Planning a Basic Delivery Kit Project
SECTION 3
PLANNING A
BASIC DELIVERY KIT PROJECT

SUMMARY

Section 3 presents the key steps to planning a basic delivery kit project, including:

- setting goals and objectives;
- research phases such as the comprehensive needs assessment, field trial, manufacturer’s survey, and market test; and
- determining kit contents and packaging.

The section reviews the difference between essential and nonessential kit components. It also emphasizes the importance of limiting kit contents to minimize costs, ensure affordability, and maintain sustainability.
3.1 **Integrating the Basic Delivery Kit Project into the MCH Strategy**

To be successful, basic delivery kit projects must be carefully integrated into the existing health care infrastructure. Program managers who attempt to develop basic delivery kit projects as independent projects will find it difficult to achieve sustainability.

When designing the kit project, managers should explore how a clean delivery program and a basic delivery kit project can complement ongoing maternal and child health (MCH) activities. Kit activities can be integrated into safe motherhood and child survival activities such as the following:

- training programs for traditional birth attendants (TBAs) or medical providers;
- tetanus toxoid (TT) immunization campaigns;
- antenatal care clinics;
- development of home-based, record-keeping systems;
- promotion of breastfeeding, neonatal nutrition, or clean delivery practices; and
- social marketing of child-survival interventions, including oral rehydration salts.

An integrated strategy will:

- avoid duplicating existing MCH efforts conducted by ministries of health (MOHs) and nongovernmental organizations (NGOs);
- allow for partial program subsidies;
- strengthen existing MCH efforts (such as safe motherhood and child survival programs) as well as the clean delivery program; and
- involve potential basic delivery kit users who may not otherwise learn about clean delivery practices.

The comprehensive needs assessment described in Section 3.3 will help program managers ensure integration by determining what health activities are being conducted in the area, and what resources can be shared.


### 3.2 Setting Measurable Project Goals and Objectives

When implementing a basic delivery kit project, kit project managers must establish overall goals that are supported by specific, measurable objectives.

**Overall Goals**

A project’s overall goals may include:

- (in combination with MCH program activities), contributing to the decrease in maternal and neonatal mortality and morbidity caused by puerperal sepsis, cord infection, and tetanus;
- improving clean delivery practices of delivering women and trained and untrained birth attendants; and
- establishing a sustainable basic delivery kit project as one component of a clean delivery program.

**Specific Objectives**

Measurable objectives also must be developed. These objectives may be based on:

- annual number of kits produced;
- number of assembly sites established;
- number of assemblers hired and trained;
- number of promotional channels, and number of potential users reached per year;
- number of distribution channels;
- number of kits distributed, types of users receiving the kit, and areas reached;
- number of kit outlets (such as retail stores, voluntary women’s groups, NGOs, and health posts); and
- number of TBAs, midwives, and community health workers who use the kit during all deliveries by an established date.
Project Plan and Timeline

The project plan should carefully outline major activities that will be involved in developing the basic delivery kit project, including the comprehensive needs assessment, kit design/development, procurement of raw materials for assembly, the field trial, assembly and storage activities, distribution, promotion and sales, and ongoing monitoring and evaluation.

Work Tool 3.1 provides a sample work plan and timeline that can be used to guide project planning.

Fully Subsidized, Partially Subsidized, or Commercial Kits

Developing the project plan requires that the MCH manager decide whether the kit will be fully subsidized, partially subsidized, or a commercial venture. This decision will impact the level of activity in the various planning steps. Funding sources for subsidized kits will need to be identified, and in the case of commercial kits, a competent agency that can take on long-term kit promotion and cost-recovery will need to be identified.

3.3 Research Phases

There are three key research phases required for development of a delivery kit project: comprehensive needs assessment, field trial, and test market. These formative research phases will shape the design of the basic delivery kit project. The type of kit will also determine the research phases. The partially subsidized and commercial kits require a market test, but the subsidized kit does not.

Phase 1: Comprehensive Needs Assessment

Delivery kit project managers should review the information gathered earlier during the situation analysis and feasibility study (see Section 2) and determine what additional qualitative data is necessary to develop the basic delivery kit project. Whereas, the situation analysis allowed the program manager to decide whether a
delivery kit project would be appropriate, the additional qualitative research in the Phase 1 comprehensive needs assessment should be conducted with a broader range of audiences—from kit users, to distributors, to small retailers and manufacturers.

**Target Audiences**

Kit project managers should identify the target audiences for the comprehensive needs assessment, which may include:

- women who have experienced at least two deliveries;
- untrained and trained TBAs and midwives;
- health care personnel in the MOH or NGOs;
- men, as purchasers of household supplies;
- influencers, such as mothers-in-law;
- manufacturers of kit contents; and
- distributors, wholesalers, and retailers.

Separate focus groups should be conducted with members of each audience segment. For example, discussions with women from the community should be carried out separately from discussions with TBAs or health workers. As key informants about traditional local birth practices, TBAs should be a particularly important focus of the needs assessment.

In order to increase their comfort levels, facilitate information sharing, and take different birth practices into account, diverse groups such as tribal populations should be assessed separately. It is important to design special approaches that accommodate their needs and practices, if any unique obstacles are identified. For example, if several neighboring tribal groups have different birth-related practices but live in close proximity to one another, kit program activities should be tailored to the practices of each group.

In sum, the comprehensive needs assessment will include additional qualitative research with women, TBAs, and men, market research with purchasers and retailers, interviews with distributors, and a survey of manufacturers of kit components.
Qualitative Research on Knowledge, Attitudes, and Traditional Birth Practices

Kit project managers should use the focus group discussions and/or in-depth interviews to gather information on common issues related to delivery, including the role of TBAs and traditional practices during pregnancy and delivery.

Discussions about the role of TBAs should include:

- types of TBAs and their roles during pregnancy, labor, and delivery;
- community perceptions of TBAs;
- detailed profile and practices of TBAs;
- equipment currently used by TBAs;
- TBA’s willingness to accept, use, and promote basic delivery kits; and
- links between the community, TBAs, and maternity facility personnel.

Discussions of traditional practices during pregnancy and delivery should include:

- mothers’ attitudes toward and acceptance of TT immunization;
- preferred delivery sites and preferred providers of birth assistance;
- motivation to contact a provider during pregnancy;
- beliefs regarding advance preparation for the infant’s arrival;
- use of soap and/or water to clean hands and perineum;
- practices related to care of the umbilical cord (cord tie, cord cut, and care of stump);
- various users’ roles and attitudes toward using a basic delivery kit; and
- items used during delivery.

The key role of women’s groups, including voluntary women’s organizations and other community-based groups who provide supplies or assist in deliveries, also should be evaluated.

Work Tool 3.2 provides a sample topic guide for focus groups with women who have children.
Market Research

Project managers of partially subsidized or commercial kits that will be sold in retail outlets must conduct market research. Market research can be used to validate or revise the findings from the needs assessment. Market research usually requires about two months, although timelines may vary depending on market size.

Qualitative research methods such as focus group discussions and in-depth interviews can again be used to explore a range of issues with different audiences. These methods can be used to obtain information about the local market that will be essential to program planning, including:

- comparable costs of basic commodities such as candles, razor blades, and kerosene;
- the wholesale and retail market for basic delivery kits;
- images and key messages that can be used to promote the kits;
- the net profit acceptable to wholesalers and retailers;
- distributors’ commissions; and
- effective promotion and distribution channels.

Potential buyers of household and/or delivery supplies can be interviewed to determine their motivation for buying the kit and how much they are willing to pay for it. Potential buyers may include pregnant women, TBAs, husbands of pregnant women, mothers-in-law, men married to women of reproductive age, relatives, or neighbors. Interview questions may include:

- Who normally purchases supplies for the household?
- When do they purchase delivery supplies?
- How much is spent on delivery supplies?
- How much is spent on items related to a newborn?
- How much would purchaser spend on a basic delivery kit?

Kit project managers also can conduct consumer surveys about household purchasing practices to solicit input on price, brand names, kit contents, packaging, and promotional materials. The surveys can easily be conducted in the marketplace.
Kit project managers should use this information to design a marketing plan that will promote the kits appropriately and ensure access to consumers.

Work Tool 3.3 provides an interview topic guide for household purchasers.

**Wholesalers and retailers** can be interviewed to determine their willingness to stock and sell the kit, their expectation of profit margin, how much their customers would be willing to pay, and types of promotional materials that would help them increase product awareness and customer motivation to buy the kit. Interview questions may include:

- What would motivate them to sell the delivery kit?
- What types of supplies do they normally sell? Whom do they sell them to?
- Who normally purchases birth-related or hygiene-related items from their shop?
- What type of delivery kit package would be most appropriate to store on their shelves?
- What are their expectations regarding profit margin on the delivery kit?
- What would be a reasonable price for the delivery kit?
- Whom do they recommend as a distributor?
- What types of promotional materials would help them sell the kit?
- What should be the key messages in the promotional materials?

Work Tool 3.4 provides a sample questionnaire for merchants.

**Distributors of basic delivery kits** can be interviewed to determine their product priorities, geographical areas, and expectations regarding commissions. Interview questions may include:

- Which local distributors would be interested in distributing the delivery kits?
- What would motivate them to distribute the kit?
- How much commission would they expect for selling kits?
• What geographical areas and how many wholesalers and retailers do specific distributors cover?

Work Tool 3.5 provides a sample questionnaire for health program staff, NGO staff, and community health workers, and Work Tool 3.6 provides a sample questionnaire for medical stores and pharmacies.

**Example From the Field: India**

In South India, the Rural Women’s Social Education Centre (RUWSEC), a grassroots women’s organization, initiated a field study on the feasibility of developing simple delivery kits through local women’s groups. They sought to identify effective strategies to ensure the use of the kits by women, and determine the health impact of kit use. The study was conducted in 1990-1991 and included interviews with 284 pregnant women in four cluster areas.

While local production of delivery kits has its advantages, the RUWSEC discovered that it also is important to standardize essential kit components and production to ensure consistency and quality. RUWSEC found that kit development functioned best when managed by local women’s groups in villages where quality assurance standards were observed. The researchers concluded that creating a natural network of women’s groups around the issue of clean deliveries may further stimulate people to seek creative solutions to improve delivery practices, such as local development and distribution of kits or consciousness-raising about clean delivery practices.

