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TRIP REPORT

Senegal Family Health Project: Print Materials for Low-Literates--Further Materials' Development and Preparations for Field Use

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EXECUTIVE SUMMARY

In November 1984, JHU/PCS consultant, Scott Wittet (PIACT), and the IEC Division of the Senegal Family Health Project began development of a series of booklets on family planning methods designed for illiterate FP acceptors. Following Wittet's departure, the SFHP/IEC staff continued pretesting drafts of booklets on the pill, IUD, and condom. A follow-up consultancy was planned to assist SFHP/IEC to:

1. continue development and pretesting of the booklets; and to plan and prepare for field use of the booklets, specifically to:
2. develop a booklet distribution plan;
3. develop a training plan/schedule for orientation of health workers in the use of the booklets;
4. develop written instructions for health workers on how to use the booklets;
5. develop curriculum/materials for trainers.

In relation to another JHU/PCS print materials project, the consultant would also:

6. discuss with SFHP plans for developing African Prototype Materials and pretesting arrangements and review drafts with Dr. Correa (A. Le Dantec Hospital).

All consultancy objectives were met.

Because the original artwork for the IUD and condom booklets proved unsatisfactory, they are being redrawn by a more competent artist. Difficulties obtaining translations of the French booklet texts in Wolof

and Wolofol (Wolof written in Arabic script) have slowed progress on booklet finalization. The IEC staff has planned pretests of the new artwork and all texts for the beginning months of SFHP phase two. A work plan for all project activities was developed.

The consultant's recommendations include:

1. Making completion of the print materials project a high priority for the IEC Division during SFHP phase two. Doing everything possible to facilitate text translation and pretesting.

2. Printing the training materials, developed during this consultancy, along with the booklets and beginning training and distribution immediately after printing.

3. Fixing precise deadlines for all phase two project activities and planning for technical advisory visits, if desired.

4. Establish priorities for future IEC project ideas. Developing a long-term IEC strategy and documenting budgetary, staff and technical assistance needs.

5. Regarding the African Prototype Materials, PIACT and JHU/PCS should move ahead with arrangements for pretesting, including development of a pretesting protocol.

LIST OF ABBREVIATIONS

APM	African Prototype Materials
ASBEF	Association Senegalaise de Bien-Etre Familiale (IPPF affiliate)
FP	Family Planning
GOS	Government of Senegal
IEC	Information, Education, and Communication
JHU/PCS	The Johns Hopkins University/Population Communication Services
MDS	Ministere de Developpement Sociale (Ministry of Social Development)
MSP	Ministere de la Sante Publique (Ministry of Public Health)
NGO	Nongovernmental organization
PIACT/ PATH	Program for the Introduction and Adaptation of Contraceptive Technology/Program for Appropriate Technology in Health
SFHP	Senegal Family Health Project (Projet Sante Familiale)

INTRODUCTION

During a previous JHU/PCs consultancy (November 16 to December 6, 1984), Scott Wittet, PIACT staff member, worked with the Senegal Family Health Project to begin development of print materials on the use of contraceptive methods, aimed at low- and illiterate audiences. At the conclusion of that consultancy, SFHP planned to continue development of five booklets on the pill, condom, IUD, foam, and foaming tablets. A follow-up visit by the consultant was planned for March, 1985, during finalization of the booklet drafts, prior to printing.

The SFHP/IEC Division staff (co-directors Aissatou Sambe and Caroline Diop, and technical advisor Priscilla Randall) worked vigorously to complete project activities. Soon after the consultancy, the staff decided that foam and foaming tablets were "low priority" methods. They have concentrated on developing the other three booklets. Due to unsatisfactory pretest results for two of the booklets (condom and IUD), additional pretests were scheduled.

Pretesting was done in several regions. In January, sages-femmes (midwive/health workers) and animatrices (educators and motivators) in Casamance were trained in pretesting methods and, with the SFHP/IEC staff, tested the three booklets with both Wolof- and Diola-speaking groups. The IEC staff returned to this region in February to pretest with the field workers who had been trained during the consultancy. At this point, it became clear that there were severe problems with the artwork. Later that month, Margaret Parlato (JHU/PCS) visited the SFHP office, reviewed the booklet drafts, and suggested that an alternative artist be requested to redraw the booklets. There was some SFHP resistance to this idea due to budgetary constraints. Instead, further revisions were made by the original artist, and pretesting was conducted in the Cap Vert region in April.

