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METHODOLOGICAL GUIDELINES FOR SOCIO-CULTURAL STUDIES ON ISSUES RELATED TO BLOOD DONATION

Technology and Health Services
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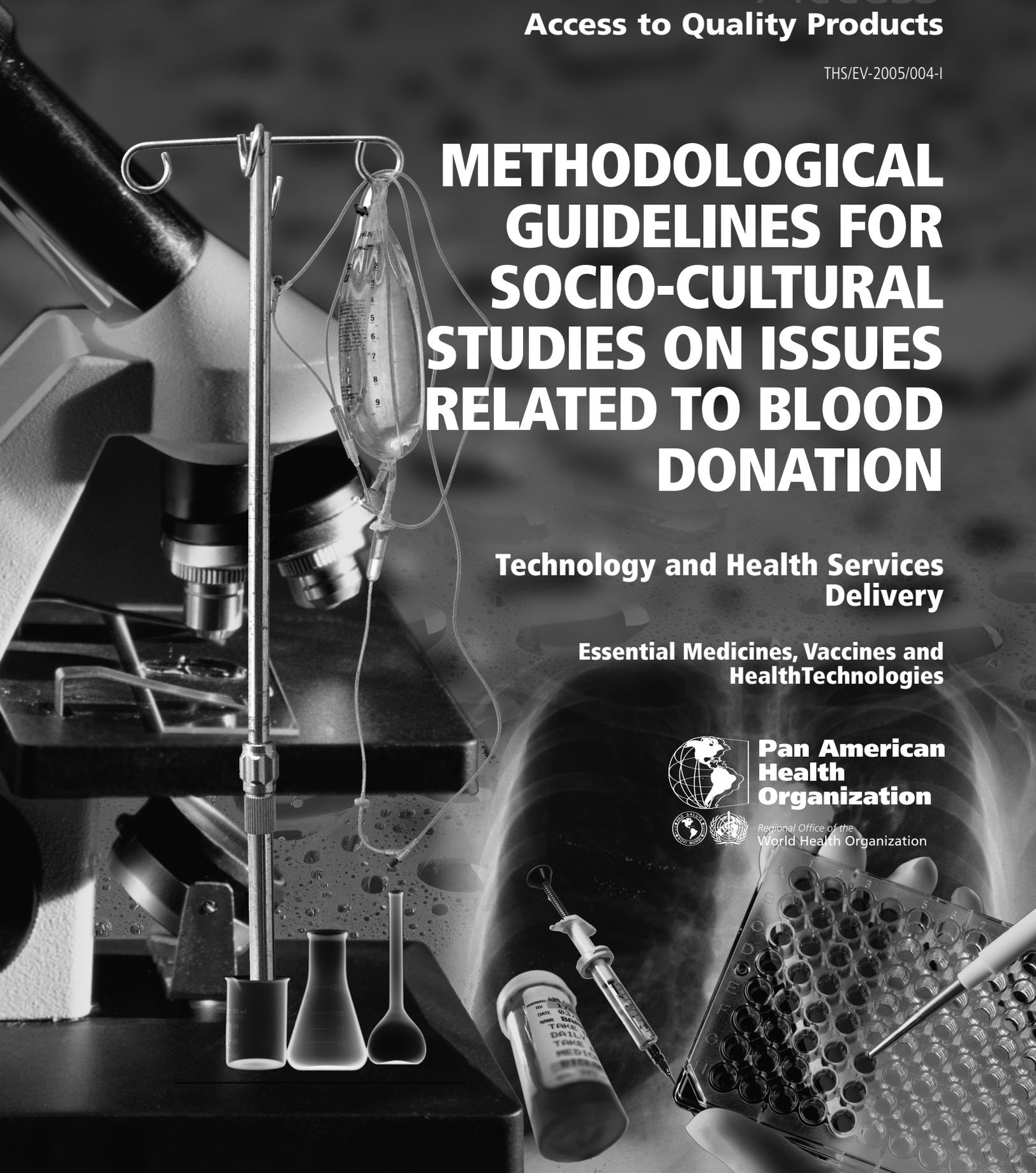
Essential Medicines, Vaccines and
HealthTechnologies



**Pan American
Health
Organization**



Regional Office of the
World Health Organization





PAHO HQ Library Cataloguing-in-Publication

Pan American Health Organization. Area of Health Technology and Services Delivery. Unit of Essential Medicines, Vaccines and Health Technologies.

Methodological guidelines for socio-cultural studies on issues related to blood donation.

Washington, D.C: PAHO, © 2005.

Technical Documents. Access to Quality Products (THS/EV-2005/004-I)

ISBN 92 75 12567 8

I. Title II. Series

1. BLOOD TRANSFUSION
2. BLOOD DONORS
3. BLOOD BANKS
4. SOCIAL INDICATORS
5. SOCIOECONOMIC FACTORS

NLM WH20

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The preparation of this Guideline was made possible thanks to a grant from the Pan American Health and Education Foundation (PAHEF), Washington, DC.

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ABBREVIATIONS

AIDS Acquired immunodeficiency syndrome

BTS Blood transfusion services

HBV Hepatitis B virus

HCV Hepatitis C virus

HIV Human immunodeficiency virus

HTLV Human T-cell lymphotropic virus

KAP's Knowledge, attitudes and practices

PAHO Pan American Health Organization

PPS Planning and Programming Subcommittee of the Executive Committee, Pan American Health Organization, World Health Organization

TTI Transfusion-transmitted infections

WHO World Health Organization

PREFACE

These methodological guidelines were especially prepared to support those who have the responsibility of implementing a formative investigation as a basis in the development of a social communication strategy to promote the recruitment and retention of voluntary non-remunerated blood donors. The guidelines help to determine what donors, health personnel from blood transfusion services and the general public know, think and do regarding blood donation.

The guidelines present the methodology used for the formative investigation, the steps that must be followed in its planning and implementation, the techniques and instruments to be used in the data collection, the instructions to register, organize, tabulate and analyze the data and to write the report.

The guidelines are not a text book and therefore, cannot comprise all important aspects related to a formative investigation. They are not meant to take the place of a formal training, but to provide the necessary instructions to carry out the investigation.

We hope that the guidelines are useful in the implementation of the formative investigation and that the information obtained can be used as a basis to design effective communication strategies and to evaluate their impact, as means to contribute to the pursue of a sustainable and safe blood supply for those who need it.

The original English version of the Methodological Guidelines for Socio-Cultural Studies on Issues Related to Blood Donation was published as Number 11 of the Series of Technical Documents on Essential Drugs and Technology of the Pan American Health Organization in 2000.



INTRODUCTION

BACKGROUND

The transfusion of human blood components and derivatives is used for the treatment of patients with serious clinical conditions that cannot be treated by other means. Emergency situations, as those caused by accidents and violence; those associated with major surgery; chronic diseases; haematological disorders as haemophilia, leukemia and aplastic anaemia; and pregnancy and labour complications, require the use of certain blood components or derivatives. Therefore, the availability of these for transfusion in health care services is a necessary requirement to prevent either mortality or major complications in patients with serious medical conditions (1, 2).

The main objective of blood transfusion services (BTS) is to offer a sufficient and safe supply of blood and its derivatives. To do so they must recruit, select, retain, educate and register donors, collect blood, process blood into components, perform its immunohaematological and serological analyses, store it and release it in a way that both patients and personnel from blood banks are protected against adverse reactions caused by the exposure to human blood (1, 3).

One of the specific goals of the Pan American Health Organization (PAHO) for the next four years, is the provision of blood with the minimum risk possible (4). The safety of blood components and derivatives depends mainly on the quality of blood donors. Some pathogenic agents can be transmitted through blood, even though in most cases, their presence in the bloodstream is associated to disease in the infected person, which generally prevents him/her from volunteering as a donor. However, there are other infectious agents that have a long incubation period (window) and can be transmitted through transfusions, even though infected persons do not show any symptoms. Among these transfusion-transmitted infections (TTI) the following can be mentioned: the human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV) viruses, the human T-cell lymphotropic virus (HTLV) and *Trypanosoma cruzi* (1, 3).

To guarantee healthy and low-risk blood donors, it is very important to have an efficient recruitment and selection process. In general terms, it has been recognized that voluntary non-remunerated donors who give blood regularly are the safest, in comparison to those who give their blood when a member of their family or community requires it (family or family replacement donors) or those who give their blood for money or other form of payment (professional or commercial donors). People who give their blood under pressure or for money are less likely to reveal problems that make them unsuitable donors; therefore, they present a potentially greater risk to the safety of the blood supply. Voluntary donors give their blood on their own free will and receive no money or other form of payment in exchange. Their main motivation is to help unknown recipients instead of obtaining personal benefits. In addition, if they do it on a regular basis, they are safer as their blood is tested frequently and in many cases, they collaborate during emergencies (1, 5).

In spite of the importance of voluntary donation, its percentage is very low in the American Region. At a national level for 1990-1997, only Aruba, Canada, Curacao, Cuba and the United States reported a 100% of voluntary donations. Even though some countries still recognize the existence of up to 24% commercial or professional donors, most blood units obtained in the Region come from family replacement donors (1).

One of the great challenges for the Pan American Health Organization (PAHO) is the promotion of voluntary blood donation in countries in the Region (1). To meet this challenge, PAHO has foreseen the development of a social communication strategy which requires baseline information about the population, especially in relation to its knowledge, attitudes and practices regarding blood donation. Apparently, no social investigations have been implemented which systematically cover the subject of blood donation, much less beliefs and behaviors related to this topic.

In order to obtain baseline information about the population, the implementation of a qualitative formative investigation is recommended. This type of study helps to identify what people know about blood donation, what their beliefs, perceptions, attitudes and experiences are on this regard; what barriers limit blood donation in our environment and make changes difficult; what motivates some people to donate blood and what channels or mass or interpersonal media are more effective in transmitting proper messages that are accepted and understood and that motivate desired behavior changes and the active participation in a voluntary blood donation program. Currently, formative investigation is recognized as the first step in the design of effective social communication strategies in health, as shown in Figure 1 (1, 6, 7).

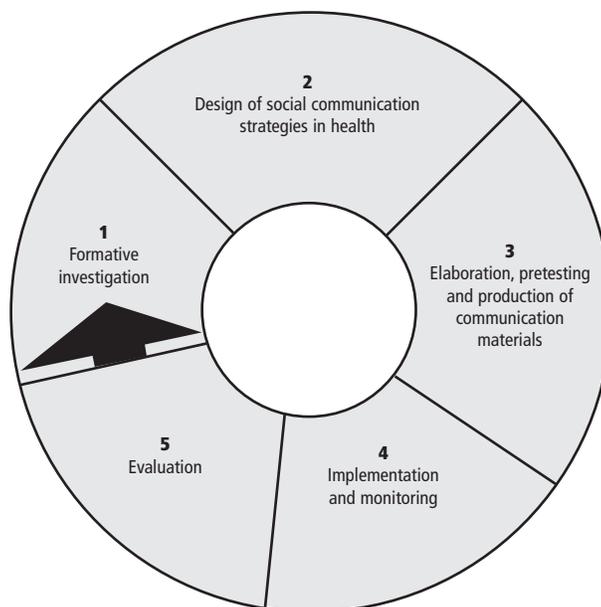
These methodological guidelines were prepared in order to provide support to local offices of the Pan American Health Organization (PAHO) and national personnel interested in implementing this type of investigation. The guidelines are especially dedicated to people responsible for the development of an investigation to determine knowledge, attitudes and practices regarding blood donation of the population and health personnel and for using this information in designing a social communication strategy to promote the recruitment and retention of voluntary non-remunerated blood donors.

PURPOSE OF THE GUIDELINES

The main objective of the present document is to provide the basis and guide in the implementation of a qualitative formative investigation regarding blood donation, with the purpose of obtaining basic information that can be used in the development of a social communication strategy with the ultimate intention of recruiting, educating and retaining voluntary non-remunerated blood donors.

The detailed steps in these guidelines include some for planning the investigation (Chapter 1), for implementing it (Chapter 2), for organizing and analyzing the data (Chapter 3) and for writing the final report (Chapter 4).

Figure 1: The social communication process in health



1. PLANNING THE INVESTIGATION

1.1 INTRODUCTION

The basic steps required to plan a formative investigation regarding blood donation are reviewed in this chapter. The following steps should be pursued: review of existing information in the target area; definition of scope and objectives of the investigation; transference of these objectives to pertinent questions; definition of the methodology to be used, including the techniques; development of data collection instruments; definition of the sample and selection of sites; selection and training of research team; and definition of the chronogram, as shown on Table 1.

Table 1: Steps to plan a formative investigation

- Review existing information
- Define scope and objectives of research
- Define research questions
- Choose appropriate methodology
- Define sample and select sites
- Choose techniques and develop instruments
- Select and train research team
- Define chronogram
- Define general procedures to follow before starting the investigation

The steps previously mentioned do not necessarily have to be carried out in the stated order. In fact, the planning process is not linear, but interactive, with each step affecting the other. However, they are presented in the indicated order and in individual form to permit their easier understanding.

1.2 REVIEW OF EXISTING INFORMATION

The review of existing information helps to determine the scope of the study and identify pertinent research questions. It can also help to target the population segments and to target the geographical area of inquiry. Familiarity with what is already known about a subject can avoid duplication of efforts, and help identify topics that have not been covered by previous studies.

Table 2: Information sources for a bibliographical review

- Technical publications
- Documents related to the subject (final reports, documents on lessons learned, research reports evaluations)
- Intervention projects
- People who work in organizations related to the subject
- Local press
- Theses
- National norms and protocols
- Electronic information, web sites
- Surveys
- Local experts

In reviewing existing information, the researcher should keep in mind certain aspects, which later can be used as a guide in planning the investigation (1, 2, 3, 4). Some of these aspects are presented on Table 3.

Table 3: Aspects to consider when carrying out a literature review

- What has been studied?
- Who and how many subjects have been studied?
- Where have studies been done?

- What methodology has been used in the studies?
- Have the studies been implemented with quality?
- Have they been implemented recently? (during the last five years)
- What are the findings?
- What barriers and motivations regarding blood donation have been identified?

Before preparing these guidelines, a number of technical documents regarding blood and safe components, blood transfusion services, and quality assurance were reviewed.

In addition, some anthropological information on blood was found; however, most of it was not published recently. According to this information, blood plays a central role in health and disease in the Mayan culture. It is believed that blood is not regenerated; a person has a limited amount of blood and any loss can cause permanent weakness. A person's condition is frequently expressed in terms of if his or her blood is "strong" or "weak", "cold" or "hot". These characteristics are congenital and are intimately related with behavior. It is believed that blood determines a person's physical and psychological characteristics, in addition to his or her resistance to disease. Blood is considered an important element to determine the condition of the human body. Emotions can affect the condition of blood; for example, anger makes blood hot. During menstruation, pregnancy and labour, women are in a "hot" state. People who are in this condition can cause illnesses such as "mal de ojo" (5, 6, 7).

No qualitative information was found concerning people's beliefs and behavior in relation to blood donation.

For those who wish to explore about the technical and anthropological aspects of blood before starting to plan activities for the investigation, chapter 5 in these guidelines includes some pertinent references.

1.3 DEFINITION OF SCOPE AND OBJECTIVES

To define the scope and objectives of the investigation, it is necessary to take into account issues such as program's goals, results from the literature review and logistical and resource factors (1, 2, 3, 4).

As mentioned, one of PAHO's specific goals is the adequate supply of safe blood and, consequently, an increase in the number of voluntary non-remunerated donors in blood transfusion services. To contribute in attaining this goal, PAHO plans to develop a regional social communication strategy, for which baseline information about the population is needed, especially concerning its knowledge, attitudes and practices regarding blood donation. National donor programs should also be based on current circumstances. To obtain this information, the implementation of a formative investigation —applied research— is recommended. This type of study helps to shape and guide projects and programs and constitutes the first step in the social communication approach.

A formative investigation regarding blood donation can contribute in describing the following aspects:

- Knowledge, attitudes and practices regarding blood donation of people suitable to donate, non-donors, potential donors and health personnel from blood transfusion services.
- Main factors that influence blood donation practices, in addition to knowledge and attitudes. For example, economic factors, social factors such as group norms, and cultural factors such as perceptions regarding blood.
- Quality of blood donation/transfusion services.
- Communication channels that reach target participants.

Another issue that has to be taken into consideration to define the objectives of the investigation are results from the literature review. As indicated, a good number of technical documents on blood, blood transfusion and donation, and blood transfusion services were reviewed. Also, some anthropological information on blood was attained. However, no qualitative information on people's beliefs and behavior regarding blood donation was found.

The last issue to consider is related to logistics and available resources. Because expenses associated with the planning and implementation of the investigation in each country will be covered by local PAHO Representations and the Regional Program, logistic and resource issues should be defined at a local level.

With these considerations, the objectives of the investigation may include:

- 1) Identify knowledge, attitudes and practices regarding blood donation of people suitable to donate.
- 2) Identify knowledge, attitudes and practices regarding blood donation of the general public (including non-donors and potential donors).
- 3) Identify knowledge, attitudes and practices regarding blood donation of health personnel in blood transfusion services.
- 4) Identify factors that motivate and limit blood donation.
- 5) Describe the general characteristics, administrative operation, environment, resources and services provided by blood transfusion services.
- 6) Describe the general characteristics of donors in blood transfusion services: number, type, flow, time spent at the service.
- 7) Describe the general characteristics of health personnel in blood transfusion services: number, training, attitude and behavior.
- 8) Describe the interaction between health personnel in blood transfusion services and donors.
- 9) Identify information, education and communication needs to motivate, recruit and retain an adequate number of voluntary non-remunerated donors.

1.4 DEFINITION OF RESEARCH QUESTIONS

Once the scope and the general objectives of the investigation have been established, questions or specific categories that the investigation seeks to answer must be defined. It is easier to obtain the required information if research questions are clearly defined. It is important to note that these questions have to be operationalized before they are applied to people at the field (1, 2, 3, 4).