RUWSEC also observed a number of unexpected results of kit introduction, such as an increase in the proportion of hospital deliveries and a heightened awareness of the need for special care during pregnancy and delivery.¹

**Manufacturers’ Survey**

Kit project managers should survey various manufacturers to obtain information about cost and availability of items that are included in the basic delivery kit. The survey can be used to:
• assess the various sources of materials;
• compare the cost and quality of materials from different manufacturers;
• determine the cost-benefit of purchasing materials in large quantities; and
• determine if manufacturers can supply materials on a regular basis.

Before surveying manufacturers, kit project managers should have an estimate of the number of kits that will be needed each year. This estimate will help determine the level of purchase of goods, which is key to calculating bulk purchases and possible price breaks with a manufacturer. (See Section 4.2, Step 2, for information on determining the number of kits to assemble.)

Kit project managers should solicit information about razor blades, soap, cord ties, plastic sheets, packaging, and printing. Additional issues that might affect pricing and production also should be explored. For example:

• If there is more than one manufacturer of a kit item in the area, encourage competition, and request price breaks.
• Explain the program to the manufacturer to determine if they would be willing to subsidize the materials (i.e., reduce their profit margin) in view of the social contributions the kit will provide.
• Often, a manufacturer produces cheap and expensive versions of their product. It is important to state that minimizing cost is a priority and that the cheaper versions are most appropriate.
• Beyond the actual cost of bulk quantities, determine the shipping cost, taxes, and any other “hidden” costs that might be associated with purchase of the item.

Work Tool 3.7 provides a sample interview form that can be used to conduct a survey of manufacturers. Section 4, Table 3, provides an example of combined kit assembly costs.

**Priority Areas/Target Areas**

To ensure the feasibility of the project, it is important to introduce the basic delivery kit in limited geographical areas of high need. In national delivery kit projects, the needs assessment will provide information that helps identify target areas. Smaller projects (such as mission hospitals) may have already determined target areas through their program activities.

When determining which areas should be targeted, kit project managers should focus on areas where:
• home delivery is very common;
• untrained TBAs, relatives, or neighbors routinely attend births;
• women routinely deliver alone;
• there is a high incidence of neonatal tetanus and umbilical sepsis;
• puerperal sepsis and maternal tetanus are common causes of maternal death;
• there are high maternal and neonatal mortality rates;
• there is poor reporting of births and neonatal deaths;
• newborns delivered at maternity facilities have high rates of tetanus and cord infection; and
• there are poor standards of hygiene.

**Phase 2: Field Trial**

The information obtained from the Phase 1 needs assessment can then be used to develop a prototype of the basic delivery kit. This prototype, which will be assembled to the project’s assembly guidelines, can then be used for the field trial. (For more information about kit assembly, please see Section 4.)

During the field trial, the prototype delivery kits are given to a significant number of women during their seventh, eighth, or ninth month of pregnancy. For a national level project, as many as 200 to 700 prototypes may be dispensed. For smaller projects, 10 to 25 prototypes may be sufficient. After the delivery, postnatal interviews should be conducted to determine:

• women’s perceptions of the usefulness of kit contents;
• actual use of the kit;
• how to improve the kit;
• community acceptance;
• comprehension of pictorial instructions; and
• whether and how the kit should be promoted.

The field trial data, which must be compiled and analyzed, will be used during the test market phase. As shown in “Example from the Field: Bangladesh” it will be necessary to modify the kit, if the field trial reveals problems with kit contents or design.

Field trials require appropriate staffing resources and advance planning. Kit project managers should develop a field trial strategy, guidelines, and data-collection tools, and determine field trial sites. Once trial supervisors are identified, they should train field assistants in effective interview techniques and orient them to their
responsibilities. Supervisors also must ensure that the trial is conducted in accordance with standardized guidelines.

For additional information, please see the Work Tools at the end of this section. Work Tool 3.8 provides an example of a field trial orientation for NGO staff; Work Tool 3.9 outlines the responsibilities of field trial workers and field supervisors; Work Tool 3.10 presents a sample field trial worker training curriculum; Work Tool 3.11 provides a registration form for pregnant women; and Work Tool 3.12 provides a sample postnatal interview questionnaire.

**Phase 3: Test Market**

After the field trial has been conducted, the test market is initiated. Both partially subsidized and commercial kits should be evaluated in a test market. In this phase, kit project managers distribute prototype kits to multiple sales outlets during a four-to-six-month time period. During that period, data are obtained as the kits are promoted and sold.

At the end of the test market, sellers and community members should be interviewed about their perceptions of the kit and any accompanying promotional materials that are ready to be tested (see Section 5 on kit promotion). The number of kits sold in combination with feedback from retailers regarding promotion approaches and customer satisfaction is a reflection of the kit’s commercial viability and distribution.

The objectives of the test market are to:

- analyze and/or validate kit price,
- determine the commercial demand for the kit,
- analyze effectiveness of kit packaging and promotional materials,
- analyze and test distribution channels, and
- validate/determine appropriate retail outlets.

The test market should be conducted in a geographical area that has at least two sites (each with multiple outlets), high fertility rates, a dense population, easy access
for researchers’ travel and follow-up, and good health infrastructure (such as antenatal care health posts).

Before initiating the test market, staff must complete two important activities: (1) prototype kit assembly, and (2) development and pretesting of promotional materials and activities.

**Prototype Kit Assembly**

In order to avoid over-production or insufficient supplies, prototype kit assembly activities must be carefully planned. To determine whether it is feasible for women’s groups to assemble the kits as a long-term, income-generating activity, the kit project managers should select a women’s group in one of the test market sites and train them in assembly and quality control. Depending on the results of the test market assembly activities, recommendations can be made for central, regional, or district-level production. (For information on selecting kit contents, please see Section 3.4. For information on assembling kits, see Section 4.)

**Kit Promotion**

The promotional activities for the test market are critical to its success. Promotional activities will increase users’ and purchasers’ awareness of and motivation to buy the kit, while at the same time assuring the distributors and retailers that there will be demand for the kit.

Promotional items must be carefully developed and pretested using information and messages that result from the needs assessment. MCH promotion methods and key messages regarding clean delivery should be taken into account when developing kit promotional activities to ensure program integration.

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**RACHA and UNICEF Conduct Test Market in Cambodia**

To conduct a test market of a basic home birth kit in Cambodia, the Reproductive and Child Health Alliance (RACHA) and the United Nations Children’s Fund (UNICEF) selected four test sites, interviewed mothers and birth attendants, and tested a variety of marketing and distribution methods. The test market demonstrated that the kit provides essential materials in a convenient package that women use correctly. Sales were high even without marketing and advertising, and 100 percent of the women interviewed stated that they would both use the kit again for future deliveries and recommend the kit to others.²
In 1988, the Christian Commission for Development in Bangladesh (CCDB) developed a commercial basic delivery kit in collaboration with the Ministry of Health and Program for Appropriate Technology in Health (PATH). The project was supported by funds from UNICEF and The Ford Foundation.

Project implementers began with an initial field assessment, then moved to production and distribution, and lastly, evaluated the process. CCDB chose to implement a formative evaluation, focusing on kit development and marketing. Kit development was divided into three phases: needs assessment, field testing, and test marketing.

**Needs Assessment**

During the needs assessment, trained female interviewers conducted focus group discussions and interviews among women of reproductive age and TBAs; male interviewers held discussions with groups of men. The purpose of the focus groups was to learn about traditional birth practices and to elicit suggestions for the design and content of the kit, instructional insert, logo, cost, and promotional strategies.

**Field Testing**

Based on results of the needs assessment, CCDB developed a prototype kit and field tested it for acceptability. Female field workers identified pregnant women in selected areas and distributed the basic delivery kits to them in their eighth month of pregnancy. They interviewed the women within a month after the birth. Women were asked if they had used the kit, if they had difficulty using or understanding any items, how they used each item, how they felt about the kit design, and whether they would buy a kit in the future. Based on the field testing, changes were made in the design of the pictorial instructions.

**Test Marketing**

The kits were test marketed in five areas of Bangladesh. They were sold through a total of 100 small retail outlets, pharmacies, and women’s committees. Field monitors used tally sheets to record information about sales, who purchased the kits, and which field sites sold the most kits. These data showed that women’s groups were by far the favorite place of purchase; small shops also were popular. The majority of purchasers were health staff of nongovernmental organizations (NGOs), men, pregnant women, and TBAs. Most purchasers heard
Promoting Use Through Positive Images and Slogans

Some basic delivery kits use colorful logos that include a traditional symbol of healthy newborns and colors that convey fertility, happiness, or good luck. The use of these logos and colors can reinforce positive messages and slogans that motivate people to buy and use the kits. In turn, the higher kit sales motivate wholesalers, retailers, community groups, and NGOs to stock and distribute the kits. The choice of logos, colors, and key messages should be carefully pretested with the target audiences.

For more information on promotional activities, please see Section 5.
Distribution

If possible, kit project managers should find a distributor who is willing to distribute the kits to all test market sites or at least the urban and semi-urban areas. Rural areas may need to be serviced by field assistants, if distributors are not available. Potential target outlets include:

- in urban areas: pharmacies;
- in semi-urban areas: pharmacies and grocery shops; and
- in rural areas: teashops, grocery shops, pharmacies, and medical shops.

Maintaining Distribution

Within each test market site, kit project managers should choose one staff person to work as a “test market field assistant” or recruit “market monitors” and orient them to the following responsibilities:

- selecting retail outlets and visiting retailers weekly,
- interviewing retailers and filling out reports,
- replenishing kits as needed,
- collecting money for kits sold (less commissions),
- distributing and posting promotional materials,
- providing feedback on promotional materials (either from questioning retailers or “person-on-the-street” interviews), and
- coordinating with district health officer and delivery kit project team.
All vendors at the various test market outlets should be carefully interviewed during and at the end of the test market to collect their feedback.

Work Tool 3.13 provides a sample field assistant training curriculum.

**Follow-up and Monitoring**

The local manager of the test market project should instruct field assistants to use a weekly record form and report back to them on a monthly basis regarding the number, type, and location of retail outlets, number of kits sold, money and feedback collected, and resupply needs. The test market manager will then report to the delivery kit project team, who should visit the test market site once a month. Work Tool 3.14 provides a sample weekly record form.5

If needed, kit project managers can increase or decrease the number of kits depending on actual sales. After the first month, the promotional activities and number of kits should be assessed through interviews with women, men, shopkeepers, and TBAs. The resulting data can be used to finalize kit packaging and determine price, distribution, and promotional activities. Through these activities, the test market will serve as an important process evaluation. Ultimately, the most important indicator is the number of kits purchased.