Because the booklets were not ready to be finalized in March, and due to a planned SFHP training program which would involve the IEC Division staff, Wittet's March follow-up visit was postponed. He maintained contact with SFHP, reviewed the near-final version of the pill booklet, and made suggestions for revisions. With support by the consultant, and in light of the April pretest results, the IEC Division got permission to have the art-work redrawn.

The first project phase was scheduled to end on June 30. In early June, it was uncertain when the second phase contracts would be ready. The IEC staff were very interested in moving ahead with production of the pill booklet before the end of phase one, although they realized that work on the other two booklets might have to be postponed. As they felt it was important that the consultant return before the end of phase one, the current consultancy was arranged.

The objectives of the consultancy were to assist the SFHP/IEC staff to:

1. continue development and pretesting of the booklets;
2. develop a booklet distribution plan;
3. develop a training plan/schedule for orientation of health workers in the use of the booklets;
4. develop written instructions for health workers on how to use the booklets;
5. develop curriculum/materials for trainers;
6. discuss with SFHP plans for developing African Prototype Materials and pretesting arrangements, and review drafts with Dr. Correa (A. Le Dantec Hospital).

DESCRIPTION OF ACTIVITIES

Following briefing sessions with Randall and Dr. White, USAID Health Officer, (Dr. Seims, the Population Officer, was in the U.S.), Wittet met with the SFHP/IEC staff to review project progress and plan consultancy activities.

Review of Booklet Graphics and Texts

The IEC Division and the consultant reviewed the messages and pictures of the three booklets (pill, condom, and IUD). Textual changes were made in all booklets. This included revising wording (examples: changing "the woman is nauseated and has a headache; these are side effects of the pill" to "...these can be side effects of the pill" and "the sage-femme tells the woman that these symptoms are normal" to "...these symptoms are not serious," among others), and addition of messages (examples: what to do if the woman forgets to take pills two days in a row, go to the clinic if you cannot locate IUD strings, the spacing concept, concluding messages, among others). Pill booklet pages were reordered and a few changes in the artwork requested. Unfortunately, the new IUD and condom artwork will not be ready until the end of July; the IEC staff will send copies to the consultant who will share them with JHU/PCS for review. The IUD and condom French texts are now final. Copies of the booklet drafts are attached as Appendices C, D, and E.

As a result of discussions held during the previous consultancy, the IEC staff had decided to include both French and Wolof texts in each booklet. They had also decided to add Wolofol texts (Wolof in Arabic script). We

discussed the problems associated with so much text appearing on each page. It was decided that the printers would be asked to lay out the longest texts for review by the staff, to facilitate decision-making concerning type size and layout.

Translations and transcription tasks (French to Wolof and Wolofol) have been a major factor in delaying development of the pill booklet. The condom and IUD booklets have not yet been translated. None of the pill booklet French texts (or the incomplete Wolof and Wolofol translations) have been pretested. The consultant recommended that pretests of the new artwork and texts in all three booklets be planned for the beginning of phase two. This is especially important since the IEC co-directors cannot read Wolofol. The pill booklet Wolof text had been reviewed by the literacy division of MDS and several other contacts in Dakar; it is advisable to repeat this process with the other booklet texts.

Planning Materials' Production

As already mentioned, the inclusion of three texts in each booklet, some of which are two sentences long, will create space problems. Some creative formatting will be required, along with careful decision-making regarding type style and size. It would be possible to add some pages to make more room for text, though the pill booklet is already 24 pages long, plus the cover. Alternatively, French-Wolof and French-Wolofol versions could be produced, though this creates distribution problems as there are no clearly-defined "Roman script" Wolof versus Wolofol areas of the country. The IEC staff will balance the need for enough space for the pictures (a high priority in materials for illiterates) and space for easy-to-read texts.

The booklets will have covers of a heavier colored paper (cover colors will correspond to color codes used in SFHP's filing system for each method). They will measure 13.5 x 21 cm (5.4 x 8.4 inches) and will be printed in black and white. Nouvelles Imprimeries du Senegal (NIS) was chosen for printing. The current NIS quote for 10,000 copies of the pill booklet is CFA 1,562,058 (US$3,309; $0.33 per booklet).