Following is a detail of the different categories of information required to respond to the scope and objectives of the investigation, which also serve as a basis in developing questions for the instruments:

1.4.1 Knowledge, attitudes and practices regarding blood donation of people suitable to donate (8, 9, 10)

- Knowledge and perceptions regarding blood of people suitable to donate: what is it, what are its functions, what blood types and groups are there.
- Knowledge and perceptions regarding blood transfusion of people suitable to donate: what is it, why do certain people need it, can a person get infected with a disease by receiving blood, which diseases.
- Knowledge and perceptions regarding blood donation of people suitable to donate: what is it, what is it used for, reasons to donate blood, remuneration, incentives, how often can blood be donated, who should or should not donate blood, why, what happens when you donate blood, does donation affect health, how can this be avoided, can a person get infected with a disease, which diseases.
- Attitude regarding blood donation of people suitable to donate: what do they think about blood donation, intention of donating, motivations and barriers related to blood donation.
- Practices and experiences regarding blood donation of people suitable to donate: reason to donate blood, intention of donating again, usefulness of donated blood, how many times and how often do they donate blood, predonation counselling, medical history and health check, postdonation care, including refreshment, opinion about their last donation and the blood transfusion service.
- Communication channels used: messages, media, target audience and materials.

1.4.2 Knowledge, attitudes and practices regarding blood donation of the general public (including non-donors and potential donors) (8, 9, 10)

- Knowledge and perceptions regarding blood of the general public (including non-donors and potential donors): what is it, where and how does it form, where can it be found, how much blood do we have, is blood replaced, is blood different in each person, how and when, what types of blood are there, what other names is blood known by.
- Knowledge and perceptions regarding blood transfusion of the general public (including non-donors and potential donors): what is it, what other way is it known by, what is its function, why do some people need it, why do patients sometimes have to pay for blood, can a person get infected with a disease by receiving blood, which diseases.
- Knowledge and perception regarding blood donation of the general public (including non-donors and potential donors): is it good, bad, necessary to donate blood, why, what is it used for, what other term is it known by, reason to donate blood, intention of donating blood, remuneration, incentives, how often can blood be donated, how much blood is collected from a donor, who should or should not donate blood, what happens when blood is donated, does donation affect health, how, can a donor be infected with a disease, how, which diseases.
- Attitude regarding blood donation of the general public (including non-donors and potential donors): what do they think about donation, intention of donating, motivations and barriers related to blood donation.
- Communication channels used: messages, media, target audience and materials.

1.4.3 Knowledge, attitudes and practices regarding blood donation of health personnel in blood transfusion services (8, 9, 10, 11)

- Personnel's profile: education, training and experience.
- Personnel's knowledge regarding blood: what is it, what groups and types of blood are there.
- Personnel's knowledge regarding blood transfusion: when is it necessary, what infection can a person get through a transfusion.
- Personnel's knowledge regarding blood donation: what type of donor offers greater safety, what disadvantages do potential donors have, what behaviors are considered risk factors, what is "window", high-risk signs and symptoms for the potential donor and the recipient, tests required to prevent the transmission of infections.
- Personnel's attitude regarding blood donation: why do people donate blood or refuse to do so.
- Personnel's practices regarding blood donation: predonation counselling, medical history and health check, donor selection, donation, postdonation care, blood analysis and postdonation counselling.
- Communication: availability of materials, description, use; communication channels, media, messages and target audience.

1.4.4 General information regarding blood transfusion services (9, 12)

- Administrative operation of the service: number, position and type of personnel, schedules, shifts, incentives or remuneration for donors, blood donor records, norms, positive and negative aspects of the blood transfusion service, suggestions.
- Services: predonation counselling, medical history and health check, collection or donation, postdonation care, blood analysis, postdonation counselling.
- Donors: number and type of donors, flow, time spent at the service, statistics from the service.

1.4.5 General characteristics of blood transfusion services (11, 12, 13)

- Facilities: size, construction, ventilation, illumination, design, decoration, set up (reception or waiting area, predonation counselling or selection area, collection or donation area, postdonation area, toilets, cafeteria, etc.), basic services (water, electricity, telecommunications, transportation), general environment (privacy, safety, cleanliness).
- Equipment and supplies: donor bleeding beds, desks, armchairs and chairs, refrigerators, blood collection kits (plastic bags).
- Other resources: donor weighting scales, sphygmomanometer, needles, blood collection tubes, tube sealers and clips, tourniquets, antiseptic solution, scales for weighing blood, stethoscope, tube strippers, forceps, scissors, blood mixers, desk supplies, etc.

1.4.6 Interaction between health personnel in blood transfusion services and donors (11, 12, 13)

- Conduct (affective element) and content (technical element) of the interaction donor-health personnel.

1.5 RESEARCH METHODOLOGY

Once research questions have been defined, a decision concerning the methodology to be used can be taken. Selection of the methodology depends on the objective of the investigation, the questions it must answer, the type of information required, time constraints and personal preferences. The use of a qualitative methodology is recommended in order to identify, in an explorative manner, what people know about blood donation, what their beliefs, perceptions, attitudes and experiences are on this regard. Qualitative methodology is considered appropriate for this type of investigation due to the factors identified on Table 4.

Table 4: Factors that influence the selection of a qualitative methodology

- What people think and perceive is the basic point of interest.
- The subject needs to be studied in-depth.
- The problem of the investigation is not well known.
- Pertinent concepts and variables are not well defined.
- Flexibility is required in order to discover unforeseen relations or concepts.

Qualitative methodology offers specialized techniques to attain a thorough understanding of attitudes, thoughts, behaviors and feelings regarding a specific subject. This methodology has traditionally been used in several academic disciplines, especially by anthropologists. Currently, it is being used by different applied professions, especially in the areas of public health, social work and education (1, 2, 14).

The following are some of the fundamental characteristics of a qualitative methodology:

- Seeks to describe and analyze a given situation from the actors' own point of view. This vision is opposed to the analysis and interpretations that the investigator may give regarding the subject of the investigation.
- Offers a thorough, integral and contextualized understanding of the subject under study; seeks to place the problem under study within its social context and not in isolation.
- Is based on a flexible investigation design. In the beginning, techniques and research questions are selected, but the design allows for changes to be made during data collection.
- Provides a thorough understanding of the answers. It is carried out to answer the question "why".
- Is naturalistic because it studies situations from real life, in their social context.
- Uses an inductive analysis. It gives special attention to details in the data in order to discover categories, dimensions and interrelations.

- Is economical/efficient, because small samples are used; therefore, personnel requirements are low. The cost of data processing is also low because the analysis can be made manually.
- It can be completed relatively fast. Some qualitative techniques can be implemented and analyzed relatively quick. It should be made clear, however, that this relative speed also depends on the experience and skills of the research team.
- Offers the opportunity to have direct contact with the population and to share experiences.
- Does not require a computer to analyze the data because such analysis can be made manually. Even so, there are several computer programs available to carry out the analysis.
- Is dynamic. Its object of study is immersed in the social reality; therefore, it is subject to its own dynamic. For such reason, sometimes adjustments have to be made due to new or unforeseen findings during the investigation.

There are various methodological options within the qualitative methodology. However, the use of the ethnographic method is recommended to study the knowledge, attitudes and practices of a cultural group. This method includes various anthropological field work techniques, each of them appropriate to obtain a certain type of information (1, 2, 3). The use of the following three techniques is recommended for this investigation: (1) individual semi-structured interview, (2) direct structured observation and (3) focus group. In addition, a review of the norms and statistics of the blood transfusion services is suggested to complement information obtained by means of interviews and observations.

1.6 SAMPLE SELECTION

Formative investigation usually involves two basic levels of sampling: sampling of units or sites where the investigation will be implemented and sampling of individuals. Qualitative investigation is generally based on a small number of communities and within them, a small number of informants. Therefore, the selection of the location of the study is crucial because it determines the usefulness of the information produced.

To identify the possible location of the study, units have to be selected. These units should cover the probable variation in practices associated to blood donation and reflect important subpopulations. The identification of the location of the study is a process that entails several stages. For example, if different geographical regions (highlands, middlelands, coast) are selected as sampling units and the investigation is organized around blood transfusion services, one of the regions has to be selected first, then a province or department in that region and then the specific community where a blood transfusion service is found. Other examples of primary sampling units that can be used are ethnic groups, settlement patterns (urban, rural) and types of blood transfusion services (public, private).

Table 5: Description of probable sampling units

- Geographical regions (highlands, middlelands, coast)
- Ethnic groups
- Settlement patterns (urban, rural)
- Types of blood transfusion services (public, private)

Each country team will have to select the specific units where it will work. To do so, they should refer to research questions to develop their selection criteria. Once the criteria have been established, they should be applied consistently.

The following are some other aspects that have to be considered in selecting the location of the study: typical communities or facilities should be chosen; it is fundamental to have the authorization of the blood transfusion service's administration to be able to carry out the investigation, and the number of units selected (ethnic groups, blood transfusion services, etc.) should be proportionally related to the population under study.

Once the location of the investigation has been selected, the population segments to be included in the study have to be defined. The sample should represent the population but need not be representative in the strict statistical sense. Qualitative investigation uses non-probabilistic or purposeful sampling strategies. It is important to select groups or situations that will shed the most light on the research questions (1, 2, 3, 14).

In an investigation on knowledge, attitudes and practices regarding blood donation, the sample should include population segments that are related in one way or another to this activity. Therefore, the sample should comprise recent donors (voluntary non-remunerated, family replacement, commercial or professional, directed or autologous donors), members of the health personnel in blood transfusion services, and people who have donated sometime in the past (as voluntary non-remunerated, family replacement, commercial or professional, direct or autologous donors). In addition, a segment of the population that is not directly related to blood donation, such as the general public, should be taken into consideration. This segment should include people who have never donated blood and potential donors who have probably never considered blood donation. It is important to find out how they can be convinced to donate, in other words, to change their behavior in relation to blood donation. A description of the population segments to be included in the sample is presented on Table 6.

Table 6: Description of population segments in the sample

- People who have never donated and do not have the intention to donate
- People who have never donated, but do have the intention to donate
- Recent voluntary non-remunerated donors (last 12 months)
- Recent family replacement donors (last 12 months)
- Recent commercial or professional donors (last 12 months)
- Recent directed donors (last 12 months)
- Recent autologous donors (last 12 months)
- People who have donated sometime in the past as voluntary non-remunerated donors
- People who have donated sometime in the past as family replacement donors
- People who have donated sometime in the past as commercial or professional donors
- People who have donated sometime in the past as directed donors
- People who have donated sometime in the past as autologous donors
- Health personnel in blood transfusion services

1.7 TECHNIQUES

Each of the selected techniques is appropriate to collect a specific type of information; therefore, they complement each other and help to provide a more complete and thorough view on the subject of interest. Because qualitative methodology does not provide any accurate reliability and internal validity measures, the use of two or three data collection techniques and sources of information helps to validate data and avoids bias. This strategy is known as triangulation (1, 2, 3, 4,14, 15).

Interviews will be used in this investigation because they constitute the most suitable technique to obtain ample and individualized information relatively fast. This technique will help to determine what people think, know, believe, perceive and do regarding blood donation and will provide general information on health personnel in blood transfusion services.

The structured direct observation will be used to obtain real and natural evidence on practices and behaviors regarding blood donation. This technique will help to determine what people really do regarding blood donation in blood transfusion services. In addition, it will help to evaluate conduct (affective element) and content (technical element) in the interaction between health personnel and donors. Observations will be complemented with the interview applied to health personnel and the document review in blood transfusion services (for example: statistics, norms).

The focus group technique will be used to complement and confirm findings on knowledge, perceptions and attitudes regarding blood donation obtained by means of the interview. In addition, it will help to find out terms used locally in relation to blood, blood transfusion and donation.

The document review will be carried out to complement the information obtained on donors, records and educational material through the observations at blood transfusion services and the interviews applied to health personnel.

The techniques should be used in the following way:

- Individual interviews applied to different types of donors and non-donors, based on the following classification:
 - Recent voluntary non-remunerated donor (last 12 months)
 - Recent family replacement donor (last 12 months)
 - Recent commercial or professional donor (last 12 months)

- Recent directed donor (last 12 months)
 - Recent autologous donor (last 12 months)
 - People who have never donated and do not have the intention to donate
 - People who have never donated, but do have the intention to donate
- Individual interviews applied to key health personnel.
 - Self-administered test applied to health personnel in order to evaluate their knowledge on blood, blood transfusion and donation.
 - Direct structured observations at the services where blood donation is carried out, and of the interaction between health personnel and blood donors/recipients.
 - Focus groups with the "general public". These can include individuals who have been identified but have not been interviewed, who say they have donated blood sometime in the past, but not recently (as voluntary non- remunerated, family replacement, commercial or professional, directed or autologous donors), or who have never donated due to any reason at all. Focus groups will also be used as a confirmation technique in relation to other findings.

To simplify the use of these three techniques, information on each is included in Appendix A. In addition, various references are provided at the end of the section on each technique, for those who are interested in reading further about the subject. A summary of the methodology to be used in the investigation is presented on Table 7.

Table 7: Summary of the methodology

Technique	Participants	Number
Interview	Recent voluntary non-remunerated donors	4
Interview	Recent family replacement donors	4
Interview	Recent commercial or professional donors	4
Interview	Recent directed donors	4
Interview	Recent autologous donors	4
Interview	People who have never donated and do not have the intention to donate	3
Interview	People who have never donated, but have the intention to donate	5
Interview	Health personnel	2
Test	Health personnel	6 or +
Observation	Blood transfusion service	1
Observation	Interaction between health personnel and donors	10-20
Focus group	Women who have donated sometime in the past	1-2
Focus group	Women who have never donated	1-2
Focus group	Men who have donated sometime in the past	1-2
Focus group	Men who have never donated	1-2

1.8 INSTRUMENTS

To collect and register information, specific instruments must be developed. In order to do so, the following issues must be taken into consideration: the necessary categories of information, the type of people or institutions that can provide the information, the type of study that will be carried out, and uses and purpose of the information to be collected.

For this investigation, several different instruments were developed for most categories of information. These instruments consist of observation guides, individual semi-structured interview guides, a focus group discussion guide and a test on knowledge. The instruments were pretested in El Salvador, but should be tested and adapted to the conditions in each country and especially to local semantics.

The recommended procedure to verify the validity of an instrument and put it through corrective trials is called "preliminary test" or pretesting the instruments. This procedure consists in applying the instrument to a population similar to that of the object under study, preferably under the guidance of specialized investigators, capable of determining the validity of the instruments being used. It should be done in pairs; while an investigator applies the instrument, the other observes and takes notes so an evaluation can be performed later on. Subsequently, a meeting of all members of the field team should be held, to share the experience and incorporate changes that are considered necessary.

In qualitative investigations, pretesting can be carried out in the same community under study and generally, it is done with key informants. Questions are read with each of them and the semantics and their logical sequence are analyzed. These people's opinion is taken into consideration in making the necessary changes. If changes are not substantial, it is not necessary to pre-test the guides again; on the contrary, if major changes are essential, the procedure should be repeated (11, 14).

The instruments developed are: guide to interview informants (donors and non-donors) regarding blood donation (GII-1); guide to interview health personnel regarding blood transfusion services (GIHP-2); test for health personnel regarding their knowledge on blood, blood transfusion and donation (THPK-3); guide for focus group discussions with the general public regarding blood donation (GFGGP-4); guide for the general observation of a blood transfusion service (GOS-5); and guide for the observation of the interaction between personnel and donor in a blood transfusion service (GOI-6).

Instrument GII-1 includes a screening section so that the person who applies the interview can be completely sure of the type of informant he/she will interview and that this person satisfies all required criteria.

After the instruments are adapted to each country, they can be applied in any blood transfusion service. Table 8 presents a brief description of the instruments.

Table 8: Summary of the instruments

Instrument	Objectives	Categories
Guide to interview informants (GII-1)	1, 4, 9	1
Guide to interview health personnel (GIHP-2)	3, 4, 5, 6, 7, 9	3, 4
Test for health personnel regarding their knowledge (THPK-3)	3	3
Guide for focus group discussions with the general public (GFGGP-4)	2, 4, 9	2
Guide for the observation of a blood transfusion service (GOS-5)	5	5
Guide for the observation of the interaction (GOI-6)	7, 8	6

Each of the instruments presented on Table 8, with their respective instructions, are included in Appendix B in this document.

1.9 SELECTION AND TRAINING OF THE RESEARCH TEAM

The team in charge of implementing the investigation should be made up of a person responsible for carrying out this task and by at least four field investigators. The principal investigator should ideally be an anthropologist or a social scientist, with previous experience in field work and even better, in qualitative studies. In addition to these basic qualifications, the principal investigator should have other characteristics, such as those presented on Table 9.

Table 9: Characteristics of the person responsible for the investigation

- Be able to make decisions.
- Be capable of planning and implementing actions.
- Work in an organized manner.
- Be able to maintain good relations with members of the team and with people under study.
- Comply with plans.
- Constantly evaluate the team's work.
- Participate in the data collection (should apply 10% of the total number of interviews as a minimum).

The selection of the field investigators depends on local resources and experience required. However, the key to a good qualitative investigation is based on the fact that the investigators act without prejudice and are genuinely interested in the subject and the people under study.

People who have worked as health providers or educators or as teachers, should not be selected. Informants may feel inhibited in discussing their ideas with them. In addition, these people have been trained to provide recommendations and it will probably be difficult for them to listen and try to understand the informants' point of view.

Experience has demonstrated that in the selection of field workers, the characteristics shown on Table 10 may be recommended (11, 14).