Work Tool 3.15 provides sample test market data tables; Work Tool 3.16 provides a sample field assistant retail outlet form; and Work Tool 3.17 provides focus group discussion topic guides for assessing promotional materials.

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**Nepali Retailers Interviewed at Haat Bazaars**

In Nepal, researchers went to the haat bazaars (local markets that occur at the end of each week) to conduct interviews with men who bought household goods there. Men were asked if they would purchase a delivery kit, and if so, what they would be willing to pay for it. Additionally, the researchers interviewed local retailers, surveying them about how they would like to see the kit promoted. The information that was obtained through the interviews helped kit developers determine the kit price and how to promote the kit using approaches that appeal to both clients and retailers, such as posters, wall paintings, and shop danglers.
3.4 Determining Kit Contents and Packaging

Kit Contents Vary

Locally produced kits vary in content depending on:

- the community’s needs, which will have been identified through the needs assessment, field trial, and market research;
- whether the kits are fully subsidized, partially subsidized, or solely commercial;
- the expertise, policies, and priorities of the health care personnel who develop them; and
- the technical skills of the kit users (women delivering at home alone or trained or untrained TBAs).

What Are Essential Basic Delivery Kit Components?

Opinions vary regarding which items are essential to include in basic delivery kits. The most important items are those that ensure the six principles of cleanliness identified by World Health Organization (WHO) (Figure 2).

Figure 2. WHO’s Six Principles of Cleanliness and Relevant Kit Components

<table>
<thead>
<tr>
<th>Cleanliness Principle</th>
<th>Relevant Kit Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean hands</td>
<td>Soap</td>
</tr>
<tr>
<td>Clean perineum</td>
<td>Soap</td>
</tr>
<tr>
<td>Nothing unclean to be introduced into the vagina</td>
<td>Soap</td>
</tr>
<tr>
<td>Clean delivery surface</td>
<td>Plastic sheet</td>
</tr>
<tr>
<td>Clean cord-cutting tool</td>
<td>Clean, unused razor blade</td>
</tr>
<tr>
<td>Clean cord care</td>
<td>Clean cord ties</td>
</tr>
<tr>
<td></td>
<td>Clean cutting surface²</td>
</tr>
</tbody>
</table>
Begin With a Simple Kit

A guiding principle for deciding the contents of a kit is to begin with a simple kit. Careful consideration should be given to the number and complexity of the kit components. As the program progresses, the kit can be modified to include additional items, if appropriate. No single kit will meet every user’s needs; kits may need revision as they are introduced into MCH programs. As different users are identified, a range of kits may be designed. Compromises may have to be made depending on the practicality and cost of various items, recommendations by health officials, and the needs and perceptions of the kit users.

A thorough needs assessment and ongoing monitoring and evaluation will ensure that kits are appropriate for the needs and the resources of the target users.

Five Essential Items

Based on guidelines agreed upon at the June 2000 United Nations Population Fund (UNFPA) Technical Advisory Group on Clean Delivery Practices, single-use, disposable, basic delivery kits for the home should contain five essential items:

- **Razor blade.** The razor blade is the most important item in the kit. It is essential for clean cutting of the cord. In most kits, the razor blade is double-sided. While one-sided blades might be preferable, they are more expensive and add to the cost of the kit. Razor blades should be carefully wrapped in paper and/or plastic to protect them from moisture or from causing injury.

- **Soap.** Soap enhances clean practices by motivating hand washing. When determining what type of soap to include in the kit, carefully price the various options. Pre-wrapped, individual bars of soap are not necessary for maintaining cleanliness, and they may add to the kit cost. To reduce kit cost, kit project managers should consider buying large bars of unwrapped soap that can be sliced and packaged at the factory or by the kit assemblers.
• **Plastic sheet.** The plastic sheet protects the mother’s perineum and newborn infant’s cord from dirt and helps maintain a clean delivery area. Plastic sheeting is easy to buy in large quantities.

• **Cord ties.** Clean cord ties are essential for clean cord care. The number of cord ties included in a kit may vary. Some include two cord ties, while others include three, in case one falls on the ground. The cord ties can be made of string or thread, depending on cost and local availability/preference.

• **Pictorial instructional insert.** The pictorial instructional insert helps the user understand the role of each item in the kit, how to use items correctly, and the order in which they should be used. These instructions are essential to correct delivery kit use. They reinforce key messages about clean delivery practices and good neonatal care. The pictorial instructions must be carefully designed to reflect numerous considerations, including:
  - the literacy level of the users;
  - the appearance of the women in the instructions, which should be culturally similar to the appearance of the kit users;
  - clear messages on correct use of each kit item;
  - the importance of hand washing—with soap—during the delivery;
  - the importance of cutting the cord with the razor blade;
  - additional neonatal health messages such as immediate wrapping of the infant and breastfeeding;
  - appropriateness and acceptability of the instructions; and
  - disposal of kit contents after use.

Once designed, the draft of the pictorial insert must be carefully pretested with potential kit users to ensure that

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**Unsafe Cord Ties**

Sometimes blades of grass, bark fibers, reeds, or fine roots are used to tie the newborn’s umbilical cord. These materials can be harmful, because they often harbor tetanus spores from the soil and, thus, increase the risk of neonatal tetanus.8

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The pictorial insert is essential to correct kit use.
the insert is appropriate, comprehensible, and acceptable. An example of pretest questions for evaluating the pictorial insert is included as Work Tool 3.18.

**Considering Additional Kit Contents**

Beyond the essential items, kit contents can vary widely depending on the financial and staffing resources of the agency producing the basic delivery kit. Choice of kit contents also depends on the logistical and procurement systems for medical supplies and the types of supplies available through the existing health care infrastructure. To determine the necessity of each of the kit components, kit project managers should consider the following questions:

- Is there a solid rationale supported by WHO for every item in the kit?
- Are the design of the kit and the choice of contents based on thorough, qualitative research of consumer preferences?
- Will users understand how to use each kit item correctly?
- Will users actually use each item?
- What are the existing birth practices, and how does each item supplied in the kit relate to these?
- Will the cost of the contents prevent the kit from being accessible to users?
- Will each item help resolve common health problems such as tetanus or cord infection?

**Nonessential Kit Components**

Unfortunately, to enhance the role of the delivery kit, many well-intentioned health providers and MCH managers include items in basic delivery kits that are not essential to clean delivery and cord care. These items increase the kit cost and often are used incorrectly or not at all. Nonessential kit items may include gauze squares, topical anti-microbial ointment for the cord, fingernail-cleaning sticks, latex gloves, water bowls, sterile razor blades, pans for boiling water, flashlights, suturing supplies, vitamin A capsules, folic iron tablets, dispensers for tetracycline eye ointment, or swaddling cloths.

While some of these items may prove useful, they can increase kit costs substantially. Kit project managers must carefully determine the financial feasibility and sustainability of including nonessential items. Before adding nonessential items to the kit, the MCH manager must first:

- assess the real health need for these items in the community;
- determine if there are other health projects that provide these items;
• determine the additional cost of including nonessential items in the kit (including such factors as procurement cost, added distribution costs of a larger delivery kit, staff time and resources involved, and the lower profit margin necessary to maintain affordability of the kit); and
• determine how the additional cost will be supported by the agency budget.

To determine what is nonessential, the kit project manager should focus on the primary purpose of the basic delivery kit: clean cord care.

**UNFPA Recommendations on Nonessential Items**

In 2000, the UNFPA Technical Advisory Group on Clean Delivery Practices made the following recommendations regarding nonessential items of basic delivery kits intended for home deliveries:

- **Sterile razor blades.** Delivery kit experts generally agree that sterilizing the razor blade is not essential. WHO states that a clean razor blade is sufficient to prevent cord infection. They reason that:
  - these items will not remain sterile when transported and stored in storehouses or retail shop shelves;
  - sterilizing with gamma rays or autoclaving adds unnecessarily to the kit cost; and
  - prevention of tetanus, sepsis, and puerperal infection does not require sterile items.

- **Topical anti-microbial ointments.** Kits should not include topical anti-microbials because there is not enough evidence to recommend their widespread use on the cord stump, as evidence regarding prevention of cord infection is inconclusive. Anti-microbials also increase kit cost and may be harmful if used incorrectly.

- **Latex gloves.** The fear of blood-borne infections, especially HIV, has understandably prompted many agencies to include latex gloves in home delivery kits.

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**Incorrect Use of Nonessential Kit Items**

One example of a nonessential item used incorrectly was the inclusion of tetracycline ointment in kits in Somalia. The tetracycline ointment tube allowed multiple applications by several family members, occasionally resulting in the spread of infection between family members. Another example involves a kit program in Cambodia. Iron and vitamin A tablets were included in home birth kits, but it was later found that women did not understand how they were to be used.
When including gloves, it is important to first determine who the primary user of the basic delivery kit will be. If the primary users are trained TBAs who know how to use gloves, and if they will be trained to use the gloves correctly, including gloves is clearly appropriate. However, if the primary kit users are delivering women or untrained TBAs unfamiliar with glove-use, it is unlikely that the gloves will be used correctly or at all. If used incorrectly, gloves can cause cross infection.

- **Gauze.** If placed on the umbilical cord, gauze can cause, rather than protect against, infection.

- **Drugs** (such as vitamin A capsules, iron folate tablets, or tetracycline ointment). Drugs can increase kit cost and decrease access to the kit. In addition, kit users may not use the drugs appropriately.

**Kit Packaging**

When designed properly, kit packaging will fulfill several roles, including protecting the quality of the kit contents, ensuring cultural appropriateness, and maintaining the cost-effectiveness of the kit. In addition, appealing packaging can motivate wholesalers and retailers to stock and sell the kit when it promotes use through attractive and positive images, messages, or slogans.

The type of packaging should be tailored to how the kit will be marketed as well as the range of distribution within the community. For example, subsidized kits not intended for commercial use may be packaged more simply and cost-effectively than commercial kits, as they may need only to be packaged in a plastic bag with a simple label designating the name and purpose of the kit.

---

**Inconsistent Use of Latex Gloves**

In an observational study on obstetric practices in Ghana in 1991, the investigators found that few midwives or nurses followed the rules for clean delivery, despite formal training and considerable knowledge about how infection is spread. In addition, even though latex gloves were available, they rarely were used. “It was not uncommon for the midwives to wear a glove on only one hand during vaginal delivery; the other glove was reserved for a later delivery.” When gloves were available, they were often contaminated or reused.10

**Gauze Misuse**

During a field visit in 1995 to work on prototype kits in Nepal, PATH staff found that trained attendants used gauze to wipe the babies’ eyes, but that untrained attendants were using it to wipe off feces and/or put it on the umbilical cord as a dressing.11
**Protecting the Quality of the Contents**

The primary role of kit packaging is to maintain the cleanliness of the kit contents. The contents should be individually wrapped in paper or plastic, and then placed together in a small, sealed, plastic bag. This protects the contents from moisture, dust, and rodents. Razor blades are especially vulnerable to moisture and may rust. While most delivery kit packaging consists of a plastic bag that contains all of the kit contents, some kit producers also insert the plastic bag into a thick paper box. The box serves as a second layer of protection and makes them easier to store and display in retail outlets.