The attached project workplan (Appendix A) schedules concurrent printing of all three booklets for month five of phase two (at present it is not possible to say when phase two will begin). SFHP/IEC may wish to work with the consultant and the printer during month four to make any final revisions in the materials and plan layout. This may coincide with another possible JHU/PCS project in Senegal (pretesting of African Prototype Materials), thereby reducing the cost of the consultancy.

Planning Materials' Introduction:

Training Curricula

Once the new materials are printed, they must be systematically introduced into the existing SFHP program. A critical aspect of this is training health workers (and health worker trainers) to use the materials effectively. Communication skills must be transferred and the booklet messages well understood by booklet users (sages-femmes, assistantes sociales, animatrices, coordinatrices regionales). It is especially important to instill in the users a sense of the importance of going through the booklets with every method acceptor or group of acceptors, of carefully explaining the drawings in terms of the messages, and of giving copies of the booklets to acceptors or interested clients to take home.

SFHP staff and the consultant reviewed training aids used in other projects and developed curricula for SFHP use. These include handouts for trainers and trainees. The handouts discuss training methods, communications skills, use of the booklets with illiterates, and method-specific information and instructions not included in the booklets. The handouts will be printed and distributed, with the booklets, to health workers and their trainers. The training materials are attached as Appendix F.

Training schedules were discussed. The IEC staff (who are also responsible for training activities) intend to include both the training materials and the booklets themselves as curricula for all future FP trainings of MDS and MSP staff. Special training for staff already active in the six regions will be organized. Distribution of materials will be a part of each training session. SFHP/IEC may wish to work with the consultant during the first training period, to test and adapt the training curricula and to plan future materials' evaluation activities.

Since these booklets focus on method usage instructions, rather than FP motivational messages, the SFHP staff decided to have FP clinical service providers (sages-femmes and assistantes sociales) distribute booklets to clients along with pill packets, condoms, and prior to IUD insertion. Due to the size of the initial printing, only an average of 500 copies of each booklet will be available to each SFHP clinic. Animatrices, MDS non-clinical field staff who motivate for FP but do not provide other services, will be trained and given copies of the booklets to use as teaching aids, but not for distribution to clients. It is hoped that, after a larger-scale reprinting of the booklets is done, this policy could be changed. Materials more appropriate to animatrice duties (such

as motivational materials and a basic overview of FP methods) could be developed in the future.

Distribution and Resupply

As mentioned above, initial materials' distribution will be a part of each health worker training session. Resupply will be organized through SFHP's computerized supply system. Currently, clinics are supplied every three months by SFHP central. The clinics fill out forms reporting the number of contraceptives distributed each quarter; this data is used to help estimate the stock needed for following quarters. Such forms will be created for the IEC materials as well. The materials will be warehoused in Dakar and transported with other clinic supplies. The logistics officer and the IEC staff will monitor materials' distribution in order to evaluate usage and to plan resupply, evaluation and eventual reprinting.

Non-clinic staff (animatrices) will be supplied through their regional coordinators (MDS personnel). The regional coordinators will request stocks from SFHP/IEC.

Networking With Other Organizations

The IEC staff plan to present the materials to organizations involved in FP such as ASBEF, Croix Bleu, other NGOs, and private clinics. Only booklet samples can be supplied due to insufficient quantities. These organizations may be interested in reprinting the booklets for themselves, however, with USAID and SFHP permission.

Evaluation Activities

The SFHP/IEC staff are interested in designing an evaluation program for

the three booklets following several months of field use. The consultant informed them that JHU/PCS is currently developing evaluation criteria and resources, which can be shared with them. In general, the IEC staff are interested in interviewing clinic staff who have used the booklets and clients to whom the booklets were presented. The IEC staff may wish to work with the consultant to plan evaluation activities during month six of phase two, as stated in the attached project workplan. Interpretation of evaluation results, and planning for future materials' development, would be done during months nine and ten.