Table 10: Characteristics of field investigators

- Proficiency in the local language or languages.
- Having completed high school
- Not having or having had a formal affiliation with health services and much less, with blood transfusion services.
- Previous experience in field work and, ideally, experience in qualitative studies.
- Flexibility in schedules.
- Ability to establish good relations with strangers.
- Ability to talk naturally and have some knowledge about the subject.
- Ability to observe with ample criteria.
- Maturity.
- Ability to manage critical situations.
- Ability to adapt easily to the environment, even when there are inconveniences.
- Ability in written communication.

Each member of the research team should attend a training workshop, even if they have previous experience in qualitative investigations. The period of time dedicated to this training workshop will depend on their experience and familiarity with qualitative methodology and the techniques to be used in collecting the information. Training can be provided by the principal investigator, but if his/her experience in qualitative methodology is limited, one or two specialists should be hired as trainers. The training workshop should last at least eight complete work days and include lectures, participatory exercises, discussion groups, and drills and field practices.

A plan that covers the elements presented on Table 11 should be elaborated, so the training of the research team can be effective.

Table 11: Training plan

- Subject and objectives of the investigation.
- Methodology and techniques to be used.
- Explanation, review and discussion of the instruments.
- Application of the instruments (exercises with the techniques to be used).
- Standardization of the team.
- Registration of information (classroom and field practices).
- Organization and tabulation of the data.
- Analysis of the data.

After the introduction and defining the expectations and objectives of the training course, trainers should spend time having the research team become familiar with the subject and objectives of the investigation. In order to comply with the objectives and obtain good quality data, it is very important that members of the research team understand the reason why a definite type of information should be collected. Then, trainers should explain qualitative methodology and the techniques to be used. They should also explain each data collection instrument and their instructions and review and discuss them with the team. To demonstrate the use of the techniques and the instruments, they may use dramatizations or participatory exercises in the classroom, and field practices.

Once each of the techniques and the instruments to be used in the data collection are well mastered, the team should be standardized. All members of the team should be able to understand concepts in the same way. In order to do this, each of

the guides or instruments must be reviewed with the group to define what each term or concept that will be handled is meant to express. Later, during class practices with the techniques and instruments, it should be guaranteed that team members actually handle the same definition (14).

To make the training process pleasant and effective, recommendations shown on Table 12 should be taken into account.

Table 12: Suggestions for a good training

- Use a participatory methodology, for example group dynamics, to facilitate learning and to practice the use of the techniques.
- Make participants contribute with their experiences.
- Provide direct responses to trainees' questions.
- Use posters, paper boards, transparency films or any other audiovisual material.

Real experience at the field cannot be substituted with any classroom activity. In order to have members of the team become familiar with adequate field procedures, at least one field practice in a blood transfusion service should be carried out. After the field practice, trainers should individually review and discuss the instruments with each member of the team and point out both positive and negative issues (4, 14, 15).

Since the organization, tabulation and analysis of the data should be performed jointly by the whole group, trainers should instruct the team so they become familiar with all phases of the process. The specific instructions to organize, tabulate and analyze collected data are included in chapter 3 of these guidelines.

A minimum of eight full work days should be scheduled in order to train a research team with previous experience in the implementation of qualitative investigations. Each of the work sessions and field practices should be planned, alternating group dynamics and the corresponding evaluation. Each session should identify objectives, duration, methodology, materials and person responsible for the activity. An example of an agenda for a training workshop is presented on Table 13.

Table 13. Agenda for a training workshop

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
8:00	<ul style="list-style-type: none"> •Introduction •Expectations •Objectives of the training workshop 	<ul style="list-style-type: none"> •Review and discussion of interview guides 	<ul style="list-style-type: none"> •Field practice 	<ul style="list-style-type: none"> •Review and discussion of observation guides 	<ul style="list-style-type: none"> •Field practice 	<ul style="list-style-type: none"> •Review and discussion of focus group guide 	<ul style="list-style-type: none"> •Field practice 	<ul style="list-style-type: none"> •Data analysis
10:00	break							
10:15	<ul style="list-style-type: none"> •Introduction to the subject of blood donation •Objectives of the investigation •Methodology 	<ul style="list-style-type: none"> •Standarization •Classroom practice 	<ul style="list-style-type: none"> •Field practice 	<ul style="list-style-type: none"> •Standarization 	<ul style="list-style-type: none"> •Field practice 	<ul style="list-style-type: none"> •Standarization •Classroom practice 	<ul style="list-style-type: none"> •Field practice 	<ul style="list-style-type: none"> •Practice in data analysis
13:00	Lunch							
14:00	<ul style="list-style-type: none"> •Interview technique 	<ul style="list-style-type: none"> •Classroom practice 	<ul style="list-style-type: none"> •Observation technique 	<ul style="list-style-type: none"> •Classroom practice 	<ul style="list-style-type: none"> •Focus group technique 	<ul style="list-style-type: none"> •Classroom practice 	<ul style="list-style-type: none"> •Organization and tabulation of data 	<ul style="list-style-type: none"> •Field work logistics •Recapitulation
16:00	break							
16:15	<ul style="list-style-type: none"> •Exercises 	<ul style="list-style-type: none"> •Classroom practice 	<ul style="list-style-type: none"> •Exercises 	<ul style="list-style-type: none"> •Classroom practice 	<ul style="list-style-type: none"> •Exercises 	<ul style="list-style-type: none"> •Classroom practice 	<ul style="list-style-type: none"> •Practice in organizing and tabulating data 	<ul style="list-style-type: none"> •Workshop evaluation •Closing activity
17:00	End							

1.10 CHRONOGRAM

Time spent in planning and implementing the investigation will depend on various factors, including experience of the principal investigator, number and location of blood transfusion services to be included, size of the sample, and availability of time and resources. Therefore, the principal investigator should clearly define the total amount of time needed for the investigation and for each of its stages.

It is estimated that nine weeks are required to plan and implement the investigation in one blood transfusion service, with a basic team made up of a principal investigator and four field workers with experience in this type of study.

Table 14: Chronogram of activities

Activity	Duration
Planning	1 week
Training	2 weeks
Collecting the data	1 week
Organizing and tabulating the data	1 week
Analyzing the data	2 weeks
Writing the report	2 weeks

1.11 PREPARATORY PHASE

Before starting the investigation, the following activities should be carried out (2, 11):

- 1) The principal investigator should visit selected blood transfusion services to evaluate if they actually comply with the selection criteria and find out if they are willing to authorize the study. This visit should take place at least two weeks before starting the investigation.
- 2) The principal investigator should request authorization from the service's administrator to observe and interview members of the staff and the different types of donors. This request should be made at least two weeks before starting the investigation, to allow for the internal administrative authorization process to be completed. An example of a letter requesting authorization to implement the investigation at a blood transfusion service is included in Appendix B.
- 3) The principal investigator should clearly explain to the administrator the purpose of the investigation. If possible, a brief summary of the research protocol should be given to him.
- 4) The principal investigator should ensure that the members of the research team have an identification card. This will prevent informants distrust or refusal to collaborate.
- 5) Personnel in the blood transfusion service must be assured that there will be no interference in the normal operation of the service. It should be made clear that informants will be interviewed when they are available.
- 6) Before starting the investigation, a consent form or agreement to participate must be prepared. When necessary, members of the research team should obtain the consent from each informant before starting the interview, discussion or observation. An example of this form is enclosed in Appendix B.

2. IMPLEMENTING THE INVESTIGATION

2.1 DATA COLLECTION

One of the most interesting phases of formative investigation is data collection. During this phase, an order is found and a better understanding of the subject is attained. This understanding, however, cannot be gained without the effort, persistence and determination of the research team.

Table 15 presents the steps to implement a formative investigation, which are covered in chapter 2, 3 and 4 in these guidelines.

Table 15: Steps to implement a formative investigation

IMPLEMENTING THE INVESTIGATION
Data collection
Supervision
ORGANIZING AND ANALYZING DATA
During data collection
After completing the data collection
WRITING THE REPORT

For the information to be representative and reliable, the following recommendation should be taken into account (1):

- 1) Make sure all cases are studied with the greatest detail possible and the same level of particularity.
- 2) Select a random sample within the universe under study and, if this is not possible, ensure that the sample includes an adequate variability of informants. For example, interviewers should not talk only with male donors or with the most friendly; female donors or the least friendly are also important in the investigation.

- 3) Look for contrasting characteristics. For example, informants from a low, middle and high socio-economic status; from different ethnic groups.

To simplify the data collection process, a work plan or activity schedule should be developed and discussed prior to the initiation of the field activities. This helps research team members to know where, when and what is to be done, and who is going to carry out each of the activities. Table 16 provides an example of this plan.

Table 16: Activity plan for data collection

Place	Day	Activity	Number	Investigator
Service 1	1	Observation of facilities	1	A
		Observation of interaction	5	B
		Interviews to health personnel	2	C,D
		Document review	-	A
Service 1	2	Interviews to people who have never donated and do not have the intention to donate	3	C
		Interviews to people who have never donated, but have the intention to donate	3	D
		Focus groups with the general public	2	A,B
		Observation of interaction	5	C,D
Service 1	3	Interviews to people who have never donated, but have the intention to donate	2	C,D
		Interviews to recent donors (v)	2	C,D
		Interviews to recent donors (r)	2	C,D
		Interviews to recent donors (p)	2	C,D
		Interviews to recent donors (d)	2	C,D
		Interviews to recent donors (a)	2	C,D
Focus groups with the general public	2	A,B		
Service 1	4	Interviews to recent donors (v)	2	C,D
		Interviews to recent donors (r)	2	C,D
		Interviews to recent donors (p)	2	C,D
		Interviews to recent donors (d)	2	C,D
		Interviews to recent donors (a)	2	C,D
		Focus groups with the general public	2	A,B
Observation of interaction	5	C,D		
Service 1	5	Observation of interaction	5	C,D
		Focus groups with the general public	2	A,B
		Document review	-	C,D

A, B, C, D = four field investigators

To assist with the data collection process, some suggestions for the application of observations, interviews and focus groups are included in Appendix A. In addition, various references are included in chapter 5 in these guidelines for those who are interested in further reading.

2.2 SUPERVISION

Supervision should be a continuous process to guarantee that the information obtained is exact, complete and detailed. An effective supervision should include the following activities (1):

- 1) Periodic observation of field investigators during the course of activities.
- 2) Daily review of the completed instruments and collected data to verify that the process is being carried out adequately and to discuss problems or limitations.
- 3) Daily session, after the review, to exchange ideas and experiences and motivate the research team.
- 4) Regular presence of the principal investigator to ascertain the adequacy of the procedures, to identify areas that need special attention, and to resolve any problems that may arise.

Supervision is important, not only to verify the quality of the information obtained, but also to provide moral support to the research team. The regular presence of the principal investigator and the daily meetings with the entire field team helps to answer questions, prevent and solve problems, and consequently, to motivate the group.

3. ORGANIZING AND ANALYZING THE DATA

3.1 DURING DATA COLLECTION

The organization and analysis of the data are ongoing activities that should be performed while field work is in progress. It is a continuous process that takes place while information is being collected. In this manner, information is classified, verified and edited, and preliminary conclusions are developed.

For such reason, during the implementation of any qualitative investigation, it is extremely useful to conduct a session with the entire field team after finishing daily activities, in order to organize and carry out a preliminary analysis of the data. This ongoing analysis helps to assimilate information while it is still fresh, allows the team to see emerging patterns, shows where information gaps still persist, and keeps field workers grounded in the purpose of the research. In general terms, this daily exchange should cover aspects such as: what was learned or what the findings are, and how these findings compare to those of other population segments or units of study.

During each of these sessions, a summary of the conclusions should be written. These daily sessions, the analysis carried out and the write-ups can later be used as a basis for the final analysis conducted after completing the data collection (1, 2, 3).

3.2 AFTER COMPLETING THE DATA COLLECTION

To simplify the review of the different aspects covered in the investigation and to identify patterns, data should be codified, tabulated and organized by topic. In order to do this, a list should be generated based on the research questions and any other important issues brought out by the investigation. The contents of the list will depend on the topics covered in the investigation and the findings produced. In case data is entered in a computer, all information related to a specific topic should be copied in a separate file. If information is pertinent to more than one topic, it should be copied into separate files. In case a word processor is being employed, the copy and paste functions can be used (1, 3).

Data can also be organized by putting together information related to the same type of informants. For example, all data from voluntary non-remunerated donors or from health personnel in a blood transfusion service can be placed together. Some examples of topics that can be included in the list are shown on Table 17.

Table 17: Topics to organize collected data

- Knowledge regarding blood donation.
- Attitudes regarding blood donation.
- Practices regarding blood donation.
- Local terms used in relation to blood donation.
- General characteristics of donors/health personnel.
- Interaction between health personnel and donors.
- General characteristics of blood transfusion services.
- Information, education and communication needs.
- Necesidades de información, educación y comunicación

Each investigator should decide which is the best way to organize the information. Codes written on the margins of the paper can also be used to organize the information in a better way. In this case, the code is a symbol or abbreviation used to mark a segment of the text (sentence or paragraph) in order to classify it. There are computer programs that use this coding system in order to organize and manage qualitative information.

Analysis of qualitative data starts by reading carefully all the material that has already been organized and continues by searching for patterns in the data. Some specific approaches for analyzing qualitative data are described in the following pages.

When dealing with qualitative information, a complex statistical analysis should not be made, since it consists of words more than numbers. However, frequency distributions can be used to point out some of the outstanding characteristics of blood transfusion services or donors themselves. For example, data collected by means of the interview applied to health personnel or that gathered through the document review at the service, can be used to point out the number and percentage of the different types of donors treated in a blood transfusion service per month, as shown on Table 18.

Table 18: Example of a frequency distribution

Type of donor	Number per month	Percentage per month
Voluntary non-remunerated	330	33
Commercial or professional	-	-
Family replacement	670	67
Total	1,000	100

To simplify the organization and analysis of the data, tables called "descriptive matrices" can be generated. The matrix is used to relate practices with perceived benefits and costs. Matrices are more informative than simple practice lists because they provide information regarding motivations and limitations or barriers underlying such practices. For example, if the practice to donate blood voluntarily (ideal) and to donate blood in replacement (real) want to be related with benefits and costs perceived by donors and health personnel, the information can be organized in a matrix such as the one presented on Table 19.

Table 19: Example of a descriptive matrix

Recommended practices	Current practices	Motivations	Barriers
<ul style="list-style-type: none"> • Increase the number of donors, especially of voluntary non-remunerated donors. 	<ul style="list-style-type: none"> • Most people donate blood when a member of the family or friend needs it (family replacement). 	<ul style="list-style-type: none"> • Blood donation helps other people who need it. que lo necesitan • Blood donation saves lives. • Donating blood is consciousness, humanity. 	<ul style="list-style-type: none"> • Fear of needle. • Beliefs related to the fact that blood makes you fat. • Perception that blood donation takes too much time. • Lack of information about blood donation.

The graphic presentation of qualitative data helps in its organization and comprehension. However, tables and diagrams are not ends in themselves, they should only be used to clarify the message or the interpretation of the data. Decide on the key points to make, then choose or design a format that summarizes the information. A phrase or two should be included as an interpretation after each table or chart.

To present results graphically, crossed tables using more than one variable can be produced. For example, to show that there is a difference by gender in donors as well as in the number of the different types of donors, a table such as the one presented on Table 20 can be generated.

Table 20: Example of a crossed table

Gender	Type of donor			Total per month
	Voluntary	Commercial	Replacement	
Female	230	-	570	800
Male	100	-	100	200
Total	330	-	670	1.000

Likewise, items or events can be organized by lists. For example, an inventory of the equipment found in a blood transfusion service can be prepared; subsequently, distinctions can be made between items found in all services and those detected only in one. Ordered lists can also be created according to time or function of employees in an institution. For example, to present data related to the functions of health personnel in a blood transfusion service, a list like the one presented on Table 21 can be created.

Table 21: Example of a list ordered according to function

Function of health personnel in a blood transfusion service	
Chief	Supervises technical aspects of the service
Clinical lab professionals	They rotate, carrying out different activities at the service: donor selection, blood collection, etc.
Technicians	The same functions as those of lab professionals, except that they do not rotate in certain areas.
Secretary	Type lab tests, statistics, etc.
Chauffeur	Mobile unit
Washing personnel	Wash all material.

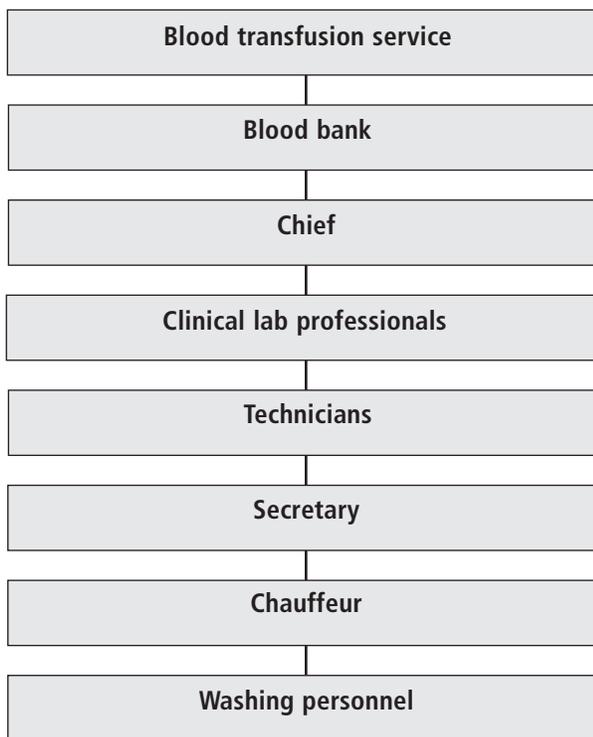
A list of key phrases or quotes regarding beliefs and local terms for certain practices can be generated. People’s actual expressions are very important in order to phrase effective messages to promote voluntary non-remunerated blood donation. For example, a list can be produced to include what people say regarding blood donation, as observed on Table 22.