**Using Cost-effective Packaging**

Kit designers should use cost-effective packaging that will not significantly increase the overall cost of the kit. The cost of printing labels and/or paper boxes can be substantial and must be considered as part of the total packaging costs.

**Motivating Wholesalers and Retailers to Stock and Sell the Kit**

Commercial kits require packaging that appeals more strongly to wholesalers, retailers, and potential users. If the kits are small and durable, wholesalers will be more inclined to stock them in large quantities, and retailers will be more likely to devote shelf space to the product. Small size and durable packaging also enable NGOs and community groups to store, distribute, and sell the kits more easily.

### 3.5 Identifying a Retail Price

The final design of kit contents and packaging is a combination of what potential buyers want in a kit, what public health officials see as appropriate, and what is feasible, given cost constraints. The retail price of the basic delivery kit should be based on the affordability data obtained through the field test, program subsidies, and program costs. For a discussion of program costs and budgets, please see Section 4.2, Step 4.

Pricing for a long-term strategy (for a large project) should be based on production of at least 10,000 kits, fewer for a smaller project. An estimate of 30 percent can be used for overhead, distribution, and promotion costs. Commission can be calculated
at 25 percent. The test market preparation will confirm these figures or show how they should be adjusted.

The per-unit costs for a basic delivery kit may resemble the following examples.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soap</td>
<td>0.50</td>
</tr>
<tr>
<td>Razor blade</td>
<td>1.50</td>
</tr>
<tr>
<td>Plastic sheet</td>
<td>2.00</td>
</tr>
<tr>
<td>Small plastic package</td>
<td>0.05</td>
</tr>
<tr>
<td>Large plastic package</td>
<td>0.10</td>
</tr>
<tr>
<td>String</td>
<td>0.07</td>
</tr>
<tr>
<td>Pictorial insert</td>
<td>0.75</td>
</tr>
<tr>
<td>Box</td>
<td>1.00</td>
</tr>
<tr>
<td>Labor</td>
<td>0.50</td>
</tr>
</tbody>
</table>

**Subtotal**  
**6.47**

Overhead expense (30%)  
1.94

**Subtotal**  
**8.41**

Commission (25%)  
2.10

**Total Price**  
**10.51**

The recommended kit price for test market is between 11.50 and 13.00 units of currency.¹³

The recommended retail price of the kit should be affixed to the kit with a sticker at the assembly site prior to distribution. Priced kits increase buyer confidence by placing a value on the kit and assuring them that they are not being charged too much. Prices must be controlled in order to optimize the profit margin for the kit producers, wholesalers, and retailers while keeping the kit within the affordable range of poor families.

Work Tool 3.19 provides a sample delivery kit cost breakdown from Nepal.¹⁵

---

**In Banjura, Nepal, Men’s Concern About Kit Cost**

“It is not necessary to spend even 15 rupees when there’s a haiya (sickle) already here in the house. It costs nothing and was always used before.”¹⁴

---

**Determining Price**

An important part of marketing commercial or partially subsidized basic delivery kits is pricing. Pricing may vary according to local users’ willingness and ability to pay for the product. For example, in Nepal, market research indicated that, although a small amount of money is spent on items for the delivery itself, families do spend significant amounts on birth items such as special foods, gifts, and oils needed for a purification ceremony. The data showed that families are able to pay cash for birth-related purchases (up to 2,000 Nepalese Rupees), and that a retail price of 15 Rupees (US$0.20) would make the kit affordable to most families.¹¹
Planning a Basic Delivery Kit Project

Work Tools

Adapt as needed for local circumstances.
### 3.1 Sample Work Plan and Timeline for Basic Delivery Kit Project

<table>
<thead>
<tr>
<th>Activities</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation Analysis</strong></td>
<td></td>
</tr>
<tr>
<td>Survey key documents</td>
<td>1 X</td>
</tr>
<tr>
<td>Conduct limited focus-group discussions with target audiences (women and TBAs)</td>
<td>2 X</td>
</tr>
<tr>
<td>Conduct limited in-depth interviews with NGO and MOH staff</td>
<td>3 X</td>
</tr>
<tr>
<td>Determine availability of local kits and UN kits</td>
<td>4 X</td>
</tr>
<tr>
<td><strong>Assessing Feasibility</strong></td>
<td></td>
</tr>
<tr>
<td>Assess program resources</td>
<td>5 X</td>
</tr>
<tr>
<td>Assess local collaborators</td>
<td>6 X</td>
</tr>
<tr>
<td>Assess availability of raw materials</td>
<td></td>
</tr>
<tr>
<td><strong>Deciding to Develop a Basic Delivery Kit Program</strong></td>
<td></td>
</tr>
<tr>
<td>Make final decision</td>
<td>7 X</td>
</tr>
<tr>
<td>Establish a technical advisory committee, if useful</td>
<td>8 X</td>
</tr>
<tr>
<td>Assign program responsibilities to specific staff</td>
<td>9 X</td>
</tr>
<tr>
<td>Recruit staff (and consultants), if needed</td>
<td>10 X</td>
</tr>
<tr>
<td><strong>Needs Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>Supplement data from situation analysis</td>
<td>11 X</td>
</tr>
<tr>
<td>Conduct qualitative research on delivery practices</td>
<td>12 X</td>
</tr>
<tr>
<td>Analyze data</td>
<td>13 X</td>
</tr>
<tr>
<td>Prepare brief report</td>
<td>14 X</td>
</tr>
</tbody>
</table>
### 3.1 Sample Work Plan and Timeline (continued)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td><strong>Market research</strong></td>
<td></td>
</tr>
<tr>
<td>Conduct in-depth interviews with purchasers, retailers, distributors, potential users</td>
<td>X X X</td>
</tr>
<tr>
<td>Analyze data</td>
<td>X</td>
</tr>
<tr>
<td><strong>Manufacturer's Survey</strong></td>
<td></td>
</tr>
<tr>
<td>Conduct interviews with manufacturers of kit items</td>
<td>X X</td>
</tr>
<tr>
<td><strong>Design Prototype Kit Contents and Packaging</strong></td>
<td></td>
</tr>
<tr>
<td>Decide on kit contents</td>
<td>X</td>
</tr>
<tr>
<td>Develop pictorial instructions, and pretest</td>
<td>X X</td>
</tr>
<tr>
<td>Develop kit package, and pretest</td>
<td>X X</td>
</tr>
<tr>
<td><strong>Field Trial</strong></td>
<td></td>
</tr>
<tr>
<td>Assemble prototype kits</td>
<td>X X X</td>
</tr>
<tr>
<td>Develop an assembly work plan</td>
<td>X</td>
</tr>
<tr>
<td>Establish kit assembly site and storage</td>
<td>X X</td>
</tr>
<tr>
<td>Train kit assemblers</td>
<td>X</td>
</tr>
<tr>
<td>Produce sufficient number of kits for field trial</td>
<td>X X</td>
</tr>
<tr>
<td>Develop a monitoring and quality assurance plan</td>
<td>X</td>
</tr>
<tr>
<td>Develop field trial strategy</td>
<td>X X</td>
</tr>
<tr>
<td>Data-collection tools</td>
<td>X</td>
</tr>
<tr>
<td>Determine field trial sites</td>
<td>X</td>
</tr>
</tbody>
</table>
### 3.1 Sample Work Plan and Timeline (continued)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Field Trial (continued)</strong></td>
<td></td>
</tr>
<tr>
<td>Recruit and train field trial assistants and field trial supervisors</td>
<td>X X</td>
</tr>
<tr>
<td>Distribute prototype kits to pregnant women</td>
<td>X X X</td>
</tr>
<tr>
<td>Conduct postnatal interviews with women</td>
<td>X X X X</td>
</tr>
<tr>
<td>Analyze data</td>
<td>X X X</td>
</tr>
<tr>
<td>Modify kit, as needed</td>
<td></td>
</tr>
<tr>
<td><strong>Test Market</strong></td>
<td></td>
</tr>
<tr>
<td>Determine appropriate retail and community outlets</td>
<td>X X X</td>
</tr>
<tr>
<td>Determine demand for kits for test market period</td>
<td>X X</td>
</tr>
<tr>
<td>Determine distribution channels and distributors</td>
<td>X X X</td>
</tr>
<tr>
<td>Decide on kit price</td>
<td>X</td>
</tr>
<tr>
<td>Recruit and train &quot;test market assistants&quot;</td>
<td>X X</td>
</tr>
<tr>
<td>Develop a promotional strategy for the kits</td>
<td>X</td>
</tr>
<tr>
<td>Determine key messages for each audience</td>
<td>X</td>
</tr>
<tr>
<td>Design/develop promotional materials/activities</td>
<td>X X X</td>
</tr>
<tr>
<td>Pretest all promotional materials</td>
<td>X X</td>
</tr>
<tr>
<td>Sell kits</td>
<td>X X X</td>
</tr>
<tr>
<td>Conduct in-depth interviews with vendors and purchasers</td>
<td>X</td>
</tr>
</tbody>
</table>
### 3.1 Sample Work Plan and Timeline (continued)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Market (continued)</td>
<td></td>
</tr>
<tr>
<td>Modify kit packaging, distribution channels, and promotions</td>
<td>X</td>
</tr>
<tr>
<td>Develop an Integrated MCH Strategy</td>
<td></td>
</tr>
<tr>
<td>Select target areas</td>
<td>X</td>
</tr>
<tr>
<td>Develop training strategy</td>
<td>X</td>
</tr>
<tr>
<td>Involve health workers in kit activities</td>
<td>X X X X</td>
</tr>
<tr>
<td>Continue kit assembly</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Distribute the kit</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Integrate clean delivery practices into health education</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Promote clean delivery practices and kit use</td>
<td>X X X X X X X X X</td>
</tr>
<tr>
<td>Socially market the kit (see Section 5)</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Develop monitoring indicators and instruments (see Section 6)</td>
<td>X X</td>
</tr>
<tr>
<td>Monitor and evaluate</td>
<td>X X X X X X X X X X</td>
</tr>
<tr>
<td>Subsidizing and Sustaining Kit Activities</td>
<td></td>
</tr>
<tr>
<td>Determine if production and distribution are cost-effective</td>
<td></td>
</tr>
<tr>
<td>Determine if supervision and monitoring are adequate</td>
<td>X X</td>
</tr>
<tr>
<td>Review monitoring activities</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Modify program strategy based on monitoring data</td>
<td>X X X X</td>
</tr>
</tbody>
</table>

(Continuation of delivery kit development program)
WORKING TOOLS

3.2 SAMPLE FOCUS GROUP DISCUSSION TOPIC GUIDE FOR MOTHERS

NEEDS ASSESSMENT

Target Audience

Women who have given birth to at least one child within the last two years.

