messages that are incorrect or do not apply		

Comments: _____

Side B: FEEDING RECOMMENDATIONS DURING SICKNESS AND HEALTH <i>Check yes if the health worker provides the following messages:</i>	No	Yes
Breastfeed as often as the child wants		
Give other foods three times a day		
Mentions incorrect frequency for this age (example: five times)		
Give foods such as _____ (add line for each food picture that is shown for the 6-12 month age group)		
Mentions foods that are not shown for this age group		
Gives additional messages that are incorrect or do not apply		
When the child is not feeding well during illness:*		
Breastfeed frequently		
Offer frequent small feedings		
Give soft, varied, and favourite foods		
Feed more as child gets well and appetite improves		
Sit with child and encourage child to eat		

* Only applicable if card design includes these messages

Comments: _____

Ask the health worker if she/he has any other comments. Thank health worker for participating.