Table 22: Example of key phrases regarding blood donation

<ul style="list-style-type: none"> • Blood donation is important because it helps other people who need it. • Blood donation might help someone and one remembers. • By donating blood someone’s life is saved. • Blood donation is necessary because it is a means of life. • Blood should be donated because today it is someone else who needs it, and tomorrow it might be me. If you donate blood to whoever needs it, you are a hero. • Today for you, tomorrow for me.

In addition, an organizational structure chart can be used to display relations between different people in a blood transfusion service, as can be seen on Table 23.

Table 23: Example of an organizational structure chart



Additionally, flow charts can be used to describe and contrast the flow of events; growth curves to show an increase or decrease of important variables in time; causal webs to describe relations within independent relations; taxonomies or ethnoclassifications to classify data according to culturally pertinent topics, presenting them as classifications or hierarchies; cognitive maps to illustrate perceptions, beliefs, knowledge and explanations in relation to the subject under study; domains to organize data in categories used by informants; quotes to illustrate important topics or the most frequent opinions, etc.

What informants actually said, their feelings and beliefs and their true intentions should be taken into account to interpret the information. The interpretation of the information has to be as simple and direct as possible. Special attention should be given to topics mentioned frequently or those that stand out, relationships between various factors should be discovered and similarities and differences based on the objectives of the research should be found.

The stage for recommendations should be set by drawing together evidence that supports the main conclusions. To simplify the development of conclusions, a bulleted list of the main findings should be prepared and a highlighted conclusion should be written at the end of each section. Findings should be analyzed and conclusions should be examined from different points of view.

Recommendations must be based on the findings. They should reflect the needs and perceptions of the research participants and specify the actions that should be taken within the overall program (1, 2, 3, 4).

4. WRITING THE REPORT

It is necessary to prepare a written report to present the results of the investigation. To help in the preparation of this report, the outline presented on Table 24 is recommended.

Table 24: Contents of the report

- Table of contents
- Abbreviations
- Executive summary
- Introduction
- Objectives
- Description of the area of study
- Methodology
 - Sample selection (units and segments)
 - Techniques and instruments
 - Selection and training of the research team
 - Duration of research
 - Limitations
- Results
- Discussion
- Recommendations
- Bibliographical references
- Appendices

Following is a brief description of the recommended contents of each section of the report:

- Executive summary (make an outline first and write it after all other sections have been prepared; 3-4 pages)
 - Brief summary of the contents of the report.
 - Key recommendations.
- Introduction (1 page)
 - Identification and description of the subject and of the rationale of the investigation.
- Objectives of the research (1 page)
 - Objectives of the research, as stated in the guidelines.
- Description of the area of study (1 page)
 - Brief description of the main characteristics of the site where the investigation was carried out: geographic, demographic, epidemiologic, socio-economic and cultural characteristics; health resources, including access; and sources of information.
- Summary of the methodology of the investigation (2-4 pages)
 - Description of sampling units and population segments selected locally (sampling).
 - Description of the techniques and instruments used in the investigation, based on what was suggested in the guidelines.
 - Description of the selection and training of the research team at a local level.
 - Duration of the study.
 - Changes made and limitations found while carrying out the investigation.
- Results of the investigation (8 pages)
 - Presented in different sections, by topics or types of informants. For example, a section about practices regarding blood donation; another about knowledge, not only of the different types of donors, but also of health personnel in blood transfusion services.
- Discussion (8 pages)
 - Discussion of results and their interpretation.
- Recommendations (4 pages)
 - Recommendations based on results are very useful in designing a strategy for promotion, the next phase in the social communication process in health. At this time, recommendations are systematically examined in order to select the most feasible, compatible and adequate ones for the population.
- Bibliographical references
 - Documents quoted in the introduction, methodology or discussion.
- Appendices
 - Instruments used.

When writing the report, the final product and uses must be kept in mind to ensure appropriate specific recommendations (1, 2). In this particular case, it should be remembered that the information is going to be used as a basis in the development of a social communication strategy with the purpose of increasing the number of voluntary non-remunerated donors in blood transfusion services. Therefore, when writing the report, it is very important to always keep in mind the following: problems found regarding blood donation, actions that could be taken to solve such problems, barriers that limit their execution, motivations that would help in carrying them out and type of information, education and communication intervention that could be implemented (3).

Writing the report by sections usually makes the task more simple and efficient. The easiest section can be written first and then the more difficult ones. The use of tables, charts and other graphic aids helps to transmit information in a clearer way. Quotes of the notes taken during the investigation give life to an idea and help illustrate specific aspects (2, 4).

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APPENDIX A: SUGGESTIONS ON THE USE OF THE TECHNIQUES

INDIVIDUAL SEMI-STRUCTURED INTERVIEW

Generalities

The individual semi-structured interview is a qualitative investigation technique. An interview is a conversation between the person who asks the questions (interviewer) and the person who answers them (informant). This technique is used to study beliefs, attitudes and behaviors of the target population. It can be used when information must be obtained relatively quick, especially when the information required is extensive or individualized. It can also be used when it is difficult to gather informants in a common place to carry out a focus group session. Some advantages and disadvantages of using this technique are presented on Table 1.

Table 1: Advantages and disadvantages of the semi-structured interview

Advantages	Disadvantages
<ul style="list-style-type: none"> • A relatively uncomplicated technique to collect and register information. • Flexibility to include emerging topics. • Allows for some quantification; therefore, it is easier to systematize information. 	<ul style="list-style-type: none"> • Investigators need to have previous knowledge of the subject and the local interpretation of the variables in order to ask relevant questions.

Its advantage over focus groups is that it can be used to acquire information considered private or related to a behavior that can be subject to disapproval. It is also very useful in getting information about real practices, which is also difficult to obtain through focus groups.

In general terms, when carrying out an interview it is important to have sensibility, act naturally and according to the situation. A semi-structured interview or an in-depth interview is not a question and answer session, rather it is a conversation in which the informant provides the investigator with the information he/she needs regarding a subject which he/she generally knows a lot about. If the interaction is good, there will be a greater opportunity for the informant to share his/her knowledge with a genuine interest and truthfulness. Therefore, the interviewer should keep in mind the following suggestions:

- 1) Have empathy and above all, respect the informant.
- 2) Be tactful. The interviewer should establish a relation with the informant and not examine him/her. Therefore, he/she should know when to insist, probe or stop insisting about a subject.
- 3) Have sensibility. The interviewer should try to grasp and notice any indication or key provided by the informant; he/she should observe and grasp all details.
- 4) Be honest with himself/herself and the informant.

Introduction to the Interview

The beginning of an interview is important because it determines the atmosphere in which it will be carried out. Following are some suggestions that should be taken into account before starting an interview:

- 1) The first thing an interviewer should do is introduce himself/herself. He/she should explain to the informant what he/she is doing and request his/her collaboration.

- 2) Before starting the interview, contact must be established with the informant. The easiest way to do this is by talking about the family.
- 3) The interviewer should try to reduce the physical and social distance between himself/herself and the informant. For example, if the informant is sitting down, the interviewer should also sit. In addition, he/she should not adopt an attitude of superiority.

During the Interview

Following are some suggestions to simplify the application of interviews:

- 1) **Interviews are confidential.** It is important to refrain from making comments with other people about an informant and his/her family.
- 2) **Questions should be neutral.** When asking questions, the interviewer should not influence answers. Questions asked should be neutral.
- 3) **Attitudes and behaviors should be neutral.** The interviewer should not influence answers with his/her attitude and behavior.
- 4) **Explore.** During an interview, the interviewer should try to explore more about the subject. Superficial answers should not be accepted and he/she should not change quickly from one topic to the other. He/she should try to obtain detailed answers. To do this, phrases such as "Why?", "What do you mean?", "How did you feel when that happened?", "What happened when...?" can be used.
- 5) **Should not be indifferent to the surroundings.** During the interview, if something happens in the surroundings, the interviewer should refer to it and not overlook it.
- 6) **The rebound technique can be used.** When the interviewer wants to make sure he/she heard well or wants to check if the informant actually wanted to say what the he/she heard, he/she can refrain from repeating the original question by using the previous answer to ask again. This technique can also be used when the informant asks a question that the interviewer does not want to answer to avoid influencing his/her opinion.
- 7) **Answers can be postponed.** During the interview, the interviewer can defer answers to questions asked by the informant. If the interviewer gives his/her opinion, he/she will not know what the informant thinks about the subject because he/she will have influenced answers. Likewise, the interviewer should avoid behaviors and attitudes that might influence the investigation.
- 8) **Patience.** It is not necessary to ask and talk constantly during the interview. The interviewer must create pauses to give him/her and the informant time to think. In this manner, the informant might feel more at ease and talk at length about a specific subject.
- 9) **Should not interrupt.** Informants' activities should not be interrupted. It should be remembered that the informant is doing a favor by participating in the investigation.
- 10) **The conditions of the interview should be registered.** The interviewer should write down the time when the interview starts and ends, people present during the interview, name of informant and any special circumstance related to the interview. In the beginning and during the interview, the interviewer should estimate the amount of time the informant is available for the interview and note any sign of impatience shown by him/her. If considered necessary, the interview should be stopped and continued later on.
- 11) **Be familiar with the instruments.** The interviewer should be familiar with the research instruments. He/she should take into account the general topics and the specific aspects pertinent to each topic. This will make the interview seem more natural and help to avoid asking irrelevant questions to the interests of the investigation.

- 12) **Try not to give implicit recommendations.** The interviewer should try not to give implicit recommendations about specific behaviors or practices. For example, if the informant talks about his/her experience as a donor and indicates that health personnel did not provide any predonation counselling, the interviewer should not ask "And what did they do?", as this implies that they should have done something. It is better if he/she asks "And then, what happened?".
- 13) **Erroneous ideas should not be generated.** False ideas about the objectives of the research should not be generated in order to obtain the collaboration of the informant selected for the interview.
- 14) **Honesty.** The interviewer should always tell the truth about his/her presence at the service, the purpose and objectives of the research. He/she should explain about the investigation in a simple and plain way so informants understand easily.
- 15) **A moderate tone of voice should be used.** During the interview, the interviewer should use a moderate tone of voice, not too high or too low; it should be natural. He/she should avoid asking questions in an imperative way so the informant is not inhibited. He/she should remember that the informant is doing him/her a favor in participating in the investigation. The conversation should be carried out in a friendly tone. The interviewer should use the local language and know local customs.

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DIRECT OBSERVATION

Direct observation is another qualitative research technique. By means of this technique, events and behaviors are carefully observed, providing non-verbal keys related to what is actually happening. To observe means to examine the context of a behavior or a particular event, using the five senses. This technique is used in the natural context of the study, among people who are participating and spontaneously interacting, following the natural flow of daily life. In comparison to other techniques, it is the least intrusive and consequently, the one that affects the least subjects under study.

The observation technique can be used to collect information regarding practices and behaviors of the population. In order for this information to be useful, the observation has to be focused and systematic. The observation should be directed specifically to the subject of interest and should follow a defined plan that allows investigators to observe in an efficient and complete way and with the least bias.

The use of the direct observation technique has its advantages and disadvantages, as shown on Table 2.

Table 2: Advantages and disadvantages of direct observation

Advantages	Disadvantages
<ul style="list-style-type: none"> • In comparison to others, it is the least intrusive technique. • In comparison to others, it is the technique that least affects people under study. • Is flexible and emerging topics can be included. • Provides real, natural evidence. 	<ul style="list-style-type: none"> • The observer’s perceptions can influence the validity of the data. • Because tendencies or observed patterns cannot be measured, it is said that it lacks feasibility.

Following are some suggestions that should be taken into account so that data collected by means of the observation can be of the best quality:

- 1) **Neutral personal attitude.** The observer’s attitude should be neutral. The observer should not judge, criticize or be astonished by what is being observed. If he/she does, he/she can have a negative influence what he/she wants to observe. The observer should also refrain from criticizing or giving an opinion after completing the observation.
- 2) **No intervention.** The observer should not intervene in the practices and behaviors he/she wants to observe, except when it is absolutely necessary. The observer should not get involved in behaviors he/she is observing. In the same manner, the observer should not start long conversations with people observed or with their families.
- 3) **Attention to specific situations.** The observer should try to concentrate all his/her attention on specific situations or behaviors he/she wants to observe. He/she should not distract his/her attention by observing aspects unrelated to what he/she wants to observe. He/she should keep the same level of attention during the whole interval of observation.
- 4) **Observer’s position.** The position of the observer is very important. The observer should place himself/ herself in a spot where he/she can observe the behaviors of interest. The observer should place himself/ herself in a location with good visibility and he/she should have the flexibility to change places according to the specific needs of the observation.
- 5) **Objectivity.** The observer should leave aside all prejudices that can influence his/her observation. The observer should not let former opinions or foregoing experiences influence his/her perception of what he/she observes. The observer should have a professional and mature attitude and should not start condensing or interpreting what he/she observes in a specific way. Being as objective as possible means observing unemotionally and registering exactly what is being observed without imagining, supposing or interpreting it.
- 6) **Kind behavior.** The observer’s behavior should always be kind, discreet, friendly and inspire confidence. Also, the observer should show a genuine interest in the location and the people he/she is observing.
- 7) **Discreet image.** The observer’s personal image should be discreet. If possible, he/she should use a robe and if not, he/she should use clothing that is not conspicuous or colorful. He/she should only carry with him/her his/her writing board, the guide, a pencil or pen and an eraser.

When observing the facilities, the interaction between health personnel in the blood transfusion service, the different types of donors and the general public, special attention should be given to the following aspects:

- 1) **Use of space.** The observer should note the relative position and distance between people. Space between people can reflect the type of their relation.
- 2) **Corporal position and gestures.** The observer should pay special attention to people’s posture and gestures, as they communicate different states of mind; for example, peacefulness, excitement, impatience, anger, tension, weariness, interest, and pain.

- 3) **Tone of voice.** The observer should listen very closely and pay special attention to a person's tone of voice, as this is also a reflection of his/her state of mind.
- 4) **Sense of touch.** The observer should pay special attention to the physical contact between the people he/she is observing. Contact is also a reflection of the type of relation that exists among people.
- 5) **Visual contact.** Eye contact between people is very important; therefore, the observer should pay special attention to this fact.

Notes taken during the observation should be extended immediately after completing the observation.

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FOCUS GROUP

Generalities

The focus group or explorative group interview is a qualitative investigation technique adopted from commercial marketing and commonly used in social investigation. Focus groups help to revise information with a greater number of people, find out what these people know about specific subjects and obtain normative information about topics that can be discussed openly and therefore, are not subject to disapproval.

A focus group session is an in-depth discussion in which a small number of informants (from six to twelve), guided by a facilitator or moderator, talk and discuss freely and spontaneously about subjects considered important to the investigation. Participants are selected from a "target group", whose ideas and opinions are of interest to the investigation. Generally, more than one group session should be held to guarantee an adequate coverage.

During the focus group session, which should last from one to one and a half hours, the editor or transcriber should take notes of the discussion. Additionally, he/she should tape record the session. The discussion should be conducted as an open conversation, in which each participant can make comments, answer and ask questions. The interrelation among participants should be stimulated through the topics of interest to the investigation. The facilitator or moderator should guide the session in order to cover all subjects of interest in-depth.

To be effective, a focus group should be as homogeneous as possible. Participants should be of the same gender, age group and socio-economic status (ethnic group, civil status, level of formal education). If this is not possible, the principle that must govern the group's composition is the degree to which the above mentioned factors might influence participation within the group.

The number of groups organized depends on research needs, availability of resources and time, and on the emergence of different points of view among diverse groups from the same location. However, at least two focus groups should be organized, and better results are obtained if three focus groups are carried out. The sessions should be held in a place where participants feel at ease to talk neutrally and openly about the subjects of interest to the investigation.

Some of the advantages and disadvantages in using the focus group technique are presented on Table 3.

Table 3: Advantages and disadvantages of focus groups

Advantages	Disadvantages
<ul style="list-style-type: none"> • Research technique with a social orientation. • The format lets the moderator probe. • Low cost. • Rapid results. • Can have a larger sample. 	<ul style="list-style-type: none"> • Less control of the group, than with individual interviews. • Results are harder to analyze. • Well trained personnel is required. • Groups can vary considerably. • It is difficult to gather a group. • Facilities should be adequate for a discussion.

Invitation to Participate

Whenever possible, participants should be selected at random. The date and time when the session will take place should be established by taking participants' activities and functions within their regular routine into consideration. The invitation to participate should be made with several days or a week in advance. In making the invitation, the following steps should be followed:

- 1) Start the conversation with the potential participant by talking about a subject of his/her interest (the family, the climate, etc.).
- 2) Tell the potential participant in a simple way with whom you work and the general objective of your visit.
- 3) Tell the potential participant about the session you want to hold with him/her and other people and invite him/her to participate. At that time, the specific subject of the session should not be mentioned.
- 4) Point out the time, date, duration and place of the session.
- 5) If the person refuses to participate, emphasize the importance of his/her contribution and try to convince him/her. If the person still refuses, thank him/her for his/her kindness and say good-bye.
- 6) If the person says he/she is interested in participating, confirm the date, time and place where the session will take place. A brief comment can also be made concerning the importance of his/her participation and punctuality.
- 7) When possible, one day before the session, the attendance of each of the participants should be reconfirmed by phone.

The Facilitator

Ideally, the facilitator should be of the same gender as the participants, to create confidence within the group. The facilitator should use a discussion guide in order to keep the conversation grounded in the purpose of the research. The guide should include the objective of the research and a number of open questions. For example, "what do you know about blood?".

During the session, the facilitator should consider the following recommendations:

- 1) **Introduce discussion topics.** The facilitator does not have to be an expert on each of the topics included in the guide, but he/she should be familiarized with the main subject in order to ask related questions.
- 2) **Be enthusiastic and communicative.** The facilitator has to make participants feel at ease and motivate them into participating. He/she must keep his/her sense of humor.