Objectives

• To determine women’s traditional birth practices and knowledge.
• To understand their concept of cleanliness during delivery.
• To determine their interest in using a basic delivery kit.

Site

Rural site___
Urban site___

Topic Guide

Introduction

Introduce yourselves and your agency. Describe the objectives of the discussion.

Conduct a warm-up session. Informally, talk about children, pregnant women, agriculture, and other matters of interest to the mothers.

Request that the women talk openly about their delivery experiences. Emphasize that there are no right or wrong answers. All their beliefs, experiences, and opinions are valuable.

Ask permission to record them. Explain that participants’ answers will be kept confidential.

Have participants introduce themselves.
Delivery Experiences

Encourage all the participants to share their delivery experiences. The facilitator should ask probing questions such as:

- How many children have you had?
- Do you deliver alone at home, at home with the assistance of someone, or at a medical site?
  - If you depend on an assistant, what type of assistant? A relative, friend, untrained TBA, or trained TBA?

Clean Delivery Practices

Questions may include the following:

- What, if anything, do you or your family members do to prepare for delivery?
  - What household items do you prepare?
  - What supplies are purchased in preparation for the delivery?

- We are hearing the expression “clean delivery” more and more in the community. Can you tell me what is meant by “clean delivery?”
  - How would you prepare for a clean delivery?
  - How important is clean delivery for the health of your baby?

- Can you tell me about your hand washing during the delivery process? At what point during the process do you or your assistant wash your hands?
  - Do you use soap to wash your hands? Why or why not?
  - Why do you wash your hands?

- Please tell us about the techniques you or your assistant use for cord care during delivery.
  - How is the cord cut?
  - Who cuts the cord?
  - What is used to cut and tie the cord?
  - What, if anything, is done to prepare the items used to cut the cord?
  - What, if anything, is done to the cord after it is cut?
**Delivery Supplies and Equipment**

Questions may include the following:

- We talked about the items used for cord cutting. What other supplies do you use during and after delivery?
  - What do you consider the most important supplies for delivery?
  - What, if anything, is done to prepare these items for delivery?

- Who decides which supplies should be purchased for delivery?
  - Who actually buys them?

- Where are these supplies purchased?
  - How difficult or easy is it to get them?
  - How much money is spent on these supplies?

- What do you think about putting all the important supplies in one packet?

**Feedback on Sample Delivery Kits**

Present three different delivery kit samples to the participants. Show the contents of each kit and ask the women to say whether they would use each component and why.

Start a discussion about the kits:

- Which of the three packets do you prefer?
  - What do you like and dislike about each of them?
  - Which items are necessary/not necessary?
  - Is there anything you do not understand about the kit components? If so, please explain.
  - Is there anything you would add to the kits?

- Which item in these kits is the most useful?

**Opinions About Buying Delivery Kits**

Questions may include the following:

- What is your opinion about buying a delivery kit?
• Would you buy one if it were available? If not, why not?
  - Do you think other women like you would buy one? If not, why not?
  - If yes, how much would they be willing to pay for one?
  - Where or from whom would they prefer to buy it?

• How could we motivate women who might not be interested in buying a kit?
  - What information about the kit would be important to provide?

• What are the best ways to tell families about the kit?

• How would you describe the kit to other users? To your husband or mother-in-law?

• How much do people usually spend for delivery? For birth rituals?

**Kit Packaging**

Questions may include the following:

• What would be a good name for the kit?

• Which picture would you like to see on the outside of the packet?

• What color would you prefer for the kit packet?

• What kind of instructions would be helpful to mothers like you?

• What would you do with the components after using the kit?

**Thank you!**

*Your experience and help will be beneficial in developing the basic delivery kit.*
3.3 In-depth Interview Topic Guide for Household Purchasers

Needs Assessment

Target Audience

Household purchasers

Objectives

- To identify the purchasing patterns of household members likely to be responsible for health and/or delivery supplies.
- To identify their opinions about a basic delivery kit.

Site

Rural site___
Urban site___

Topic Guide

Introduction

Introduce yourself and your organization. Describe the program briefly. Emphasize that the participant’s opinions and experiences are valuable, and that there are no right or wrong answers. Also emphasize that answers are confidential.

Information About the Purchaser

Obtain information about their:

- age;
- relationship to head of family;
- whether this person is responsible for household purchases (if not, then who else in the family buys goods);
• who in the family makes the decisions about purchases of household items such as clothes, food, and medicine;
• distance from the marketplace.

**Purchasing Patterns**

Questions may include:

• What types of goods do you purchase for the household?
• What are the prices of these goods?
• How often do you purchase these goods?
• Where do you purchase these goods?
• Where do you get the money to purchase them?

**Purchasing Pattern for Delivery Equipment**

Questions may include:

• Do you purchase special goods for the delivery period?
  - If yes, what items do you purchase?
• Who decides what items should be purchased for the delivery?
• Who actually purchases the items?
• Which of these items are most important? Why?
• When are these items purchased (how long before the baby is due)?
• Where do you purchase them?
• How much do you pay for these items?

**Opinion About a Basic Delivery Kit**

• How would you feel about being able to purchase all items necessary for delivery in one packet?
• What price would you pay for such a packet?
• Where would you prefer to buy this packet?

**Thank you!**

*Your experience and help will be beneficial in developing the basic delivery kit.*
3.4 Sample Questionnaire for Merchants

Needs Assessment

Target Audience

Retailers who own or run small shops, drug stores, or market stands.

Objectives

- To determine retailers’ selling patterns, clientele, and product line.
- To identify retailers’ opinions, ideas, and suggestions about the sample delivery kit.

Questionnaire

Introduction

Introduce yourself and your agency. Describe the objectives of the questionnaire. Ask the retailer to introduce him/herself.

Request that the retailer talk openly about his/her selling patterns and ideas about the product you will show them. Emphasize that there are no right or wrong answers. All their beliefs, experiences, and opinions are valuable.

Market area: _________  District: _________

1. How many days is the market open?
   - 1 day a week___
   - 2 days a week___
   - 3 days a week___
   - more than 3 days a week___

2. How many days is your shop open?
   - 1 day a week___
   - 2 days a week___
   - 3 days a week___
   - more than 3 days a week___
3. What do you sell in your shop?
   - Vegetables____
   - Rice, pulse, spices____
   - Sugar, tea, biscuits, and cigarettes____
   - Medicine____
   - Fabric and clothes____
   - Other____

4. How much do you sell in a week?
   - Vegetables____
   - Rice, pulse, spices____
   - Sugar, tea, biscuits, and cigarettes____
   - Medicine____
   - Fabric and clothes____
   - Other____

5. Who usually buys your goods?
   - Men____
   - Women____
   - Children____

6. How much does one person generally buy?

7. Which item do you sell the most, and what is the price of it?

8. How many competitors are there in your market?
   - 0-4____
   - 5-9____
   - 10-15____
   - more than 15____

Show the merchant samples of delivery kits, explaining the components and the purpose of the kit. Ask the merchant:

9. Would it be possible to sell the kit in your market?
   - Yes____
   - No____

   If not, why not? Where do you think it could be sold?
10. If yes, who will buy the product?
   Husbands of pregnant women___
   Pregnant women___
   TBAs___
   Others___

11. What type of packaging do you like?
   Plastic___
   Cloth___
   Cardboard___
   Other___

12. What would be the appropriate distribution channels for the kit?
   Agent___
   Wholesaler___
   Retailer___
   TBA___
   Family planning agent___
   Other___

13. What places would be appropriate to sell the kit?
   Weekly market___
   Tea shop___
   Fabric shop___
   Medical store___
   Health post___
   Village health committee___
   TBA___
   Other___

14. What would be a good brand name for it?

15. What would be a good price for it?

16. Do you have any other suggestions?

**Thank you!**

*Your experience and help will be beneficial in developing the basic delivery kit.*
Target Audience

Health program staff, NGO staff, and community health workers who have experience in delivery kit projects.

Objectives

To gather information from experienced agencies and individuals about preferred packaging, marketing, and distribution channels for a basic delivery kit.

Questionnaire

Introduction

Introduce yourself and your agency. Describe the objectives of the questionnaire. Ask the respondent to introduce him/herself.

Request that the respondent talk openly about his/her store/pharmacy and ideas about the product you will show. Emphasize that there are no right or wrong answers. All their beliefs, experiences, and opinions are valuable.

Name of the organization:______________________________________________
Type of organization: ________________________________________________
Address:_____________________________________________________________
Organization’s activities: ______________________________________________
Working areas: _______________________________________________________

First, ask the staff member to describe his/her experience with the basic delivery kit in detail. Then obtain more information about his/her ideas for marketing and distribution of the kit by asking the questions below:

1. Is it possible to sell a basic delivery kit in the market?
   Yes___
   No___
2. Who will buy the product?
   - Husbands of pregnant women
   - Pregnant women
   - TBAs
   - Others

3. What type of packaging do you like?
   - Plastic
   - Cloth
   - Cardboard
   - Other

4. What would be appropriate distribution channel(s) for a basic delivery kit?
   - Sales agent
   - Retailer
   - Small shop
   - Family planning worker
   - Health worker
   - Women’s organization
   - TBAs
   - Community-based distributors
   - Other

5. Which place(s) would be appropriate to sell a basic delivery kit?
   - Weekly market
   - Tea shop
   - Fabric shop
   - Medical store/pharmacy
   - Health post
   - Village health committee
   - Other

6. What would be a good brand name for it?

7. What would be a good price for it?

8. Do you have any other suggestions?

Thank you!

Your experience and help will be beneficial in developing the basic delivery kit.
3.6 Sample Questionnaire for Medical Stores and Pharmacies

Needs Assessment

Target Audience

Retailers who own or run medical stores and pharmacies.