Project Workplan

The project workplan (Appendix A) was developed by SFHP and the consultant to facilitate management by objectives. Unfortunately, due to uncertainty concerning funding for SFHP phase two (phase one ends July 31; there could be a hiatus in project activities if USAID and GOS are not able to agree on a contract prior to that deadline), phase two activities could not be assigned precise completion dates. It is hoped, however, that phase two will begin in August. If this is the case, the booklets could be printed by the end of 1985.

Future Materials' Development

Following production of the three booklets, the IEC staff are interested in resuming development of the foam and foaming tablet booklets and in developing the following materials:

- An FP motivational booklet and an overview of contraceptive methods.
- Flipcharts or boites a images adapted from the above materials.
- A field worker manual.
- Materials on the diaphragm, STDs, and MCH interventions (ORS,

immunization, nutrition, prenatal care).

- Flannelgraphs.
- Films.
- Comic strips.
- A slide set on population issues.
- Posters: "Pregnant father;" reproductive system; menstrual cycle.
- An "IEC kit" large enough to hold and display posters or flip-charts, but small and light enough to carry.
- T-shirts, bags, and bottle openers with the project logo or FP messages.
- In addition, SFHP would like to establish a Family Health Education Center in Dakar for presentation and distribution of materials in various media.

It is important that the staff carefully review their needs and develop a list of priority activities as part of planning phase two projects. Over the next several years, they will acquire equipment for video, audiotape, and film production. Technical staff will need to be hired and trained as the IEC Division undertakes more ambitious projects. Development of a long-term SFHP/IEC strategy and planning and documentation of budgetary, staff and technical assistance needs are strongly recommended.

African Prototype Materials

The consultant discussed APM with the Senegal Family Health Project staff, Dr. Correa and staff, and Molly Melching (a USAID IEC technical advisor with ENEA, a Ministry of Education group).

SFHP Director Samb and the IEC co-directors reviewed the French draft of the client booklet. They feel there is a need for such materials in their

program. They may be interested in being involved in APM pretesting later this year.

Molly Melching works with a Senegalese artist and materials' developer to produce booklets, flipcharts, and games on many development topics, at the request of Ministries and NGOs. Most of their work is aimed at rural audiences. She seemed interested in working with JHU/PCS to pretest APM. Since no pretest protocol has yet been discussed, the consultant assured her that he would be in touch later with details on a scope of work and funds available for support of the activities.

Prof. Correa and staff (Drs. Ngom, Bah, and Moreau) were interested in the project and made several suggestions for improving the APM client booklet. They seemed to feel that the information included was appropriate for the literate, urban target audience of the materials. In regard to pretesting, they suggested using their clinic patients. Prof. Correa's support is desirable, no matter where we pretest, and the possibility was left open. However, clinic patients may already be too well-informed about FP to be useful for this purpose.

Correa showed the consultant a draft of a chapter he has written for the French version of Family Planning in Africa. Someone on the hospital's staff had tried their hand at pictorial messages. It might be interesting to involve him/her in the pretesting, if possible.

In general, Correa was very cooperative and supportive of JHU and SFHP.

Conclusions

As suggested in a 1984 USAID-funded evaluation of SFHP/IEC needs, and observations made during the previous consultancy, informational materials

are a high priority for the project's continued success. Print materials for illiterate clients are especially appropriate. In November-December 1984, SFHP/IEC Division staff and the JHU/PCS consultant began development of five method-specific booklets. Subsequently, the staff decided to concentrate their efforts on their three highest priority methods: pill, IUD, and condom.

Several rounds of pretests of the draft booklets have been completed. Progress on booklet development was slowed by poor artwork (condom and IUD) and delays in text development, especially translation from French into Wolof and Wolofol (Wolof in Arabic script). A follow-up to the previous consultancy had been scheduled for March, 1985, but was postponed at SFHP's request. As the end of project phase one neared, the staff felt that it was important to meet with the consultant and arranged the current visit.

All of the consultancy objectives listed on page two were accomplished. The consultant and IEC staff concentrated on finalizing the pill booklet text and graphics, finalizing condom and IUD booklet texts, and having artwork for the latter be redone by a more competent artist. As translations have been a problem, the consultant and staff explored ways to facilitate this process. Due to the lack of draft materials and translations, no pretesting was done during the consultancy. Pretests are planned for the beginning of SFHP phase two. If phase two begins in August 1985, all three booklets could be printed by the end of the year.