- 3) **Control the group.** The facilitator should formulate adequate questions and react neutrally to comments and answers. He/she must emphasize the fact that there are no good or bad answers. Even his/her gestures and other forms of corporal communication should not reflect approval or disapproval. He/she must refrain from reacting to the discussion or from expressing personal opinions that might influence participants.
- 4) **Observe participants.** The facilitator should be conscious of the reactions and degree of participation of group members. He/she should motivate and stimulate all of them into participating instead of letting only some do it.
- 5) **Listen carefully.** The facilitator should listen to participants in order to guide the discussion in a logical manner from one point to the other and to relate his/her comments with the next point.
- 6) **Try not to go by the question format.** The facilitator should guide the session into a more participatory discussion, in which participants communicate more among themselves than with him/her.
- 7) **Establish a good relation with participants.** The facilitator should gain the confidence of group members in order to be able to discuss the different topics in-depth.
- 8) **Have a genuine interest in the participants and in learning from them.** The facilitator should try to understand what people say and the meaning it has for them.
- 9) **Be flexible.** The facilitator should be open to suggestions, changes, interruptions and negative participation.
- 10) **Control time.** The facilitator should control time dedicated to each question and to the session in general, without giving the impression that he/she is actually doing it. He/she should not look at the clock or hurry participants.
- 11) **Control rhythm.** The facilitator should speed up the session. When he/she is sure participants have the same opinion as that expressed by other groups, he/she should rapidly review points that have already been discussed by them.
- 12) **Observe corporal communication.** The facilitator should observe and respond to the participants' corporal communication. This type of communication could reflect impatience, tiredness, weariness, and anxiety.
- 13) **Moderate tone of voice.** It is suggested that a friendly and neutral tone of voice be used. The use of an affirmative or imperative tone of voice when asking questions can intimidate participants.

The Editor

The editor should be present at the focus group session primarily as an observer; however, he/she has the responsibility of tape recording and taking notes of the discussion. In registering information, he/she should take the following aspects into account:

- 1) The date the session takes place and the time it starts and it ends.
- 2) Name of the community where the session takes place (country, province, etc.), a brief description of it and any other relevant information.
- 3) Place where the session takes place, a brief description of it and information about how this facility can influence participants (if it is comfortable, large enough, well located, etc.).
- 4) Number of participants and their characteristics (gender, approximate age, etc.).
- 5) The groups' dynamics in general, degree of participation, level of interest and the general environment (peacefulness, anxiety, etc.).
- 6) Interruptions and distractions during the session.

- 7) Incidents that make participants laugh, what refrains them from answering and giving an opinion and what interrupts or ends the discussion.
- 8) Participants' opinions, making emphasis on the appreciation of the whole group. For example, "the majority of the group thinks that...". The editor should quote participants' textual words. His/her own impressions and observations should be written in parenthesis. Tape recordings of the session help the editor in completing and extending notes taken during the meeting.
- 9) The general vocabulary used by the participants. The editor should make an effort to register words from the participants, as this type of investigation is used to find out local expressions.

Even though the responsibility to control and moderate the session falls upon the facilitator, the editor must also have a copy of the guide and he/she can participate in situations such as the following:

- 1) When he/she hears a comment that the facilitator has not heard for any reason at all, he/she can say something like: "Tom mentioned something that perhaps we did not hear. Tom, could you repeat what you said?"
- 2) To suggest a topic or new question relevant to the investigation.
- 3) To ask a question the facilitator has forgotten.
- 4) If he/she realizes that the facilitator has lost control of the group.
- 5) If he/she thinks of a way to explore more in-depth about a special topic.
- 6) To help resolve an internal conflict within the group.

Before Starting the Session

The facilitator and the editor should be the first ones to arrive at the place where the session will be held. In arriving, they should arrange details so everything is ready to start. As participants arrive, they should talk informally with them. They can take advantage of this time to learn the names of the participants and something about their interests.

The facilitator should guarantee that the participants' own distribution in the physical area will motivate them to talk. For that matter, it is recommended that participants sit in a circle, more or less at the same distance from the facilitator. The facilitator should also guarantee that there are no interruptions once the session is started.

The necessary materials for the development of the session should be ready before it begins. These materials include a tape recorder, blank cassetts, batteries in case of power problems, discussion guides, pen or pencil, eraser and blank paper to register information.

Introduction to a Focus Group Session

The introduction to the session is very important because the tone and atmosphere in which it will be carried out are determined at that time. In the beginning, the facilitator should be lively and talkative to make people feel comfortable. During the introduction, the facilitator should cover the following points:

- 1) Thank participants for their attendance, introduce himself/herself and the editor by their names, explain their roles and indicate the name of the institution for whom they work.
- 2) Ask participants their names. It is very important that the facilitator learns their names as soon as possible and later calls them by their name.

- 3) Explain that both him/her and the editor are not there to give an educational talk, but to incorporate the ideas of the group into a social communication strategy. The facilitator should also explain that neither of them are experts on the subject; but that they are there to learn from participants.
- 4) Indicate that the opinions of each of the participants are very important and that all should feel free to express their opinions about the subjects that will be covered.
- 5) Indicate that the rules to hold the session are that the participants talk only about the subject under consideration and that they talk only one at a time.
- 6) Start the session by requesting from each participant information not related to the specific subject. In this manner, all participants will have a chance to talk about a neutral subject when the session starts.

Conduction of a Focus Group

There are some tools that help to conduct a focus group. These are useful in the formulation of the questions that the group is expected to discuss during the session. Following is a brief description of each of them:

- 1) **Clarification.** To clarify or explore an answer given by a participant, the same answer can be repeated again as a question. For example, "What are you referring to when you say that ...?" or "Can you explain more about ...?"
- 2) **Substitution.** The presentation of the question is changed, using some different words, but without altering its original meaning. The facilitator must be sure that the way he/she formulates the question does not suggest a specific answer. For example, "What is the role of blood?" or "What are the functions of blood?"
- 3) **Reorientation.** It is used to motivate the discussion among all participants. When a person answers a question, his/her answer can be used to ask the question to another person who has not given his/her opinion. For example, "John, you say you donate blood every six months. And you Peter, how often do you donate blood?"
- 4) **The expert.** Before the session begins, if any "specialized" person is present, the facilitator should explain the mechanisms of the focus group and indicate that the best way in which he/she can collaborate is by listening to the discussion and giving his/her opinions and suggestions when it ends.
- 5) **Dominant participant.** When a dominant participant shows up at the session, the facilitator should request a more active participation from the rest of the members of the group. The facilitator can also reorientate questions or avoid visual contact with the dominant participant to refrain him/her from talking. If this does not work, the facilitator should ask him/her in a polite way to let others talk.
- 6) **Reluctant participant.** To motivate a withdrawn participant, the facilitator should address him/her directly, using his/her name and requesting his/her opinion. The facilitator can establish visual contact with him/her more frequently in order to motivate him/her to participate. He/she can also be asked to comment about what another person said before or to summarize what the group expressed about a specific subject.
- 7) **Facilitator without knowledge.** To achieve a greater participation from the group, the facilitator should assume the role of a person that does not know absolutely anything about the subject. During the course of the session, he/she can make reference to his/her lack of knowledge about the subject and his/her need to listen to everyone's opinions to learn more about it.
- 8) **Photographs or drawings.** The facilitator can use photos or drawings to motivate the discussion. For example, a photo of a person donating blood or another of a person receiving a transfusion can be shown. Then he/she can ask, "What is wrong with this person?" "What are they doing to him/ her?"

Closing the Session

Before the focus group session ends, the facilitator should take into account the following recommendations:

- 1) Indicate that the session is almost coming to an end, ask participants to think about everything that has been discussed and ask each of them if they have any other comment on this respect. Then, explore relevant comments.
- 2) Thank participants for their collaboration and tell them again that their ideas and comments have been valuable and will be used to design an effective social communication strategy.
- 3) Whenever possible, serve a refreshment. Take advantage of this time to listen to additional comments.
- 4) After the group session has come to an end, the facilitator and the editor should review and complete notes taken during the meeting.

Bibliographic References

1. Krueger RA (1988). *Focus Groups. A Practical Guide for Applied Research*. California, Sage Publications, Inc.
2. Scrimshaw SCM and E Hurtado (1988). *Rapid Assessment Procedures for Nutrition and Primary Health Care Programs. Anthropological Approaches to Improve the Effectiveness of Programs*. Tokio, United Nations University; United Nations Infancy Fund; Los Angeles; Center for Latin American Studies in UCLA, University of California.

APPENDIX B: INSTRUMENTS

To carry out the formative investigation regarding blood donation, six different instruments were generated. Following is a brief description of each of these instruments:

- GII-1 Guide to interview informants (donors and non-donors) regarding blood donation.
- GIHP-2 Guide to interview health personnel regarding the blood transfusion service.
- THPK-3 Test for health personnel regarding their knowledge about blood, blood transfusion and donation.
- GFGGP-4 Guide for a focus group discussion with the general public regarding blood donation.
- GOS-5 Guide for the general observation of a blood transfusion service.
- GOI-6 Guide for the observation of the interaction between health personnel and donor in a blood transfusion service.

LETTER REQUESTING AUTHORIZATION

May 3, 1999

Mrs. Marta Alicia de Guerrero
Blood Bank, Salvadorean Red Cross

Dear Mrs. Guerrero:

Herewith we inform you that the Pan American Health Organization (PAHO) in Washington, through José Ramiro Cruz, together with _____ is carrying out an activity concerning blood transfusion services.

This activity consists of implementing a formative investigation regarding blood donation in order to identify what people know about blood donation, what their beliefs, perceptions, attitudes and experiences are on this respect; what barriers limit blood donation in our environment and make change difficult; what motivates some people to donate blood; and what channels or mass and interpersonal media are more effective in transmitting appropriate messages that are accepted and understood, and that motivate desired behavior changes and the active participation in a voluntary blood donation program.

We request your collaboration in authorizing the implementation of this investigation in the blood transfusion service under your care. If such activity is authorized, the people who will participate and will contact you soon are _____.

Sin otro particular, nos suscribimos,

Very truly yours,

AGREEMENT TO PARTICIPATE IN THE INVESTIGATION

Good morning, my name is _____ I come from _____ and with the authorization of this blood transfusion service, I am here to carry out an investigation regarding blood donation. We will use the results of this investigation to develop a communication strategy and informative and educational materials to promote the recruitment and retention of voluntary non-remunerated donors.

We want to ask you if we can talk to you concerning your ideas about blood donation: what you know, think and believe on this respect. We only want to talk for a little while. We can stop talking when you wish to do so. If there are questions you do not want to answer or do not understand, tell me, it is all right.

Everything you tell us about blood donation is going to be used as a basis, so that the informative and educational materials produced are adequate to promote blood donation.

I will be grateful for your collaboration should you agree to participate. Please write your initials on this paper. Your name will not be used in any report, but your ideas and suggestions will help us produce adequate materials for potential donors. If you do not wish to participate in this study, I thank you for your time.

I agree to be interviewed.

(Initials or write an X if you wish)

INSTRUCTIONS FOR THE PERSON WHO APPLIES THE SCREENING QUESTIONS IN ORDER TO DEFINE THE TYPE OF INFORMANT

- 1) HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE: If he/she answers NO to screening questions 1 and 2.
- 2) HAS NEVER DONATED, BUT WOULD DONATE: If he/she answers NO to question 1 and YES to question 2.
- 3) RECENT VOLUNTARY NON-REMUNERATED DONOR (LAST 12 MONTHS): If he/she answers YES to question 1, the date of his/her last donation is within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as a VOLUNTARY NON-REMUNERATED DONOR to question 5.
- 4) RECENT FAMILY REPLACEMENT DONOR (LAST 12 MONTHS): If he/she answers YES to question 1, the date of his/her last donation is within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as a FAMILY REPLACEMENT DONOR to question 5.
- 5) RECENT COMMERCIAL OR PROFESSIONAL DONOR (LAST 12 MONTHS): If he/she answers YES to question 1, the date of his/her last donation is within the year prior to the interview (question 3) and answers YES to question 4.
- 6) RECENT DIRECTED DONOR (LAST 12 MONTHS): If he/she answers YES to question 1, the date of his/her last donation is within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as a DIRECTED DONOR to question 5.
- 7) RECENT AUTOLOGOUS DONOR (LAST 12 MONTHS): If he/she answers YES to question 1, the date of his/her last donation is within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as an AUTOLOGOUS DONOR to question 5.
- 8) HAS DONATED SOMETIME IN THE PAST AS A VOLUNTARY NON-REMUNERATED DONOR: If he/she answers YES to question 1, the date of his/her last donation is not within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as a VOLUNTARY NON-REMUNERATED DONOR to question 5.
- 9) HAS DONATED SOMETIME IN THE PAST AS A FAMILY REPLACEMENT DONOR: If he/she answers YES to question 1, the date of his/her last donation is not within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as a FAMILY REPLACEMENT DONOR to question 5.
- 10) HAS DONATED SOMETIME IN THE PAST AS A COMMERCIAL OR PROFESSIONAL DONOR: If he/she answers YES to question 1, the date of his/her last donation is not within the year prior to the interview (question 3) and answers YES to question 4 .
- 11) HAS DONATED SOMETIME IN THE PAST AS A DIRECTED DONOR: If he/she answers YES to question 1, the date of his/her last donation is not within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as a DIRECTED DONOR to question 5.
- 12) HAS DONATED SOMETIME IN THE PAST AS AN AUTOLOGOUS DONOR: If he/she answers YES to question 1, the date of his/her last donation is not within the year prior to the interview (question 3), answers NO to question 4 and answers that he/she donated as an AUTOLOGOUS DONOR to question 5.

Informants 1-2 should be interviewed individually or when three of 1 and five of 2 have been interviewed, then they can be invited to a focus group discussion.

Donors 3-7 should be interviewed individually. Four donors of each type have to be interviewed.

Donors 8-12 should be invited to participate in a focus group session.

SCREENING QUESTIONS TO DEFINE THE TYPE OF INFORMANT

1. Have you ever donated blood?
 1. YES
 2. NO

2. (NO) Would you be willing to donate blood sometime?
 1. YES
 2. NO

3. (YES) Did you donate blood during the last 12 months?
 1. YES
 2. NOWhen?
DATE: ____ / ____ / ____

4. (YES) Did you receive any payment for donating blood?
 1. YES
 2. NO

5. (NO) Why did you donate blood that last time? _____
 1. VOLUNTARY NON-REMUNERATED DONOR
 2. FAMILY REPLACEMENT DONOR
 3. DIRECTED DONOR
 4. AUTOLOGOUS DONOR
 5. OTHER: _____

CLASSIFY "TYPE OF INFORMANT"

1. HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE
INTERVIEW OR FOCUS GROUP

2. HAS NEVER DONATED, WOULD DONATE
INTERVIEW OR FOCUS GROUP

3. RECENT VOLUNTARY NON-REMUNERATED DONOR (LAST 12 MONTHS)
INTERVIEW

4. RECENT FAMILY REPLACEMENT DONOR (LAST 12 MONTHS)
INTERVIEW

5. RECENT COMMERCIAL OR PROFESSIONAL DONOR (LAST 12 MONTHS)
INTERVIEW

6. RECENT DIRECTED DONOR (LAST 12 MONTHS)
INTERVIEW

7. RECENT AUTOLOGOUS DONOR (LAST 12 MONTHS)
INTERVIEW

8. HAS DONATED SOMETIME IN THE PAST AS A VOLUNTARY NON-REMUNERATED DONOR
FOCUS GROUP

9. HAS DONATED SOMETIME IN THE PAST AS A FAMILY REPLACEMENT DONOR
FOCUS GROUP
10. HAS DONATED SOMETIME IN THE PAST AS A COMMERCIAL OR PROFESSIONAL DONOR
FOCUS GROUP
11. HAS DONATED SOMETIME IN THE PAST AS A DIRECTED DONOR
FOCUS GROUP
12. HAS DONATED SOMETIME IN THE PAST AS AN AUTOLOGOUS DONOR
FOCUS GROUP

INSTRUCTIONS FOR THE PERSON WHO APPLIES INSTRUMENT GII-1

The purpose of instrument GII-1 is to collect information about practices, experiences, attitudes, perceptions and knowledge regarding blood, blood transfusion and donation, and communication channels.

Instrument GII-1 is applied by interviewing informants and donors classified as:

1. HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE.
2. HAS NEVER DONATED, WOULD DONATE.
3. RECENT VOLUNTARY NON-REMUNERATED DONOR (LAST 12 MONTHS).
4. RECENT FAMILY REPLACEMENT DONOR (LAST 12 MONTHS).
5. RECENT COMMERCIAL OR PROFESSIONAL DONOR (LAST 12 MONTHS).
6. RECENT DIRECTED DONOR (LAST 12 MONTHS).
7. RECENT AUTOLOGOUS DONOR (LAST 12 MONTHS).

GENERAL INSTRUCTIONS

1. The instructions you have to follow are written in capital letters.
2. Ask the informant what is written in small letters.
3. Before the interviewed informant leaves the service, review the instrument and make sure all questions have been answered.