Objectives

- To determine medical store and pharmacy retailers’ selling patterns, clientele, and product line.
- To identify retailers’ opinions, ideas, and suggestions about the sample delivery kit.

Questionnaire

Introduction

Introduce yourself and your agency. Describe the objectives of the questionnaire. Ask the respondent to introduce him/herself.

Request that the respondent talk openly about his/her store/pharmacy and ideas about the product you will show. Emphasize that there are no right or wrong answers. All their beliefs, experiences, and opinions are valuable.

Name of respondent or business: _______________________________________
Address: ____________________________________________________________

How many patients will come for a check-up every (if applicable)
   Day____
   Week____
   Month____

What types of medicines do you sell?
How much do you charge for oral rehydration salts? (ORS is an example of another socially-marketed MCH health product that families purchase to prevent or treat diarrheal disease in children. When considering introducing basic delivery kits into a similar market, it is useful to collect information about medical retailers’ experience with ORS.)

Who buys oral rehydration salts?
- Men___
- Women___
- Children___

How did they learn about oral rehydration salts?
- Newspaper___
- Radio___
- Poster___
- Public loudspeakers___
- Health workers___
- Other___

How do you and others bring oral rehydration salts here?
- Agent___
- He/she goes to market___
- Other___

How often do you buy the oral rehydration salts?
- Every week___
- Every 2 weeks___
- Every 3 weeks___
- Once a month___
- After more than a month___

How many packets do you sell per
- Day____
- Week____
- Month____

Describe the basic delivery kit in detail. Show delivery kit prototypes, explain the components, and discuss the purpose of the delivery kit. Then ask the following questions:
Is it possible to sell this type of delivery kit in your medical shop/pharmacy?
   Yes___  
   No___  

Who would buy the kits?
   Men___  
   Women___  
   Children___  

What type of packaging do you like?
   Plastic___  
   Cloth___  
   Cardboard___  
   Other___  

Which places would be appropriate to sell the kit?
   Weekly market___  
   Clothing shop___  
   Small food store___  
   Supermarket___  
   Medical shop/pharmacy___  
   Medical shop___  
   Health post___  
   TBA___  
   Other___  

What would be the appropriate distribution channel(s) for it?
   Agent___  
   Wholesaler___  
   Retailer___  
   TBA___  
   Family planning agent___  
   Other___  

What would be the appropriate advertising media for promoting the kit?
   Poster___  
   Instruction___  
   Radio___  
   Newspaper___  
   Public loudspeakers___  
   Other___
What would be a good brand name for the kit?

What would be an appropriate price at which to sell it?

Would you be interested in selling this product in the future?
   Yes___
   No___
   Why?

Do you have any other suggestions?

Thank you!

Your experience and help will be beneficial in developing the basic delivery kit.
3.7 Manufacturers’ Survey Form

**Needs Assessment**

**Target Audience**

Manufacturers who produce one or more kit items.

**Objectives**

- To determine manufacturers’ product line, market share, and production capacity.
- To identify manufacturers’ level of interest in producing or subsidizing kit components.

**Survey Guide**

**Introduction**

Introduce yourself and your agency. Describe the objectives of the survey. Ask the respondent to introduce him/herself.

Request that the respondent talk openly about his/her manufacturing site and experiences. Emphasize that there are no right or wrong answers. All his/her ideas are valuable.

**Identification of the Producer**

Company name:______________________________________________________
Address:_____________________________________________________________
Telephone: __________________________________________________________
E-mail:_______________________________________________________________
Person(s) interviewed:_______________________________________________
Name of kit item produced: ____________________________________________
**Quality of Item**

Topics and questions that are useful to include in the survey may include, but are not limited to, the following:

1. Please describe the quality of your product and how it compares in price with the same product manufactured by other companies.

2. Who is your biggest customer for this item?

3. Which company is your biggest competitor for this product?

4. How is your product different from that of other manufacturers?

**Production and Supply**

5. Would you be prepared to supply your item(s) in special orders to our organization?
   
   Yes___
   No___

6. Based on the quantity of products that we will need over a six-month and one-year period, what would be the wholesale price of a six-month supply? Of a one-year supply?

7. Will you cut the product to our specifications prior to delivery? If so, is this included in the price? If not, what is the cost?

8. Do you deliver the product? If not, how is it distributed?

9. If you deliver, what type of delivery schedule could be arranged for our assembly site?

10. If you do not deliver, how will these items be delivered?

11. How much is the delivery cost?

12. Please provide us with references of other businesses that depend on you to deliver supplies.

13. What guarantees do you provide for timely distribution of the supplies?
14. Who is responsible if we are not satisfied with the quality of the product or the delivery schedule?

**Willingness to Subsidize the Product**

15. Would you be willing to sell your product at a subsidized rate?
   
   Yes___ If so, what would be the rate?
   
   No___ If not at this time, what issues would you need to consider before deciding to subsidize the product?

16. Would you be willing to subsidize the kit by supplying other products that we decide to put into the kit?
   
   Yes___ If so, which products would you contribute?
   
   No___

**Thank you!**

*Your experience and help will be beneficial in developing the basic delivery kit.*
The Save the Children Alliance (Save the Children/US, Save the Children/UK, Redd Barna) is developing a simple, low-cost, disposable delivery kit that will eventually be sold through commercial channels.

There are four phases to this research project. Phase I, the needs assessment portion, includes information-gathering activities in three areas in Nepal: Siraha, Surkhet, and Lamjung. These areas were chosen to represent different ethnic and geographic variations that could influence the purchase and use of a delivery kit.

Based on this very preliminary information, choices were made about prototype kit design and contents. The simple kit is based on the WHO concept of the “six cleans,” including clean hands, clean delivery surface, and clean cord tying and cutting implements. In addition, a clean cutting surface has been added, because preliminary research shows that birth attendants use dirty surfaces for cutting the cord. Finally, we have included a pictorial insert that shows how to use the kit contents.

Phase II of the project is to test the prototype kit during actual deliveries in representative areas of Nepal. The Save the Children Alliance requests your assistance in implementing field activities for the second phase of the project. The objective of this phase is to test prototype delivery kits in representative areas of Nepal. We also want to assess people’s comprehension of the pictorial insert and use of the delivery kit. To test the kit, we request your help in doing the following:

1. Identify up to five women in your area who are seven to nine months pregnant who will be in the same location following delivery. If any of them will be in another location/district after delivery, determine how to locate them.
2. Briefly explain that you are testing a kit to be used during deliveries (but do not explain how to use the kit—one of the goals is to test comprehension of the pictorial insert). Explain that you would like her to use the kit during her delivery. Explain that the kit will make delivery preparation easier and more convenient.

3. Give her a sample kit.

4. Complete a registration form (Work Tool 3.11) for each woman to whom you give a sample kit.

5. Return within two weeks after her delivery (the sooner, the better), and interview her using the interview form. Encourage the presence of the mother-in-law, husband, or whoever else assisted or was present during the delivery.

6. The voluntary services organization (VSO) volunteers should either send or bring in the interview forms and unused kits to Save the Children/US. The project will reimburse the cost of the registered parcel post upon receipt of the bill.

7. If possible, observe deliveries while the kits are used, and fill in the observation forms. We realize this may be very difficult, but it would be extremely useful. Do not intervene in the use of the kit contents.

We appreciate your assistance during this phase of the project. We hope to collect user feedback from as many areas of Nepal as possible, in order to design a kit that is acceptable and affordable. We would also appreciate any other suggestions you may have concerning kit design, promotion, and distribution. We will share the findings of the research with you at the end of the final phase (test market) of the project.

Thank you for your assistance.

**Enclosures (to be given to field workers with the above letter)**

- Leaflet explaining project
- 5 clean delivery kits (for distribution)
- 1 opened delivery kit
- 5 interview forms
- 5 observation forms
- 5 antenatal registration forms
Field Assistant Orientation

1. Field assistants should have the following characteristics:
   - Be knowledgeable about the local area.
   - Have knowledge of health.
   - Have some knowledge of interview or survey techniques.
   - Be willing to travel into areas by foot to identify pregnant women and to conduct follow-up interviews.

2. Orientation:
   - Give overview of project and explain rationale for field trials.\textsuperscript{16}
3.9 Responsibilities of Field Trial Workers and Field Supervisors

Field Trial

Field Trial Workers

Each field trial worker will have the following responsibilities:

1. Identify a mother who is about seven to nine months pregnant.
2. Register the mother using the registry form.
3. Supply the kit in her seventh, eighth, or ninth month of pregnancy.
4. Administer the postnatal questionnaire within one month after delivery.

If the mother is eight to nine months pregnant during the time she is registered, the kit must be supplied immediately. The field trial worker must explain the purpose of the basic delivery kit but should not discuss how the contents are used. The kit should not be opened until the time of delivery. The field trial worker should also inform the mother that she will return within one month of delivery to ask about her use and acceptance of the kit.

Field Investigators

The field investigators will be responsible for supervising the field trial workers.

The supervisors should ensure that:

1. Only women who are seven- to nine-months pregnant are registered.
2. Registry forms are completed correctly.
3. A kit is supplied to the mother in her seventh, eighth, or ninth month of pregnancy.
4. A postnatal follow-up is conducted within one month after delivery.
5. The postnatal questionnaire is completed properly.
6. The reports (registry forms and postnatal questionnaires) are submitted on time.
7. Each field trial worker has covered ___ pregnant mothers for a ___-month period.
8. All activities are on schedule.

The field trial workers will be accompanied by the field investigators during the first three postnatal interviews. The supervision will be continued weekly by meetings between the field investigators and field trial workers. A monthly meeting will be held to monitor the progress of the field trials and to problem-solve.