Plans for field use of the materials were discussed, including the critical step of incorporating the materials into staff training programs. Handouts

for trainers and trainees were developed. Distribution and resupply, and evaluation activities were also discussed.

USAID and GOS had not yet signed a contract for the second phase of the project, and it was uncertain when it might begin. A print materials' development workplan and schedule were created within this constraint. The IEC staff discussed three possible follow-up JHU/PCS consultancies. USAID and SFHP will contact JHU/PCS regarding these when SFHP's needs are more clear and a more precise schedule can be developed.

The African Prototype Materials client booklet was reviewed by SFHP and by Dr. Correa and his staff. Pretesting arrangements were discussed with these and other groups. Pretesting the materials in Senegal later in 1985 seems feasible and appropriate.

Recommendations

1. Completion of the print materials' project should be a high priority of SFHP phase two. SFHP/IEC should continue to concentrate on finalizing the three booklets, pretesting all booklet texts and the new drawings, and preparing for printing. A Wolof/Wolofol translator should be contracted to develop draft translations which can be reviewed by SFHP staff and Senegalese experts prior to field pretests.

2. The training materials (handouts) should be printed along with the booklets. Training and field use of the materials should begin immediately after printing. Evaluation activities should be planned prior to distribution of the materials.

3. As soon as possible, SFHP/IEC should fix precise dates for completion of materials' development steps and plan for technical advisory visits, if desired.

4. SFHP/IEC has many good future materials' development ideas. They should carefully weigh priorities based on field needs and their resources for materials' development and production. A long-term IEC strategy would be very useful. Budgetary, staff and technical advisory needs should also be defined and documented.

5. In regard to the African Prototype Materials project, PIACT and JHU/PCS should develop field pretesting protocol. The project manager should continue to communicate with contacts in Senegal, and other countries, to arrange pretesting later this year.

Appendix A

PROJECT WORKPLAN

Development of Materials for Illiterate FP Acceptors

Tasks to be completed before the end of Phase One:

1)	Translate booklet texts into Wolof and Wolofol	June/July
2)	Finalize booklet artwork	June/July
3)	Send copies of all booklet final artwork and texts to PIACT and JHU/PCS for review	July

Tasks to be completed during Phase Two:

4)	Pretest booklet artwork and texts	Months 1 and 2
5)	Prepare booklets and training handouts for printing	Month 3
6)	Plan printing: size and style of type, format, etc. JHU/PCS consultancy?	Month 4
7)	Show prototype materials to staff of other interested organizations. Continue this process with printed materials.	
8)	Print booklets and handouts.	Month 5
9)	Organize trainings for health workers already in the field.	Month 5
10)	Train health workers already in the field. Begin materials' distribution. JHU/PCS consultancy?	Months 6 and 7
11)	Include materials in all FP trainings.	
12)	Plan materials' evaluation.	Months 6 and 7
13)	Evaluate materials. JHU/PCS consultancy?	Months 9 and 10
14)	Plan future materials' development projects.	Months 9 and 10

LIST OF CONTACTS

USAID

B.P. 49
Dakar
Senegal
Telephone: 22-58-80, 21-66-80

Dr. Mike White, Health Officer
(Leaving Senegal in August)

Dr. Sara Seims, Population Officer
Residence Telephone: 21-64-52

SFHP

c/o USAID/HPNO
B.P. 49
Dakar
Senegal
Telephone: 22-72-13 (seldom functioning)

Mr. Ousmane Samb, Project Director
Ms. Aissatou Sambe, National IEC Coordinator
Ms. Caroline Diop, National IEC Coordinator
Ms. Priscilla Randall, USAID-IEC Technical Advisor (res. tel.: 21-81-58)
Mr. Masseck Seck, Accountant
Ms. Marie Victoire Albis, National Clincial Coordinator
Ms. Aminata Diallo Niang, Regional Clinical Coordinator
Mr. Saliou Diop, artist (hired for booklet development)
Mr. Moussa Diop, artist (hired for booklet development)

Other Contacts

Molly Melching
B.P. 49 - American Embassy
Dakar
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Clinique Gynecologique et Obstetrique
Faculte de Medecine
Universite de Dakar
Dakar
Senegal
Telephone: 21-10-78