SPECIFIC INSTRUCTIONS

1. Read the objective of the instrument and the introductory instructions carefully.
2. Ask the screening questions and define the type of informant before starting the interview.
3. Write down the date in which the interview is being applied.
4. Write down the name of the blood transfusion service.
5. Write down the complete address of the service (street, avenue, number, zone, colony, community, country).
6. Ask and write down the name of the person to be interviewed.
7. Write down the gender of the person to be interviewed, circling number 1 if he is a male and 2 if she is a female.
8. Ask and write down the age of the person to be interviewed.
9. Write down your name (interviewer).
10. In section A "**BLOOD DONATION PRACTICES (QUESTIONS ACCORDING TO "TYPE OF INFORMANT")**", ask question 1 if the informant was classified as 1 "HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE". When the informant has answered the question, go to section C.
11. In section A "**BLOOD DONATION PRACTICES (QUESTIONS ACCORDING TO "TYPE OF INFORMANT")**", ask question 2 if the informant was classified as 2 "HAS NEVER DONATED, WOULD DONATE" but it "DEPENDS". When the informant has answered the question, go to section C.
12. In section A "**BLOOD DONATION PRACTICES (QUESTIONS ACCORDING TO "TYPE OF INFORMANT")**", ask questions 3 to 20 if the informant was classified as 3 "RECENT VOLUNTARY NON-REMUNERATED DONOR", 4 "RECENT-

FAMILY REPLACEMENT DONOR", 5 "RECENT COMMERCIAL OR PROFESSIONAL DONOR", 6 "RECENT DIRECTED DONOR", or 7 "RECENT AUTOLOGOUS DONOR"

13. In this same section, in question 3, if the answer is affirmative, circle 1 and go to question 4. If the answer is negative, circle 2 and go to question 4. If the informant does not remember, circle 3 and go to question 4.
14. In this same section, ask questions 4 and 5.
15. In this same section, in question 6, do not be satisfied with the first answer, explore.
16. In this same section, in question 7, if the answer is affirmative, circle 1 and go to question 8. If the answer is negative, circle 2 and go to question 9. If the informant does not know, circle 3 and go to question 10.
17. In this same section, ask question 11.
18. In this same section, in question 12, if the answer is affirmative, circle 1 and go to question 13. If the answer is negative, circle 2 and go to question 14. If the informant does not remember, circle 3 and go to question 15.
19. In this same section, in question 15, if the answer is affirmative, circle 1 and go to question 16. If the answer is negative, circle 2 and go to question 17.
20. In this same section, in question 17, if the answer is affirmative, circle 1 and go to question 18. If the answer is negative, circle 2 and go to question 19.
21. In this same section, in question 19, if the answer is affirmative, circle 1 and go to question 20. If the answer is negative, circle 2 and go to question 20.
22. In section B "**OPINION ABOUT THE BLOOD TRANSFUSION SERVICE**", ask questions 21 to 33 if the informant was classified as 3 "RECENT VOLUNTARY NON-REMUNERATED DONOR", 4 "RECENT FAMILY REPLACEMENT DONOR", 5 "RECENT COMMERCIAL OR PROFESSIONAL DONOR", 6 "RECENT DIRECTED DONOR", or 7 "RECENT AUTOLOGOUS DONOR". All questions refer to the last time these people donated blood.
23. In this same section, in question 21, circle 1 if the answer is excellent; circle 2 if the answer is very good; circle 3 if the answer is good; circle 4 if the answer is fair; circle 5 if the answer is bad. Then, go to question 22.
24. In this same section, in question 23, if the answer is affirmative, circle 1 and go to question 24. If the answer is negative, circle 2 and go to question 25.
25. In this same section, in question 25, if the answer is affirmative, circle 1 and go to question 26. If the answer is negative, circle 2 and go to question 27.
26. In this same section, in question 27, if the answer is affirmative, circle 1 and go to question 28. If the answer is negative, circle 2 and go to question 29.
27. In this same section, in question 29, if the answer is affirmative, circle 1 and go to question 30 and 31. If the answer is negative, circle 2 and go to question 32.
28. In this same section, in question 30, do not be satisfied with the first answer, explore and then go to question 31.
29. In this same section, in question 31, use the answer to question 30 to complete it.
30. In this same section, in question 32, if the answer is affirmative, circle 1 and go to question 33. If the answer is negative, circle 2 and go to section C. If the informant does not remember, circle 3 and go to section C.

31. In section **C "KNOWLEDGE ABOUT BLOOD"**, ask questions 34 to 39 if the informant was classified as 1 "HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE", 2 "HAS NEVER DONATED, WOULD DONATE", 3 "RECENT VOLUNTARY NON-REMUNERATED DONOR", 4 "RECENT FAMILY REPLACEMENT DONOR", 5 "RECENT COMMERCIAL OR PROFESSIONAL DONOR", 6 "RECENT DIRECTED DONOR", or 7 "RECENT AUTOLOGOUS DONOR".
32. In this same section, ask questions 34, 35 and 36. If the informant does not answer A, B or O to question 36, go to question 37. If he/she answers A, B or O to question 36, go to question 38.
33. In this same section, in question 38, if the answer is affirmative, circle 1 and go to question 39. If the answer is negative, circle 2 and go to section D.
34. In section **D "KNOWLEDGE ABOUT BLOOD TRANSFUSION"**, ask questions 40 to 44 if the informant was classified as 1 "HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE", 2 "HAS NEVER DONATED, WOULD DONATE", 3 "RECENT VOLUNTARY NON-REMUNERATED DONOR", 4 "RECENT FAMILY REPLACEMENT DONOR", 5 "RECENT COMMERCIAL OR PROFESSIONAL DONOR", 6 "RECENT DIRECTED DONOR", or 7 "RECENT AUTOLOGOUS DONOR".
35. In this same section, in question 40, if the answer is affirmative, circle 1 and if it is negative, circle 2. Go to question 41 and then to 42.
36. In this same section, in question 43, if the answer is affirmative, circle 1 and go to question 44. If the answer is negative, circle 2 and go to section E. If the informant does not know, circle 3 and go to section E.
37. In section **E "KNOWLEDGE ABOUT BLOOD DONATION"**, ask questions 45 to 62 if the informant was classified as 1 "HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE", 2 "HAS NEVER DONATED, WOULD DONATE", 3 "RECENT VOLUNTARY NON-REMUNERATED DONOR", 4 "RECENT FAMILY REPLACEMENT DONOR", 5 "RECENT COMMERCIAL OR PROFESSIONAL DONOR", 6 "RECENT DIRECTED DONOR", or 7 "RECENT AUTOLOGOUS DONOR".
38. In this same section, ask questions 45, 46 and 47.
39. In this same section, IF THE INFORMANT IS NOT A COMMERCIAL OR PROFESSIONAL DONOR, ask question 48. If the answer is affirmative, circle 1 and go to question 49. If the answer is negative, circle 2 and go to question 50. If the informant does not know, circle 3 and go to question 50.
40. In this same section, ask questions 50 to 54.
41. In this same section, in question 55, if the answer is affirmative, circle 1 and go to question 56. If the answer is negative, circle 2 and go to question 57. If the informant does not know, circle 3 and go to question 57.
42. In this same section, in question 57, if the answer is affirmative, circle 1 and go to question 58. If the answer is negative, circle 2 and go to question 59. If the informant does not know, circle 3 and go to question 59.
43. In this same section, in question 59, if the answer is affirmative, circle 1 and go to question 60. If the answer is negative, circle 2 and go to question 61. If the informant does not know, circle 3 and go to question 61.
44. In this same section, ask question 62 and go to section F.
45. In section **F "COMMUNICATION CHANNELS"**, ask questions 63 to 72 if the informant was classified as 1 "HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE", 2 "HAS NEVER DONATED, WOULD DONATE", 3 "RECENT VOLUNTARY NON-REMUNERATED DONOR", 4 "RECENT FAMILY REPLACEMENT DONOR", 5 "RECENT COMMERCIAL OR PROFESSIONAL DONOR", 6 "RECENT DIRECTED DONOR", or 7 "RECENT AUTOLOGOUS DONOR".
46. In this same section, in question 63, if the answer is affirmative, circle 1 and go to questions 64, 65 and 66. If the answer is negative, circle 2 and go to question 67. If the informant does not remember, circle 3 and go to question 67.

47. In this same section, in question 64, write down what the informant tells you the messages said or showed. If the informant does not remember, circle 1.
48. In this same section, in question 67, if the answer is affirmative, circle 1 and ask question 68. If the answer is negative, circle 2, ask question 69, thank the informant and finish the interview.
49. In this same section, in question 70, if the answer is radio, circle 1; if the answer is television, circle 2; if the answer is written media, circle 3 and in the space at the side, describe what type of written media the informant mentions; if the answer is other printed media, circle 4 and in the space at the side, describe what other printed media the informant mentions; if the answer is interpersonal media, circle 5 and in the space at the side describe what type of interpersonal media the informant mentions.
50. In this same section, ask questions 71 and 72. After the informant has answered, thank him/her and finish the interview.

**INSTRUMENT GII-1:
GUIDE TO INTERVIEW INFORMANTS (DONORS AND NON-DONORS)**

The objective of instrument GII-1 is to gather information about practices, experiences, attitudes, perceptions and knowledge regarding blood, blood transfusion and donation and communication channels.

Interview an informant classified as:

1. HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE
2. HAS NEVER DONATED, WOULD DONATE
3. RECENT VOLUNTARY NON-REMUNERATED DONOR (LAST 12 MONTHS)
4. RECENT FAMILY REPLACEMENT DONOR (LAST 12 MONTHS)
5. RECENT COMMERCIAL OR PROFESSIONAL DONOR (LAST 12 MONTHS)
6. RECENT DIRECTED DONOR (LAST 12 MONTHS)
7. RECENT AUTOLOGOUS DONOR (LAST 12 MONTHS)

Date of the interview: _____
Name of the service: _____
Address: _____
Name of the informant: _____
Gender: 1. MALE 2. FEMALE Age: _____
Name of interviewer: _____

A. Blood Donation Practices
(QUESTIONS ACCORDING TO "TYPE OF INFORMANT")

1. (WOULD NEVER DONATE) Why do you say you would never donate blood? For any other reason?

→ GO TO SECTION C

2. (IT DEPENDS) Depending on what would you donate blood? Would it depend on something else?

→ GO TO SECTION C

3. (IF HE/SHE DONATED RECENTLY) Have you donated blood prior to this last time you donated?

1. YES
2. NO
3. DOES NOT REMEMBER

4. How many times do you think you have donated blood in your life?

5. How often have you donated blood?

6. Why have you donated blood? For any other reason?

7. Do you think you will donate again?

1. YES
2. NO
3. DOES NOT KNOW

8. (YES) Why will you donate again?

9. (NO) Why not?

10. (DOES NOT KNOW) How come?

11. The last time you donated blood, where did you donate?

12. The last time you donated blood, did someone ask you to donate?

1. YES
2. NO
3. DOES NOT REMEMBER

13. (YES) Who asked you to donate blood?

14. (NO) How did you find out about the need to donate blood?

15. The last time you donated blood, did you know what was it going to be used for?

1. YES
2. NO

16. (YES) What was it going to be used for?

17. The last time you donated blood, did you know for whom was it going to be used?

1. YES
2. NO

18. (YES) For whom was it going to be used?

19. The last time you donated blood, were you sincere and honest in answering all the questions they asked you?

1. YES
2. NO

20. (YES/NO) Why?

B. Opinion about the Blood Transfusion Service

(ALL QUESTIONS REFER TO THE LAST TIME HE/SHE DONATED BLOOD)

21. The last time you donated blood, what did you think of the blood transfusion service?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Bad

22. Why do you say that?

23. Did you receive any information or orientation before you donated your blood?

1. YES
2. NO

24. (YES) What information did you receive?

25. Did they carry out a health check before you donated your blood?

1. YES
2. NO

26. (YES) What did the health check they carried out consist of?

27. Did they ask you some questions before you donated your blood?

1. YES
2. NO

28. (YES) What questions did they ask you?

29. The last time you donated blood, was there something you did not like?

1. YES
2. NO

30. (YES) What was it that you did not like? Something else?

31. (YES) Why did you dislike...?

32. The last time you donated blood, did they give you something after you donated?

1. YES
2. NO
3. DOES NOT REMEMBER

33. (YES) What did they give you?

C. Knowledge about Blood

34. In your own words, tell me, what is blood?

35. What is blood's function?

36. What types of blood are there?

37. (IF HE/SHE DOES NOT ANSWER A, B, O TO THE PREVIOUS QUESTION) What groups or types of blood are there?

38. Do you know your blood group or type?

- 1. YES
- 2. NO

39. Which is it?

D. Knowledge about Blood Transfusion

40. Have you heard about blood transfusion?

- 1. YES
- 2. NO

41. According to you, what is a blood transfusion?

42. Why do certain people need a blood transfusion?

43. Can a person get infected with a disease by receiving blood?

- 1. YES
- 2. NO
- 3. DOES NOT KNOW

44. (YES) Which disease?

E. Knowledge about Blood Donation

45. What do you think about blood donation?

46. What is donated blood used for?

47. Why do certain people donate blood and others do not?

48. (IF HE/SHE IS NOT A COMMERCIAL OR PROFESSIONAL DONOR) Do people who donate blood receive something in exchange?

1. YES
2. NO
3. DOES NOT KNOW

49. (YES) What do they receive in exchange?

50. In your opinion, what could be done in order to have more people donating blood?

51. How often can blood be donated?

52. Who can donate blood?

53. Who CANNOT donate or should not donate blood?

54. Why shouldn't these people donate blood?

55. Can something happen to the person who donates blood?

1. YES
2. NO
3. DOES NOT KNOW

56. (YES) What can happen?

57. Can blood donation affect the health of the person who donates blood?

1. YES
2. NO
3. DOES NOT KNOW

58. (YES) How can it affect health?

59. Can some disease be transmitted by donating blood?

1. YES
2. NO
3. DOES NOT KNOW

60. (YES) Which disease?

61. What can be done to avoid affecting the health of the person who gives his blood?

62. What can be done to avoid affecting the health of the person who receives a blood donation?

F. Communication Channels

63. Have you ever seen or heard messages about blood donation?

1. YES
2. NO → GO TO QUESTION 67
3. DOES NOT REMEMBER → GO TO QUESTION 67

64. (YES) What could be seen or what did the messages say?

1. DOES NOT REMEMBER

65. (YES) Where did you see or hear those messages?

66. (YES) To whom do you think those messages were aimed at?

67. In the future, would you like to hear or see messages about blood donation?

1. YES
2. NO

68. (YES) If yes, why?

69. (NO) Why not?

→ THANK THE INFORMANT AND FINISH THE INTERVIEW

70. What would be the best way to disseminate messages about blood donation?

1. RADIO _____
2. TELEVISION _____
3. WRITTEN MEDIA: _____
4. OTHER PRINTED MEDIA: _____
5. INTERPERSONAL: _____

71. What type of informative/educational materials do you think would be best to provide information about blood donation?

72. If you had to convince a person to donate blood, what would you say to convince him/her?

INSTRUCTIONS FOR THE PERSON WHO APPLIES INSTRUMENT GIHP-2

The objective of instrument GIHP-2 is to gather information about a blood transfusion service.

Instrument GIHP-2 is applied by interviewing a member of the health personnel in a blood transfusion service (doctor, nurse, lab professional, phlebotomist, technician).

General Instructions

1. The instructions you have to follow are written in capital letters.
2. Ask the informant (health personnel) what is written in small letters.
3. Before the interviewed person leaves the service, review the instrument and be sure that all questions have been answered.

Specific Instructions

1. Read the objective of the instrument and the introductory instructions carefully.
2. Write down the date in which the interview is being applied.
3. Write down the name of the blood transfusion service.
4. Write down the complete address of the service (street, avenue, number, zone, colony, community, country).
5. Ask and write down the name of the person to be interviewed.
6. Write down the gender of the person to be interviewed, circling number 1 if he is a male and 2 if she is a female.
7. Ask and write down the age of the person to be interviewed.
8. Write down your own name (interviewer).
9. In section **A "BASIC INFORMATION"**, ask questions 1 to 3. If the answer to question 3 is affirmative, go to question 4. If the answer is negative, go to question 5.
10. In this same section, in question 5, write down the exact period of time the informant has worked in the service, writing the information on the space provided for years and months.
11. In section **B "GENERAL INFORMATION ABOUT THE SERVICE"**, question 6, write down the number of people who work at the service. Then, in the first column of the table, write down the position held by each person. In the second column, describe the function of each position. In the third column, write down the number of people that occupy a specific position.
12. In the same section, in question 7, describe on the table the service's schedule during the different days of the week.
13. In the same section, in question 8, if the answer is affirmative, circle 1 and go to question 9. If the answer is negative, circle 2 and go to question 10.
14. In this same section, in question 9, ask the informant and write down the information concerning shifts.
15. In the same section, in question 10, write down on the table the type of services provided during the different days of the week.

16. In the same section, in question 11, if the answer is affirmative, circle 1 and go to question 12. If the answer is negative, circle 2 and go to question 13.
17. In this same section, in question 13, if the answer is affirmative, circle 1 and go to questions 14 and 15. If the answer is negative, circle 2 and go to question 16.
18. In this same section, in question 16, if the answer is affirmative, circle 1 and go to question 17. If the answer is negative, circle 2 and go to question 18.
19. In this same section, in question 18, if the answer is affirmative, circle 1 and go to question 19. If the answer is negative, circle 2 and go to question 20.
20. In this same section, in question 20, if the answer is affirmative, circle 1 and go to question 21. If the answer is negative, circle 2 and go to question 22.
21. In this same section, in question 22, if the answer is affirmative, circle 1 and go to question 23. If the answer is negative, circle 2 and go to question 24.
22. In this same section, in question 24, if the answer is affirmative, circle 1 and go to question 25. If the answer is negative, circle 2 and go to question 26.
23. In this same section, in question 26, if the answer is affirmative, circle 1 and go to question 27. If the answer is negative, circle 2 and go to question 28. If the answer is "sometimes", circle 3 and go to question 28.
24. In this same section, ask question 29 and request the informant to show you all donor records used at the service. Then, complete the information in the first column of the table, writing down the name of the instrument. In the second column, describe each of the instruments mentioned in the first column. In the third column, write a 1 if the instrument is always used, a 2 if it is sometimes used and a 3 if it is never used. In the fourth column, if you wrote down a 2 or a 3 in the third column, indicate why the instrument is sometimes used or is never used.
25. In this same section, in question 30, write down how many donors come to the service per day, per month and per year.
26. In this same section, in question 31, if the answer is affirmative, circle 1 and ask questions 32, 33 and 34. If the answer is negative, circle 2 and go to question 35.
27. In this same section, in question 35, circle 1 if most donors are voluntary non-remunerated donors; 2 if they are family replacement donors; 3 if they are commercial or professional donors; 4 if they are directed donors; 5 if they are autologous donors; 6 if they are some other type of donors (in the blank space, describe what type of donors they are); and 7 if the informant does not know the answer.
28. In the same section, in question 36, write down in the blank space the percentage of donors that are voluntary non-remunerated, family replacement, commercial or professional, directed, autologous or another type.
29. In this same section, in question 37, in the blank space write down the exact time (in hours and minutes) a blood donor spends at the service.
30. In this same section, in question 38, do not be satisfied with only one answer, explore.
31. In this same section, in question 39, do not be satisfied with only one answer, probe.
32. In this same section, in question 40, do not be satisfied with only one answer, explore and then go to section C.
33. In section C "**COMMUNICATION**", ask questions 41 and 42.