**Consolidating the Postnatal Questionnaires**

The field investigators will start collecting and consolidating the postnatal questionnaires as soon as they are completed. Consolidated data will be submitted to the research assistants who will analyze all data. All information should be available at the main office ___ months after the start of the field trial.
### Field Trial

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration: 1 day</th>
<th>Content</th>
<th>Methods and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 a.m. to 12:30 p.m.</td>
<td></td>
<td>• Introduction</td>
<td>• Register</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Objectives of program, kit contents</td>
<td>• Basic delivery kit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Objective of field trial</td>
<td>• Discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Target of kit testing in the area</td>
<td>• Observation forms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Total number of postnatal interviews</td>
<td>• Role plays</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Time duration for field trial</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How to identify and select pregnant mothers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How to register the pregnant mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In-depth interview techniques</td>
<td></td>
</tr>
<tr>
<td>12:30 to 1:00 p.m.</td>
<td></td>
<td>• Lunch</td>
<td></td>
</tr>
<tr>
<td>1:00 to 4:00 p.m.</td>
<td></td>
<td>• Briefing the pregnant mother about basic delivery kits</td>
<td>• Role play to practice interview techniques and filling</td>
</tr>
</tbody>
</table>
|                    |                 | • When to interview postnatal mother                                     | out the data forms
|                    |                 | • How to communicate with health-related government organizations and   |                                                            |
|                    |                 |   NGOs in district                                                      |                                                            |
|                    |                 | • Reporting procedures                                                  |                                                            |
3.11 **Sample Pregnant Woman Registration Form**

**Field Trial**

**Contact Information**

Name of woman: __________________________ Age:____
Address: ________________________________________________________
Total number of children: ___ Male:___ Female:___
Location where she can be found after delivery: __________________________

Date of first contact: ____________
Date of follow-up visit: ____________
Date of subsequent visits: ____________
Approximate date of delivery: ____________

**Instructions**

1. Introduce yourself and explain basic delivery kit distribution.

2. Register only women who are seven to nine months pregnant. Obtain consent for participation.

3. Give pregnant woman the basic delivery kit, and explain that you will return within two weeks of delivery to ask her questions about her experiences with the kit.

4. Thank the woman for her participation.

5. Give an approximate time for the return visit, and verify a location where she can be found.
3.12 SAMPLE POSTNATAL INTERVIEW QUESTIONNAIRE

FIELD TRIAL

Interviewer name: _____________________________
Interview number: ____________________________
Site: ____________________________

Target Audiences

Women who used the delivery kit during their most recent delivery.

Objectives

- To identify the clean and unclean practices of the mother and/or her attendant during the birth.
- To determine how and why each kit item was used or not used.
- To identify how kit items are disposed of.

Identification Information

- Full name: ____________________________  Age: ______
- Husband’s name: ____________________________
- District: ____________________________
- Date of delivery: ____________________________
- Date of interview: ____________________________

General Introduction

Explain that you wish to ask the woman and/or her helper some questions about her delivery. (If the interviewer did not observe the delivery, ask all questions. If interviewer was present at the time of the delivery, begin with question 14.)

1. Was the kit used? Yes___ No___
   If no, why?
2. What surface was put under you for delivery?
   - Plastic sheet from kit___
   - Cloth from home___
   - Sack from home___
   - Nothing___
   - Do not know___
   - Other (specify)____________________

3. While waiting for the placenta to be delivered was the baby wrapped?
   - Yes___
   - No___

4. Who cut the baby’s cord?
   - Trained TBA___
   - Untrained TBA___
   - Self___
   - Relative___
   - Husband___
   - Friend___
   - Other (specify)____________________

5. What did this person use to wash his/her hands? Soap from the kit?___
   - Other soap?___

   If he/she used soap to wash his/her hands, ask when:
   - Before delivery only___
   - Before cord cutting only___
   - Before delivery and again before cord cutting___
   - After cord cutting only___
   - Both after and before cord cutting___
   - No response___
   - Other (specify)____________________

6. What did this person use to tie the cord?
   - Thread from kit___
   - Other thread___
   - New thread___
   - Other (specify)____________________

   If thread from the kit was used, how many ties were used?_________________
7. What did this person use to cut the cord?
   - Razor blade from kit___
   - Other new razor blade___
   - Old razor blade___
   - Sickle___
   - Other (specify)__________________

8. What cutting surface was used to cut the cord?
   - Cutting surface from kit___
   - Wooden piece___
   - Old razor blade___
   - Coin___
   - Nothing___
   - Other (specify)__________________

9. What was put on the cord after the cutting?
   - Nothing___
   - Ashes___
   - Mustard oil___
   - Animal dung___
   - Cloth___
   - Other (specify)__________________

10. How were the kit contents disposed of?
    - Cleaned and put away___
    - Burned___
    - Buried___
    - Other (specify)__________________

11. If the kit contents were kept, what items were kept?

12. (Show the items of the kit.) Please tell us:
    - Whether or not you used the items.
    - How each item was used and the order in which the item was used?
Interviewer: Give respondent kit and fill in the chart below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Item Used?</th>
<th>In which order used?</th>
<th>How was the item used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pictorial instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic sheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Razor blade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cord ties</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. How did you know how to use the kit contents?
   - Looked at pictorial insert___
   - Health worker/volunteer explained___
   - Other (specify)______________________

14. Did you or your helper look at this insert before delivery? (Show mother insert.)
   Yes___ No___
   If yes, was it helpful in knowing how to use the items in the kit?
   Yes___ No___
   If no, why wasn’t it helpful?
   - Did not understand pictures___
   - Already know procedures___
   - No response___
   - Other (specify)____________________

15. Review each picture and list the general interpretation of each picture on the pictorial insert. Briefly explain what is happening in each picture.
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________

16. What did you like about this basic delivery kit? (Check all responses.)
   - Convenience___
   - Safety___
   - Insert picture___
   - Logo design on box___
   - Color of box___
• New kit___
• Special kit___
• Other (specify)____________________

17. What didn’t you like?

18. Would you buy this kit for your next delivery?
   Yes___   No___   Don’t know___   Not up to her___

   If yes, why?

   If no, why not?
   a. Not needed because kit contents are already in home___
   b. Not available___
   c. Cost___
   d. No response___
   e. Objection from family___
   f. Other (specify)____________________

19. How much would you or your family be willing to pay for this kit?_______

20. Would you advise your relative/neighbor to use this kit?
   Yes___   No___

21. What did you think about the color of the kit?
   • Like___
   • Dislike___
   • No response___
   • What would be a better color to use?____________________

22. What do you think of the picture on the kit?
   • Like___
   • Dislike___
   • No response___
   • How would you improve the picture on the kit?
   • From the picture on the box, what do you think the purpose of this kit must be?
23. What is the best way for families to hear about where to buy such a kit? (Check all responses.)
   • Radio___
   • Poster___
   • Flyers___
   • Community health workers___
   • Public loudspeakers___
   • Medical shop/pharmacy___
   • TBAs___
   • Women’s groups/mothers’ groups___
   • Female community health workers___
   • Religious/social leaders___
   • Folk media___
   • Other (specify)__________________

24. Where would be the best place for families to buy such a kit? (Check all responses.)
   • Small shops___
   • Medical shop/pharmacy___
   • Weekly market___
   • Health post___
   • Community health worker___
   • TBA___
   • Women’s groups___
   • Other (specify)__________________

25. During the delivery, which kit contents were not used?

26. Why were they not used?

27. How would you make this kit better?

28. Please give your suggestion for a brand name.

29. During the delivery, what other items did you use from your house or elsewhere that were not in the kit?

30. Special remarks or additional comments:

   Thank you!

   Your experience and help will be beneficial in developing the basic delivery kit.
### 3.13 Sample Field Assistant Training Curriculum

#### Test Market

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
<th>Methods and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 to 10:15</td>
<td>Welcome/Introduction of participants</td>
<td>Registration forms</td>
</tr>
<tr>
<td>10:15 to 11:30</td>
<td>Overview of Program</td>
<td>Brochure</td>
</tr>
<tr>
<td></td>
<td>• Program objectives</td>
<td>Discussion</td>
</tr>
<tr>
<td></td>
<td>• Description of basic delivery kit (contents)</td>
<td>Summary papers</td>
</tr>
<tr>
<td></td>
<td>• Summary of need assessment and field trial findings</td>
<td></td>
</tr>
<tr>
<td>11:30 to 1:30</td>
<td>Objective of Test Market</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Who buys basic delivery kits?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How should kits be promoted?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where would kits be purchased?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What will be the distribution channels?</td>
<td></td>
</tr>
<tr>
<td>1:30 to 2:30</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>2:30 to 4:00</td>
<td>Role and Responsibilities of Field Assistants</td>
<td>Promotional materials</td>
</tr>
<tr>
<td></td>
<td>• Identify distribution channels</td>
<td>Interview forms</td>
</tr>
<tr>
<td></td>
<td>• Supply kits</td>
<td>Role play</td>
</tr>
<tr>
<td></td>
<td>• Resupply kits and collect money</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Distribute and post promotional materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Price and profit margin for distributor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Orient and supervise TBAs/female community health workers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communicate with health workers, shopkeeper, and others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assess promotional materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Interview distributors, users, purchasers, NGOs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Collect balance of kits at the end of test market</td>
<td></td>
</tr>
</tbody>
</table>
### 3.13 Sample Field Assistant Training Curriculum (continued)

#### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
<th>Methods and Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 to 12:00</td>
<td>Promotional Materials</td>
<td>Interview forms</td>
</tr>
<tr>
<td></td>
<td>• Where to hang posters</td>
<td>Discussion</td>
</tr>
<tr>
<td></td>
<td>• Amount of promotional materials in each area</td>
<td>Role play</td>
</tr>
<tr>
<td></td>
<td>• Distribute flash card</td>
<td></td>
</tr>
<tr>
<td>12:00 to 1:30</td>
<td>Assessing Promotional Materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What to assess</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Who, where, and how many will be interviewed</td>
<td></td>
</tr>
<tr>
<td>1:30 to 2:30</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>2:30 to 3:30</td>
<td>• Interview/Reporting forms</td>
<td>Interview forms</td>
</tr>
<tr>
<td></td>
<td>• Questionnaire with shopkeeper, user, purchaser,</td>
<td>Role play</td>
</tr>
<tr>
<td></td>
<td>NGOs, and governmental organizations</td>
<td>Discussion</td>
</tr>
<tr>
<td>3:30 to 4:00</td>
<td>Administrative Issues</td>
<td>Topic guide</td>
</tr>
</tbody>
</table>
### 3.14 Sample Weekly Record Form

#### Test Market

<table>
<thead>
<tr>
<th>Outlet Name</th>
<th>Kit Distribution</th>
<th>Total Number of Kits Sold</th>
<th>Money Collected</th>
<th>Resupply of Kit</th>
<th>Balance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Name:**