Prof. Correa
Dr. Ngom
Dr. Bah
Dr. Moreau

APPENDIX C: PILL BOOKLET DRAFT

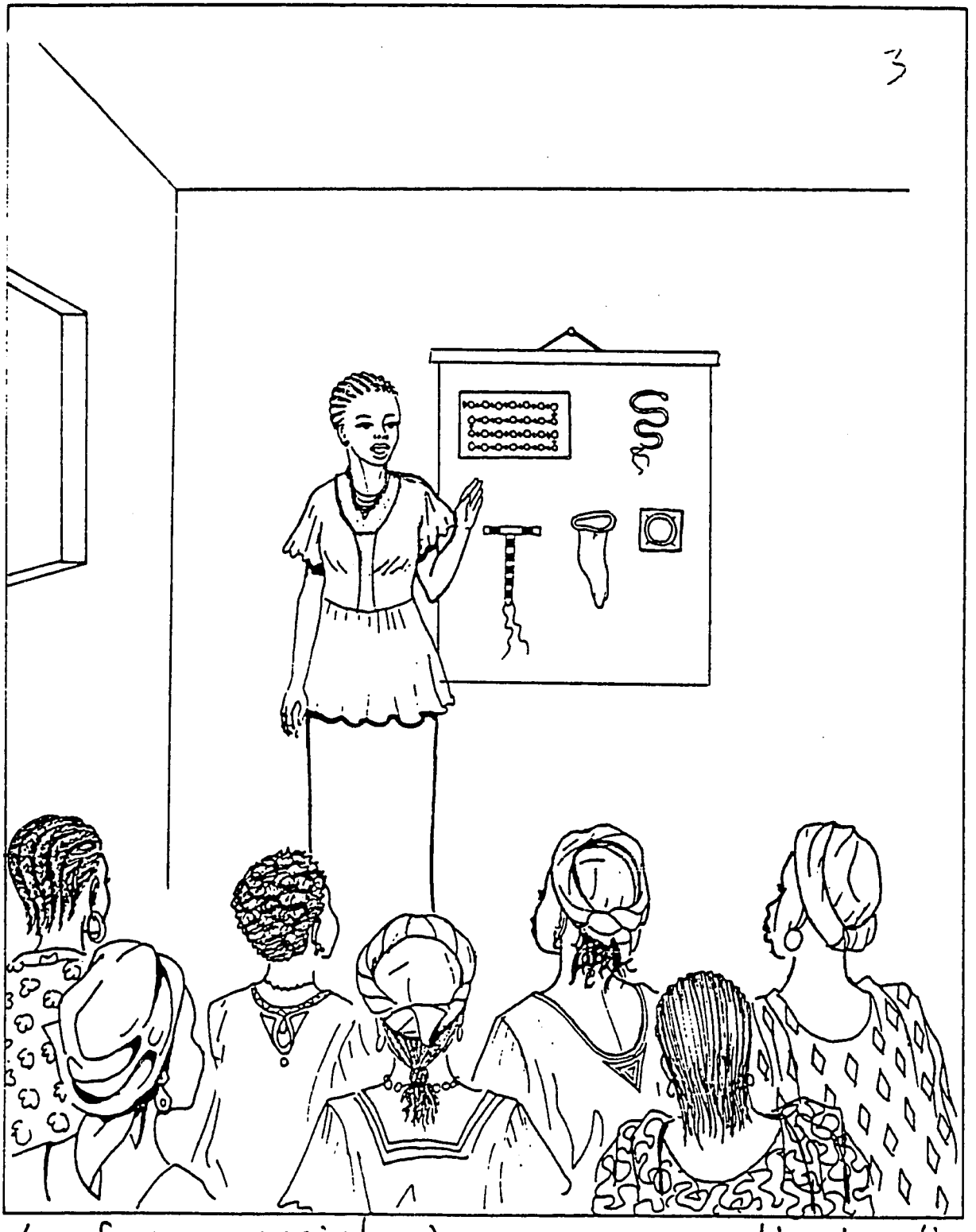
The text of the attached draft is final. The drawings will be revised as indicated.

LA PILULE

THE PILL

Voila une famille qui n'a pas éspacé les naissances.