34. In this same section, in question 43, if the answer is affirmative, circle 1 and ask questions 45 to 49. If the answer is negative, go to question 44 and then to question 50.
35. In this same section, ask question 49 and request the informant to show you the materials which the blood transfusion service has. Then, in the first column of the table, write down the type of materials they have; in the second column describe this material; and in the third column, write down what it is used for.
36. In this same section, ask questions 50 to 53. When the informant answers them, thank him/her and finish the interview.

INSTRUMENT GIHP-2: GUIDE TO INTERVIEW HEALTH PERSONNEL IN A BLOOD TRANSFUSION SERVICE

The objective of instrument GIHP-2 is to gather information about a blood transfusion service.

Interview a member of the health personnel in a blood transfusion service (doctor, nurse, lab professional, phlebotomist, technician).

Date of the interview: _____
Name of the service: _____
Address: _____
Name of the informant: _____
Gender: 1. MALE _____ 2. FEMALE _____ Age: _____
Name of interviewer: _____

A. BASIC INFORMATION

1. What level of studies did you reach?

2. What other training have you received?

3. Have you received any training on blood transfusion/donation?

4. (YES) Which? When did the last one take place?

5. How long have you worked at this blood transfusion service?

YEARS: _____ MONTHS: _____

B. GENERAL INFORMATION ABOUT THE BLOOD TRANSFUSION SERVICE

6. How many people work in this blood transfusion service?

Position	Function	Number

7. What schedule does the blood transfusion service have every day?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8. Does it have shifts?

1. YES

2. NO

9. (YES) What shifts does it have?

10. What types of service does it provide every day?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

11. Does the blood transfusion service provide information and orientation to blood donors before blood donation?

1. YES

2. NO

12. (YES) What aspects does this predonation information and orientation include?

13. Does the blood transfusion service perform a health check to the donor before blood donation?

1. YES

2. NO

14. (YES) What aspects does this health check include?

15. (YES) Who performs this health check?

16. Does the blood transfusion service make a selection of potential blood donors?

1. YES

2. NO

17. (YES) How does the service make this selection?

18. Does the blood transfusion service supervise donors after they have donated their blood?

1. YES

2. NO

19. (YES) What does this supervision consist of? How is this supervision made?

20. Does the blood transfusion service provide any incentive to blood donors?

- 1. YES
- 2. NO

21. (YES) Which?

22. Does the blood transfusion service provide any remuneration to blood donors?

- 3. YES
- 4. NO

23. (YES) Which?

24. Does the blood transfusion service provide postdonation information and orientation to blood donors?

- 1. YES
- 2. NO

25. (YES) What aspects does this postdonation information and orientation include?

26. Does the blood transfusion service perform a blood analysis after donation?

- 1. YES
- 2. NO
- 3. SOMETIMES

27. (YES) What tests does this analysis include?

28. (NO/SOMETIMES) Why not? Why sometimes not?

29. What blood donor records does the blood transfusion service keep? (ASK THE INFORMANT TO SHOW YOU ALL REGISTRY INSTRUMENTS KEPT. WRITE DOWN THE NAME OF THE REGISTRY INSTRUMENT AND ITS DESCRIPTION. THEN, INDICATE IF IT IS ALWAYS, SOMETIMES OR NEVER USED AND THE REASON WHY IT IS NOT USED).

Instrument	Description	Is it used? 1. Always 2. Sometimes 3. Never	(2 or 3) Reason why it is not used

30. As an average, how many donors come to the blood transfusion service per day? per month? per year?

PER DAY: _____
 PER MONTH: _____
 PER YEAR: _____

31. Do you know if the blood transfusion service has regular voluntary non-remunerated donors?

- YES
- NO

32. (YES) In average, how many donations have they given?

33. (YES) What characteristics do these donors have in common?

34. (YES) Do you know why they come to donate?

35. Mostly, what type of donors does the blood transfusion service have?

1. VOLUNTARY NON-REMUNERATED
2. FAMILY REPLACEMENT
3. COMMERCIAL OR PROFESSIONAL
4. DIRECTED
5. AUTOLOGOUS
6. OTHER:
7. DOES NOT KNOW

36. Of these informants, what percentage of each type do you estimate there are?

- VOLUNTARY NON-REMUNERATED: _____
- FAMILY REPLACEMENT: _____
- COMMERCIAL OR PROFESSIONAL: _____
- DIRECTED: _____
- AUTOLOGOUS: _____
- OTHER: _____

37. How much time does a blood donor spend at the blood transfusion service?

HOURS: _____ MINUTES: _____

38. What would you say, are the positive aspects of this blood transfusion service? Any other?

39. What would you say, are the aspects that should be improved in this blood transfusion service? Any other? _____

40. What other suggestion could you give in order to improve this blood transfusion service? Any other?

C. COMMUNICATION

41. Why do you think many people refuse to donate blood?

42. And people who donate blood, why do you think they do it?

43. Do you carry out any type of promotion for the public to motivate them into donating blood?

1. YES
2. NO

44. (NO) Why not?

→ GO TO QUESTION 50

45. (YES) Which?

46. (YES) Through what media is it done?

47. (YES) What are the main messages given?

48. (YES) To whom are messages aimed at?

49. (YES) What materials on blood donation do you have? (ASK THE INFORMANT TO SHOW YOU THE MATERIALS ON BLOOD DONATION THEY HAVE AND COMPLETE THE FOLLOWING TABLE)

Type of Material	Description	Use

50. If messages on blood donation could be transmitted in the future, what would you suggest?

51. Through what media could it be done?

52. What could the messages be?

53. How could a greater number of people be convinced to donate blood?

INSTRUCTION FOR INSTRUMENT THPK-3

The objective of instrument THPK-3 is to evaluate the knowledge of health personnel regarding blood, blood transfusion and donation.

Instrument THPK-3 is applied by handing out the multiple choice test to all members of the health personnel in a blood transfusion service

To mark errors in the test, following is a list of correct answers:

1. e
2. a
3. c
4. e
5. e
6. c
7. d
8. a
9. e
10. e
11. e
12. e

**INSTRUMENT THPK-3:
TEST FOR HEALTH PERSONNEL REGARDING THEIR KNOWLEDGE
ABOUT BLOOD, BLOOD TRANSFUSION AND DONATION**

The objective of instrument THPK-3 is to evaluate the knowledge of health personnel regarding blood, blood transfusion and donation.

Circle the letter that includes the correct answer

A. Blood

1. What is blood?

- a. Complex consisting of cells suspended in plasma
- b. A transportation medium
- c. A mixture of red cells, white cells and platelets
- d. a, b and c
- e. a and c

2. Which are the main blood groups?

- a. A, B, O
- b. A, B, AB, O
- c. Rh D negative, Rh D positive
- d. a and c
- e. b and c

3. Which are the main blood types?

- a. A, B, O
- b. A, B, AB, O
- c. Rh D negative, Rh D positive
- d. a and c
- e. b and c

B. Blood Transfusion

4. When is a blood transfusion needed?

- a. Situations associated to major surgery
- b. Situations associated to chronic diseases
- c. Haematological disorders
- d. Pregnancy and labour complications
- e. All the above

5. What infection can a person get by receiving a blood transfusion?

- a. Human immunodeficiency virus (HIV)
- b. Human T-cell lymphotropic virus (HTLV)
- c. Hepatitis B and C
- d. Tuberculosis
- e. a, b, c

C. Blood Donation

6. What type of donor has the greatest possibility of having safe blood?

- a. Commercial donor
- b. Professional donor
- c. Regular voluntary non-remunerated donor

- d. Family replacement donor
- e. Regular donor

7. What disadvantages do potential donors have?

- a. No health record
- b. Unknown lifestyles
- c. No records of previous analysis
- d. All the above
- e. None of the above

8. What is the "window period"?

- a. Period between infection and the development of detectable antibodies
- b. Period of sexual promiscuity: activity with multiple partner
- c. Period of inactivity of the vital cycle of microorganisms
- d. Period in which there is a greater possibility of getting an infection
- e. None of the above

9. Which behaviors in donors are considered risk factors that can affect the safety of transfusions?

- a. Sexual promiscuity – sexual activity with multiple and/or commercial partners.
- b. Unprotected anal sex
- c. Injecting illegal drugs
- d. Tattooing and blood rituals
- e. All the above

10. Which signs and symptoms in the potential donor would be contraindicated in donating blood?

- a. Paleness
- b. Pregnancy
- c. Persistent cough
- d. Diarrhea
- e. a and b

11. Which signs and physical conditions in the potential donor would be dangerous for the recipient?

- a. Herpes zoster and brucellosis
- b. Prolonged diarrhoea
- c. Swollen glands and skin rashes
- d. HIV/AIDS
- e. All the above

12. Which are some of the tests that should be carried out to the donor's blood to prevent the transmission of diseases?

- a. ABO, Rh and antibodies
- b. Anti-HIV 1 and Anti-HIV 2
- c. Anti-HCV and HBsAg
- d. Anti-*Trypanosoma cruzi* and syphilis
- e. b, c and d

INSTRUCTIONS FOR THE PERSON WHO APPLIES INSTRUMENT GFGGP-4

The objective of instrument GFGGP-4 is to gather information about blood, blood transfusion and donation.

Instrument GFGGP-4 is applied by holding a focus group session with the general public. The general public can be composed of donors or non-donors classified as:

1. HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE.
2. HAS NEVER DONATED, WOULD DONATE.
3. HAS DONATED SOMETIME IN THE PAST AS A VOLUNTARY NON-REMUNERATED DONOR
4. HAS DONATED SOMETIME IN THE PAST AS A FAMILY REPLACEMENT DONOR
5. HAS DONATED SOMETIME IN THE PAST AS A COMMERCIAL OR PROFESSIONAL DONOR
6. HAS DONATED SOMETIME IN THE PAST AS A DIRECTED DONOR
7. HAS DONATED SOMETIME IN THE PAST AS AN AUTOLOGOUS DONOR

Individuals who have never donated might be non-donors because they have never wanted to give their blood or because they have never considered it. In either case, criteria are more flexible than with interviews because discussion groups will be carried out to explore and confirm findings.

At least two focus groups should be carried out with individuals who have never donated blood and two focus groups with individuals who have donated sometime in the past; however, it is recommended to carry out four focus groups with each category. Groups should be integrated in the following way:

Composition	Focus groups "Have donated sometime in the past"	Focus groups "Have never donated"
Women	1-2	1-2
Men	1-2	1-2

General Instructions

1. The instructions the facilitator and the editor should follow are written in capital letters.
2. The facilitator should ask participants what is written in small letters.
3. Before participants leave the room where the session takes place, both the facilitator and the editor should review the guide and make sure all questions have been answered.

Specific Instructions

1. Read the objective of the instrument and the introductory instructions carefully.
2. The editor should circle the number that corresponds to the type of participants they have selected for the focus group session. They can be individuals who "have donated sometime in the past" or individuals who "have never donated".
3. The editor should write down his/her name and the facilitator's.
4. The editor should write down the date in which the focus group session is being held.
5. The editor should write down the time in which the session starts.
6. The editor should write down the name of the blood transfusion service.

7. The editor should write down the complete address of the service (street, avenue, number, zone, colony, community, country).
8. The editor should write down the number of individuals participating in the discussion.
9. On the table, the editor should write down the name of the participants, their age and gender.
10. In section A "BLOOD", the facilitator should ask and discuss with the participants each of the questions (1-9). He/she should not be satisfied with superficial answers, he/she should explore about the topic, asking additional questions. The editor should write down all the information given by the participants.
11. In section B "BLOOD TRANSFUSION", the facilitator should ask and discuss with the participants each of the questions (10-16). He/she should not be satisfied with superficial answers, he/she should explore about the topic, asking additional questions. The editor should write down all the information given by the participants.
12. In section C "BLOOD DONATION/BLOOD TRANSFUSION SERVICES", in question 17, the facilitator should ask the first questions and then explore about the topic, asking the rest of the questions.
13. In this same section, the facilitator should ask and discuss with the participants questions 18, 19 and 20 when the focus group is integrated by individuals who HAVE DONATED SOMETIME IN THE PAST. He/she should not be satisfied with superficial answers, he/she should explore about the topic with each of the participants, one by one. The editor should write down the information given by each of the participants.
14. In this same section, the facilitator should ask and discuss with the participants questions 18, 19 and 20 when the focus group is integrated by individuals who HAVE NEVER DONATED. He/she should not be satisfied with superficial answers, he/she should explore about the topic with each of the participants, one by one. The editor should write down the information given by each of the participants.
15. In this same section, the facilitator should ask and discuss with the participants each of the remaining questions (24-33). He/she should not be satisfied with superficial answers, he/she should explore about the topic, asking all the questions. The editor should write down all the information provided by the participants.
16. In section D "COMMUNICATION CHANNELS", the facilitator should ask and discuss with the participants questions 34 to 40. He/she should not be satisfied with superficial answers, he/she should explore about the topic. The editor should write down all the information provided by the participants.
17. In this same section, the facilitator should ask and discuss question 41 with individuals who have shown a positive attitude towards blood donation.
18. In this same section, the facilitator should ask and discuss question 42 with individuals who have shown a negative attitude towards blood donation.
19. The editor should write down the time in which the session ends.

INSTRUMENT GFGGP-4:

GUIDE FOR FOCUS GROUP DISCUSSIONS WITH THE GENERAL PUBLIC

The objective of instrument GFGGP-4 is to gather information about blood, blood transfusion and donation.

Hold a focus group discussion with the general public. The general public can include donors or non-donors classified as:

1. HAS NEVER DONATED, DOES NOT HAVE THE INTENTION TO DONATE.
2. HAS NEVER DONATED, WOULD DONATE.
3. HAS DONATED SOMETIME IN THE PAST AS A VOLUNTARY NON-REMUNERATED DONOR
4. HAS DONATED SOMETIME IN THE PAST AS A FAMILY REPLACEMENT DONOR
5. HAS DONATED SOMETIME IN THE PAST AS A COMMERCIAL OR PROFESSIONAL DONOR
6. HAS DONATED SOMETIME IN THE PAST AS A DIRECTED DONOR
7. HAS DONATED SOMETIME IN THE PAST AS AN AUTOLOGOUS DONOR

Name of the editor: _____
 Name of the facilitator: _____
 Date of the session: _____
 Time when it starts: _____ Time when it ends: _____
 Name of the service: _____
 Complete address of the service: _____
 Number of individuals participating in the session: _____

Name of participant	Age	Gender

A. Blood

1. To you, what is blood?
2. What are blood's functions?
3. How is blood formed? Where does it form?
4. Where is blood in our body?
5. How much blood do we have in our body?
6. When one loses blood, is blood replaced or is one left with less blood?

7. Is blood different in people? (EXPLORE: How is it different? When is it different?)

8. What types or classes of blood are there?

9. With what other names is blood known as?

B. Blood Transfusion

10. Have you heard or do you know about blood transfusion? What is it?

11. With what other term is blood transfusion known as?

12. What is the use of a blood transfusion?

13. Who needs a blood transfusion? Why do they need it?

14. Have any of you personally or family or friends had an experience with a blood transfusion? How was this experience?

15. Did you pay for the blood for the transfusion? Why do you sometimes have to pay?

16. Can a person get infected with a disease by receiving a blood transfusion? Which disease?

C. Blood Donation/Blood Transfusion Services

17. What do you think about blood donation? (EXPLORE: Is it good to donate blood? Is it bad? Is it necessary? Why?)

(QUESTIONS ACCORDING TO TYPE OF PARTICIPANTS)

WHEN PARTICIPANTS ARE INDIVIDUALS WHO HAVE DONATED BLOOD SOMETIME IN THE PAST, EXPLORE ONE BY ONE, GIVING SPECIAL ATTENTION TO WHAT THOSE WHO HAVE GIVEN BLOOD AS VOLUNTARY NON-REMUNERATED DONORS SAY.

18. Why did you donate blood? How was it when you donated blood? Where did you donate blood?

19. Would you donate blood again sometime? If yes, why or why not? When?

20. If you would donate blood again, would you prefer to do it alone or in the company of someone else? (EXPLORE: If it were in the company of someone else, in the company of whom would you prefer?)

WHEN PARTICIPANTS ARE INDIVIDUALS WHO HAVE NEVER DONATED BLOOD, EXPLORE ONE BY ONE.

21. Why have you never donated blood?

22. Would you donate blood sometime? If yes, why or why not?

23. If you would donate blood sometime, would you prefer to do it alone or in the company of someone else? (EXPLORE: In the company of whom would you prefer?)