**District Health Post:**

**Number of Outlets Visited:**

**Date:**
## Table 1: Record of Kits Supplied and Sold

<table>
<thead>
<tr>
<th>Name of the Area</th>
<th>Supplied</th>
<th>Kits Sold</th>
<th>Kits Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kavre District:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhumlutar Ilaka Health Post</td>
<td>170</td>
<td>166</td>
<td>4</td>
</tr>
<tr>
<td>Dapeha Ilaka Health Post</td>
<td>92</td>
<td>92</td>
<td>-</td>
</tr>
<tr>
<td>Nala Ilaka Health Post</td>
<td>52</td>
<td>39</td>
<td>13</td>
</tr>
<tr>
<td>Khopasi Ilaka Health Post</td>
<td>225</td>
<td>213</td>
<td>12</td>
</tr>
<tr>
<td>Phaehkhali Ilaka Health Post</td>
<td>314</td>
<td>314</td>
<td>-</td>
</tr>
<tr>
<td>Kavre JC FPEP</td>
<td>75</td>
<td>75</td>
<td>-</td>
</tr>
<tr>
<td>Adra</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Parsa District:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birgunj Ilaka Health Post</td>
<td>176</td>
<td>176</td>
<td>-</td>
</tr>
<tr>
<td>Satworiya Ilaka Health Post</td>
<td>175</td>
<td>175</td>
<td>-</td>
</tr>
<tr>
<td>Bageswori Ilaka Health Post</td>
<td>192</td>
<td>192</td>
<td>-</td>
</tr>
<tr>
<td>Bisrampur Ilaka Health Post</td>
<td>206</td>
<td>206</td>
<td>-</td>
</tr>
<tr>
<td>Sirsiya Ilaka Health Post</td>
<td>141</td>
<td>141</td>
<td>-</td>
</tr>
<tr>
<td><strong>Lumbini Zone:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepal CRS Company</td>
<td>400</td>
<td>399</td>
<td>-</td>
</tr>
<tr>
<td>CARE Nepal</td>
<td>13</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>SC/US Siraha Prototype Kit Terai</td>
<td>125</td>
<td>125</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2359</td>
<td>2327</td>
<td>31</td>
</tr>
</tbody>
</table>
### Table 2: Type of Outlet Percentage

<table>
<thead>
<tr>
<th></th>
<th>Small Shop</th>
<th>Female Community Health Volunteer</th>
<th>TBA</th>
<th>Worker and Women’s Groups</th>
<th>Medical Shop</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kavre District:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khopasi Ilaka Health Post</td>
<td>2</td>
<td>39</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>47</td>
</tr>
<tr>
<td>Dapeha Ilaka Health Post</td>
<td>12</td>
<td>9</td>
<td>1</td>
<td>-</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>Bhumlutar Ilaka Health Post</td>
<td>1</td>
<td>7</td>
<td>26</td>
<td>7</td>
<td>3</td>
<td>44</td>
</tr>
<tr>
<td>Nala Ilaka Health Post</td>
<td>12</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Phaehkhal Ilaka Health Post</td>
<td>-</td>
<td>44</td>
<td>29</td>
<td>7</td>
<td>7</td>
<td>87</td>
</tr>
<tr>
<td>Kavre JC FPEP</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>42</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td><strong>Parsa District:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sirsiya Ilaka Health Post</td>
<td>-</td>
<td>56</td>
<td>30</td>
<td>-</td>
<td>6</td>
<td>92</td>
</tr>
<tr>
<td>Satworiya Ilaka Health Post</td>
<td>27</td>
<td>19</td>
<td>13</td>
<td>1</td>
<td>14</td>
<td>74</td>
</tr>
<tr>
<td>Bisrampur Ilaka Health Post</td>
<td>2</td>
<td>41</td>
<td>26</td>
<td>-</td>
<td>16</td>
<td>85</td>
</tr>
<tr>
<td>Birgunj Ilaka Health Post</td>
<td>1</td>
<td>51</td>
<td>7</td>
<td>-</td>
<td>28</td>
<td>87</td>
</tr>
<tr>
<td><strong>Total Number</strong></td>
<td>57</td>
<td>276</td>
<td>133</td>
<td>59</td>
<td>93</td>
<td>618</td>
</tr>
<tr>
<td><strong>Percentage of Total</strong></td>
<td>9.20%</td>
<td>45%</td>
<td>21.50%</td>
<td>9.50%</td>
<td>15%</td>
<td>100%</td>
</tr>
</tbody>
</table>

(Credit: Maternal and Child Health Products, Ltd.)
### 3.16 Sample Field Assistant Retail Outlet Form

#### Test Market

<table>
<thead>
<tr>
<th>Name of field assistant:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit number:</td>
<td>Date:</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>District name:</td>
<td>Health post name:</td>
</tr>
<tr>
<td>Number of kits supplied initially:</td>
<td></td>
</tr>
<tr>
<td>Number of kits resupplied:</td>
<td></td>
</tr>
<tr>
<td>Amount of money collected:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outlets</th>
<th>Number of Kits Sold</th>
<th>Money Collected</th>
<th>Number Resupplied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

<table>
<thead>
<tr>
<th>Name of Outlets</th>
<th>Number of Kits Sold</th>
<th>Money Collected</th>
<th>Number Resupplied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

1. Who bought the kit?
   a. Husband
   b. Mother-in-law
   c. Mother of pregnant woman
   d. TBA
   e. Other, specify

2. How did they learn about the kit?
   a. Poster
   b. Flyer
   c. Dangler
   d. Flash card
   e. TBA
   f. Community health worker
   g. Doctors, nurses
   h. Literacy class students

3. Other Comments:

---

* Community health volunteer/traditional birth attendant/women’s group
Target Audience

Women, men, and TBAs.

Objectives

To assess promotional materials by conducting focus group discussions (FGDs) and in-depth interviews (IDIs) with various target audiences.

- Conduct FGDs with at least two groups of five to eight women per health post.
- Conduct FGDs with at least two groups of eight to ten men per health post.
- Conduct IDIs with ten trained TBAs in selected health posts.
- Conduct IDIs with five to ten shopkeepers (e.g., medical shops, pharmacies, and grocery shops) near each health post.

Topic Guide

Introduce yourself and your agency. Describe the objectives of the group discussion. Ask the respondents to introduce themselves. Request that the respondents talk openly about their opinions, ideas, and experiences.

Assure participants that the discussion is confidential. Ask the following questions, clarify responses, and encourage discussion by using probing/supporting questions.

Awareness of the Kit

- Are you aware of the basic delivery kit? If so:
  - What have you heard of the delivery kit?
  - How did you hear of the delivery kit?
  - What type of promotional materials have you seen (such as posters, flash cards, or danglers)?
  - Where did you see these materials?
Pretest of the Promotional Materials

- What information is this material trying to convey?
- What does the picture show?
- Are these materials telling you to take any kind of action? If so, what?
- What do the words mean? Are there any words you do not understand? Which words? (If so, explain the meaning of the word and ask the respondents to suggest other words that can be used to convey that meaning.)
- Do the words match the pictures?
- Are there any other words that you think others might have trouble reading or understanding? (If so, ask for alternatives.)
- How do you feel about these materials generally?
- What do you like about these materials? What do you dislike?
- Specifically, what do you think about the design, color, size, and quality of paper and picture?
- Please tell us how we should let others know about the delivery kit. Where are good places for posters?
- We want the materials to be as good as possible and easily understood by others. Please tell us how you would improve the promotional materials.

Conclude the discussion and thank the group for their cooperation.
Sample Questions for Group Pretests

1. What information is this page trying to convey?

2. If there is a picture, what does it show? Is it telling you to do anything? If yes, what?

3. Do the words match the picture on the page? Why or why not?

4. What do you like or dislike about this page?

5. Are there any words in the text you do not understand? Which ones? Please suggest other words that can be used to convey that meaning.

6. Are there any words that you think others might have trouble reading or understanding? (Again, ask for alternatives.)

7. Are there sentences or ideas that are not clear? (If so, have respondent show you what they are.) After explaining the intended message, ask the group to discuss better ways to convey the idea.

8. Is there anything you like or dislike about this insert—such as use of colors or kinds of people represented?

9. We want the materials to be as good as possible and easily understood by others. How can we improve the pictures and the words?
### Sample Delivery Kit Cost Breakdown From Nepal

<table>
<thead>
<tr>
<th>Kit Item</th>
<th>Specification</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardboard box</td>
<td>Box measures 3 in. x 4½ in. x 1 in. Box is red in color with both black and white lettering in Devenargi and Roman script. The front panel shows a picture of a mother sitting holding her newborn baby, and the back panel shows a picture of a birth attendant using the thread, blade, and plastic circle to properly cut and tie a newborn’s umbilical cord. A long side panel shows labeled pictures of all the included items in the kit.</td>
<td>Rs/=89 for 1 box. Local Kathmandu printers produce both the box and insert.</td>
</tr>
<tr>
<td>Paper instructional insert</td>
<td>A paper strip measuring 3½ in. x 2.1 in. with ten pictures and printed instructions showing proper use of the kit for ensuring a clean delivery.</td>
<td>Rs/=50 per piece.</td>
</tr>
<tr>
<td>Plastic wrapper number 1</td>
<td>A thin, heat-sealed plastic wrapper measures 3¼ in. x 4¼ in.</td>
<td>Plastics are usually sold by weight. Rs/=100 per kg. 1 kg yields approx. 300 pieces=Rs/0.33 per.</td>
</tr>
<tr>
<td>Plastic sheet</td>
<td>36 in. x 36 in., 100-gauge plastic film sheet.</td>
<td>Roll of plastic comes in 20 to 25 kg amounts, 100 rupees per kilo. 24 pieces per kg. Per piece Rs/=4.16.</td>
</tr>
<tr>
<td>Soap</td>
<td>1 in. x 1¼ in. x ¼ in. piece of Soltee Brand soap.</td>
<td>Per piece Rs/=94.</td>
</tr>
<tr>
<td>Plastic wrapper number 2</td>
<td>A smaller, heat-sealed wrapper measuring 3 in. x 3¼ in.</td>
<td>1 kg yields approx. 350 pieces. Rs/=100 per kg. Rs/=28 per piece.</td>
</tr>
<tr>
<td>Thread</td>
<td>Three 9-inch pieces of strong thread. “Modi” brand of rolled thread.</td>
<td>Rs/=0.25 per three pieces.</td>
</tr>
<tr>
<td>Blade</td>
<td>One high-quality, double-sided, stainless steel, inside a factory-sealed wrapper.</td>
<td>Rs/=2.03 per piece for “365” brand.</td>
</tr>
</tbody>
</table>

Rs/= means Nepali Rupees

Total kit cost=Rs/=15

Additional costs
- Labor cost—0.40 per kit
- Shipping box—0.10 for 144 piece box; 0.20 for 40 piece box
- Cellotape and shipping tape—0.10
- Overhead and management cost—2.81 rupees per kit

(Credit: Maternal and Child Health Products, Ltd.)
REFERENCES