(ASK ALL PARTICIPANTS)

24. How often can blood be donated?

25. How much blood is taken out of a person each time?

26. What benefits does a donor get by donating his/her blood?
27. What is donated blood used for?
28. Who should donate blood?
29. Who should NOT donate blood?
30. Can something happen to the person who donates blood? What can happen?
31. Does blood donation affect health? How does it affect it?
32. Can a person get a disease by donating blood? How? Which?
33. What do you think would happen if blood transfusion services were left without blood and there was an emergency?

D. Communication Channels

34. Have you ever heard or seen information about blood, blood transfusion or donation?
 35. What information have you heard or seen? What did it say or show?
 36. Where have you heard or seen this information?
 37. Do you think it is important to receive information about blood donation? Why?
 38. Where do you think this information should be given in order to have more people donate blood?
 39. What should this information include?
 40. What would you like to know about blood donation? Anything else?
- (ASK INDIVIDUALS WHO HAVE SHOWN A POSITIVE ATTITUDE TOWARDS BLOOD DONATION)
41. What would you say to people in order to convince them to donate blood?
- (ASK INDIVIDUALS WHO HAVE SHOWN A NEGATIVE ATTITUDE TOWARDS BLOOD DONATION)
42. What would convince you to donate blood?

INSTRUCTIONS FOR THE PERSON WHO APPLIES INSTRUMENT GOS-5

The objective of instrument GOS-5 is to gather information about a blood transfusion service.

Instrument GOS-5 is applied by carrying out a direct observation at the blood transfusion service.

General Instructions

1. The instructions you have to follow are written in capital letters.
2. Observe carefully what is written in small letters.
3. Before leaving the service, review the instrument and make sure that all items included have been observed.

General Instructions

1. Read the objective of the instrument and the introductory instructions carefully.
2. Write down your name (observer).
3. Write down the date in which the observation is being carried out.
4. Write down the time when the observation is started.
5. Write down the name of the blood transfusion service.
6. Write down the complete address of the service (street, avenue, number, zone, colony, community, country).
7. In section **A "FACILITIES"**, in number 1, make an X on the square when the set up or specific area mentioned in the instrument exists. Then, describe each set up or area in great detail.
8. In this same section, in number 2, make an X on the square when the basic service mentioned in the instrument is available. In addition, describe specific aspects; for example, you can indicate that there is water, but that it is not enough to satisfy the demand, etc.
9. In this same section, in number 3, describe in detail the size, construction, ventilation, illumination, design, decoration and cleanliness of the waiting area. Before you describe these aspects, take into account the number of donors that visit the service, work load, schedule to attend donors, etc. When you describe the illumination, indicate if it is natural or artificial (electricity).
10. In this same section, in number 4, describe in detail the size, construction, ventilation, illumination, design, decoration, cleanliness and privacy of the donor selection/orientation area. Before you describe these aspects, take into account the number of donors that visit the service, work load, schedule to attend donors, etc. Regarding illumination, write down if it is natural or if electricity is used.
11. In this same section, in number 5, describe in detail the size, construction, ventilation, illumination, design, decoration and cleanliness of the collection or donation area. Before you describe these aspects, take into account the number of donors that visit the service, work load, schedule to attend donors, etc. Regarding illumination, write down if it is natural or if electricity is used.

12. In this same section, in number 6, describe in detail the size, construction, ventilation, illumination, design, decoration and cleanliness of the postdonation area. Before you describe these aspects, take into account the number of donors that visit the service, work load, schedule to attend donors, etc. Regarding illumination, write down if it is natural or if electricity is used.
13. In this same section, in number 7, for each of the aspects to be observed in the different areas of the blood transfusion service, write down on the table the number that describes it best, based on the following classification:
 1. Adequate
 2. Fair
 3. Inadequate
14. In this same section, in number 8, make an X on the square when the specific item mentioned in the instrument is observed. Then, describe in detail the safety procedures and hygiene of the blood transfusion service.
15. In section **B "EQUIPMENT AND SUPPLIES"**, in numbers 9 to 12, make an X on the square when the item mentioned in the instrument is observed in the different areas of the blood transfusion service. In the blank space, write down the number of each item in existence. Then, add any comment or observation about the equipment and supplies that you have not mentioned previously.
16. Write down the time when the observation is completed .

INSTRUMENT GOS-5: GUIDE FOR THE GENERAL OBSERVATION OF A BLOOD TRANSFUSION SERVICE

The objective of instrument GOS-5 is to gather information about a blood transfusion service.

OBSERVE CAREFULLY AND DESCRIBE ALL ASPECTS RELATED TO THE PHYSICAL AND MATERIAL RESOURCES OF A BLOOD TRANSFUSION SERVICE.

Name of observer: _____
Date of observation: _____
Time when it starts: _____ Time when it ends: _____
Name of the service: _____
Address of the service: _____

A. Facilities

MAKE AN X ON THE SQUARE WHEN THERE IS A SET UP OR SPECIFIC AREA FOR EACH SERVICE. THEN, DESCRIBE CAREFULLY EACH OF THEM

1. Set ups or areas
 - a. waiting
 - b. selection/orientation
 - c. collection or donation
 - d. postdonation/supervision
 - e. toilets for donors and the general public
 - f. cafeteria

MAKE AN X ON THE SQUARE WHEN THE SERVICE EXISTS AND THEN DESCRIBE EACH SPECIFIC ASPECT

2. Basic services
 - a. water
 - b. electricity
 - c. telephone
 - d. fax
 - e. transportation

DESCRIBE IN DETAIL EACH OF THE ASPECTS FOR THE DIFFERENT AREAS OF THE BLOOD TRANSFUSION SERVICE

3. Waiting area
 - a. Size:

b. Construction:

c. Ventilation:

d. Illumination

e. Design:

f. Decoration:

g. Cleanliness:

4. Selection/orientation area

a. Size:

b. Construction:

c. Ventilation:

d. Illumination

e. Design:

f. Decoration:

g. Cleanliness:

5. Collection/donation area

a. Size:

b. Construction:

c. Ventilation:

d. Illumination

e. Design:

f. Decoration:

g. Cleanliness:

6. Postdonation/supervision area

a. Size:

b. Construction:

c. Ventilation:

d. Illumination

e. Design:

f. Decoration:

g. Cleanliness:

7. For each of the aspects to be observed in the different areas of the blood transfusion service, on the table write down the number that describes it best:

- 1. Adequate
- 2. Fair
- 3. Inadequate

Aspects to observe	Waiting area	Selection area	Collection area	Postdonation area
Size Construction Ventilation Illumination Design Decoration Cleanliness Privacy				

MAKE AN X ON THE SQUARE WHEN A SPECIFIC ITEM IS OBSERVED AND THEN DESCRIBE, IN GENERAL TERMS, THE HYGIENE AND SAFETY OF THE BLOOD TRANSFUSION SERVICE

8. Hygiene and safety
- a. disposable equipment (needles, tubes, gloves, etc.)
 - b. containers for non-biological residues
 - c. containers for potentially infectious residues

B. Equipment and Supplies

MAKE AN X ON THE SQUARE WHEN THERE IS A SPECIFIC ITEM AND WRITE DOWN ON THE BLANK SPACE THE NUMBER IN EXISTENCE. THEN, ADD ANY ADDITIONAL COMMENT ABOUT EACH OF THE ASPECTS (9-12)

9. Waiting area
- a. chairs _____
 - b. desk _____
 - c. desk supplies _____
 - d. others (DESCRIBE) _____

10. Selection/orientation area
- a. chairs _____
 - b. desk _____
 - c. desk supplies _____
 - d. donor weighing scales _____
 - e. stethoscope _____
 - f. cotton wool swabs _____

- g. lancets _____
- h. container for the safe disposal of lancets and needles _____
- i. others (DESCRIBE) _____

11. Collection/donation area

- a. armchairs _____
- b. donor bleeding beds _____
- c. refrigerators or freezers _____
- d. needles _____
- e. blood collection tubes _____
- f. blood collection bags _____
- g. blood bag pilot tube sealer _____
- h. blood bag pilot tube clips _____
- i. scales for weighing collected blood _____
- j. sphygmomamometer _____
- k. stethoscope _____
- l. tourniquets _____
- m. tube strippers _____
- n. forceps _____
- o. scissors _____
- p. antiseptic solution _____
- q. cotton wool swabs _____
- r. adhesive tape _____
- s. lancets _____
- t. containers for the safe disposal of lancets and needles _____
- u. blood mixers _____
- v. first aid kit _____
- w. others (DESCRIBE) _____

12. Postdonation/supervision area

- a. chairs _____
- b. refrigerators or freezers _____
- c. adhesive tape _____
- d. first aid kit _____
- e. supplies for refreshment _____
- f. refreshment _____
- g. others (DESCRIBE) _____

Comments

INSTRUCTIONS FOR THE PERSON WHO APPLIES INSTRUMENT GOI-6

The objective of instrument GOI-6 is to gather information about the interaction between health personnel and donor.

Instrument GOI-6 is applied by carrying out a direct observation of health personnel in the blood transfusion service and their interaction with donors.

General Instructions

1. The instructions you have to follow are written in capital letters.
2. Observe carefully what is written in small letters.
3. Before leaving the service, review the instrument and make sure all items included in it have been observed.

Specific Instructions

1. Read the objective of the instrument and the introductory instructions carefully.
2. Write down the number of the observation.
3. Write down the date in which the observation is being carried out.
4. Write down the name of the blood transfusion service.
5. Write down the complete address of the service (street, avenue, number, zone, colony, community, country).
6. Write down the time when the observation is started.
7. Write down when the observation is started, indicating if it is in the waiting area, collection area or in some other place. However, it is preferable and commendable if the donor is observed from the time he comes into the service to the time he leaves.
8. Write down your name (observer).
9. In section A "**WAITING AREA**", question 1, in the first column of the table write down who is present during the observation and in the second column, their number.
10. In this same section, in question 2, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
11. In this same section, in question 3, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
12. In this same section, in question 4, if the answer is affirmative, circle 1 and go to question 5. If the answer is negative, circle 2 and go to question 6.
13. In this same section, in question 5, make an X in the square if the member of the staff asks the donor about each of the mentioned aspects. If the member of the staff asks other questions, write down the information in "others".
14. In section B "**SELECTION AREA**", question 6, in the first column of the table write down who is present during the observation and in the second column, their number.
15. In this same section, on question 7, if the answer is affirmative, circle 1. If the answer is negative, circle 2.

16. In this same section, on question 8, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
17. In this same section, on question 9, if the answer is affirmative, circle 1 and go to question 10. If the answer is negative, circle 2 and go to question 11.
18. In this same section, in question 10, make an X in the square if the mentioned topic is discussed. If any other topic not mentioned in the guide is discussed, write it down in "others".
19. In this same section, in question 11, if the answer is affirmative, circle 1 and go to question 12. If the answer is negative, circle 2 and go to question 13.
20. In this same section, in question 12, make an X in the square if the mentioned aspect is included. If any other topic not mentioned in the guide is included, write it down in "others".
21. In this same section, in question 13, if the answer is affirmative, circle 1 and go to question 14. If the answer is negative, circle 2 and go to question 15.
22. In this same section, in question 14, make an X in the square if the aspect mentioned in included. If questions are asked about some other topic, write down the information in "others".
23. In this same section, in question 15, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
24. In this same section, in question 16, if the answer is affirmative, circle 1. If the answer is negative, circle 2. If the answer is "some yes and others not", circle 3.
25. In this same section, in question 17, if the answer is affirmative, circle 1 and go to question 18. If the answer is negative, circle 2 and go to question 19.
26. In this same section, in question 18, make an X if the check-up includes the mentioned aspect. If other aspects are included, write them down in "others".
27. In this same section, in question 19, make an X in the square if the mentioned registry is filled out. If the staff fills out other registries, write down the information in "others".
28. In this same section, in question 20, if the answer is affirmative, circle 1 and go to section C. If the answer is negative, circle 2 and go to section C.
29. In section **C "COLLECTION/DONATION AREA**, in question 21, in the first column of the table write down who is present during the observation and in the second column, their number.
30. In this same section, in question 22, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
31. In this same section, in question 23, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
32. In this same section, in question 24, indicate how long it takes to collect blood.
33. In section **D "POSTDONATION/SUPERVISION AREA"**, in question 25, write down in the first column of the table who is present during the observation and in the second column, their number.
34. In this same section, in question 26, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
35. In this same section, in question 27, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
36. In this same section, in question 28, if the answer is affirmative, circle 1. If the answer is negative, circle 2.

37. In section E "**OTHERS**", in question 29, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
38. In this same section, in question 30, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
39. In this same section, in question 31, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
40. In this same section, in question 32, if the answer is affirmative, circle 1. If the answer is negative, circle 2.
41. In this same section, in question 33, if the answer is affirmative, circle 1. If the answer is negative, circle 2. If it was not observed, circle 3.
42. In this same section, in question 34, make an X if members of the staff comply with the mentioned hygiene and safety conditions.
43. In this same section, in question 35, write down how long it took from the time the donor arrived at the blood transfusion service to that in which he left.
44. Write down the time in which the observation ends.

INSTRUMENT GOI-6: GUIDE FOR THE OBSERVATION OF THE INTERACTION BETWEEN HEALTH PERSONNEL AND DONORS

The objective of instrument GOI-6 is to gather information about the interaction between health personnel and donors.

OBSERVE CAREFULLY THE INTERACTION BETWEEN HEALTH PERSONNEL IN THE BLOOD TRANSFUSION SERVICE AND DONORS.

Number of observation: _____

Date of observation: _____

Name of the service: _____

Address of the service: _____

Time in which the observation is started: _____

At what moment does the observation start?

WAITING AREA

SELECTION/ORIENTATION AREA

COLLECTION/DONATION AREA

POSTDONATION/SUPERVISION AREA

OTHER: _____

Time in which the observation ends: _____

Observer: _____

A. Waiting Area

1. People present during the observation and their number

People present	Number

2. Do members of the staff greet the donor?

1. YES

2. NO

3. Are members of the staff polite to the donor? (for example, do they ask him/her to sit, do they smile at him/her, etc.)

1. YES

2. NO

4. Does any member of the staff request information from the donor?

1. YES

2. NO

5. (YES) Does the information requested include the following aspects?

- Surname and name _____
- Date of birth _____
- Sex _____
- Occupation _____
- Address _____
- Telephone number _____
- Ethnic group _____

Other: _____

B. Selection/Orientation Area

6. People present during the observation and their number

People present	Number

7. Do members of the staff greet the donor?

- 1. YES
- 2. NO

8. Are members of the staff polite to the donor? (for example, do they ask him/her to sit, do they smile at him/her, etc.)

- 1. YES
- 2. NO

9. Does any member of the staff provide information or orientation to the donor?

- 1. YES
- 2. NO

10. (YES) Does the orientation include the following aspects?

- Who needs transfusions _____
- Diseases that can be transmitted through transfusions _____
- Required lab tests _____
- Reason why these tests are performed _____
- Risk behaviors in donors _____
- "Window" period _____
- Donation criteria _____
- Donation procedures _____
- Postdonation recommendations _____
- Others: _____

11. Does any member of the staff ask the donor general questions?

- 1. YES
- 2. NO

12. (YES) Do the questions include the following aspects?

- Marital status _____
- Sexual behavior _____
- Reason/motivation to donate _____
- Other: _____

13. Does any member of the staff ask the donor questions about his/her health?

- 1. YES
- 2. NO

14. (YES) Does he/she ask the donor...?

Do you have or have had:

- lung diseases _____
- circulation/heart problems _____
- anaemia _____
- HIV/AIDS _____
- prolonged diarrhoea _____
- thyroid disorder _____
- night sweats/fever _____
- malaria/paludism _____
- tuberculosis _____
- persistent cough _____
- sexually transmitted diseases _____
- diabetes _____
- swollen glands _____
- herpes (cold sores) _____
- cancer _____
- unexplained weight loss _____
- rheumatic fever _____
- haemorrhages _____
- high/low blood pressure _____
- gastric problems _____
- renal problems _____
- epilepsy/convulsions _____
- skin rashes/lesions _____
- hepatitis/jaundice _____
- asthma _____

Do you use or have used: drugs _____

Do you take or have taken: medicines _____

dental treatment _____

Procedures: minor surgery _____

major surgery _____

Have you ever had: acupuncture _____

scarifications/tattoos _____

blood transfusions _____

bedbug bites _____

Females: pregnancy _____

breastfeeding _____

menstruation _____

Other: _____

22. Do members of the staff greet the donor?

- 1. YES
- 2. NO

23. Are members of the staff polite to the donor? (for example, do they ask him/her to sit, do they smile at him/her, do they talk to him/her during blood collection, etc.)

- 1. YES
- 2. NO

24. How long does the blood collection take? _____

D. Postdonation/Supervision Area

25. People present during the observation and their number

People present	Number

26. Do members of the staff greet the donor?

- 1. YES
- 2. NO

27. Are members of the staff polite to the donor? (for example, do they ask him/her to sit, do they smile at him/her, do they ask him/her how was it, etc.)

- 1. YES
- 2. NO

28. Is a refreshment offered to the donor after donation?

- 1. YES
- 2. NO

E. Others

29. Is any incentive given to the donor after donation?

- 1. YES
- 2. NO

30. Is any remuneration given to the donor after donation?

- 1. YES
- 2. NO

31. Is information or orientation given to the donor after donation?

- 1. YES
- 2. NO

32. Is there any educational material given to the donor?

- 1. YES
- 2. NO

33. Are lab tests performed?

- 1. YES
- 2. NO
- 3. WAS NOT OBSERVED

34. Do members of the staff comply with adequate hygiene and safety conditions?

- use appropriate clothing (lab coat) _____
- use clean and untornd clothes _____
- use new disposable needles _____
- use other new disposable materials (syringes) _____
- wash their hands before bleeding the patient _____
- do not eat in the facilities _____
- do not drink in the facilities _____

35. How long does the whole donation process last? (from the time the donor arrives at the service until he leaves)