Here is a family that has not spaced their children.



La femme assiste à une seance d'animation pourtant sur les methodes d'éspacement des naissances.

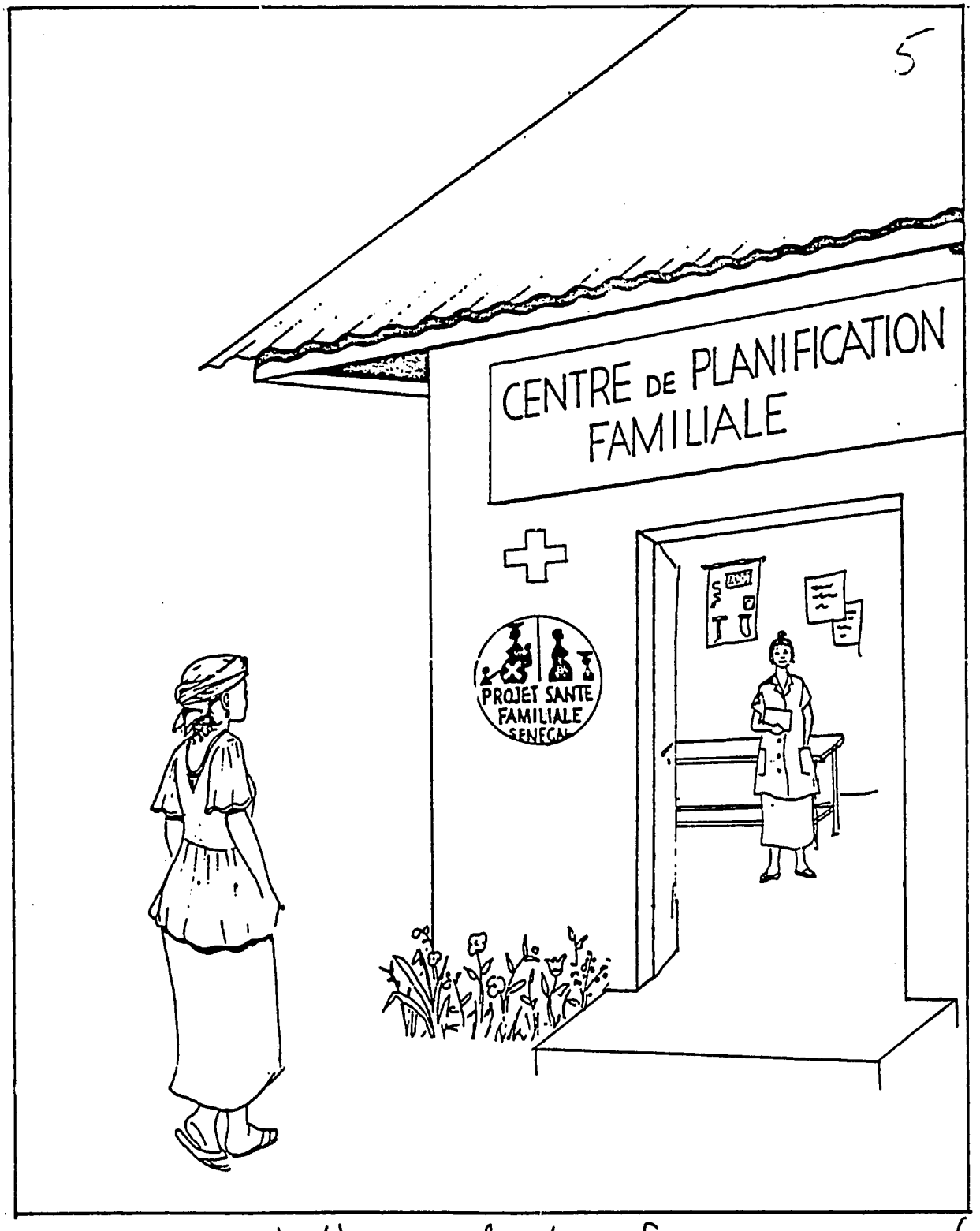
The woman is attending a class teaching about birth spacing methods.

* health worker's clothing improved

La femme s'interesse à la pilûle. Elle l'explique à son mari et lui demande son accord.

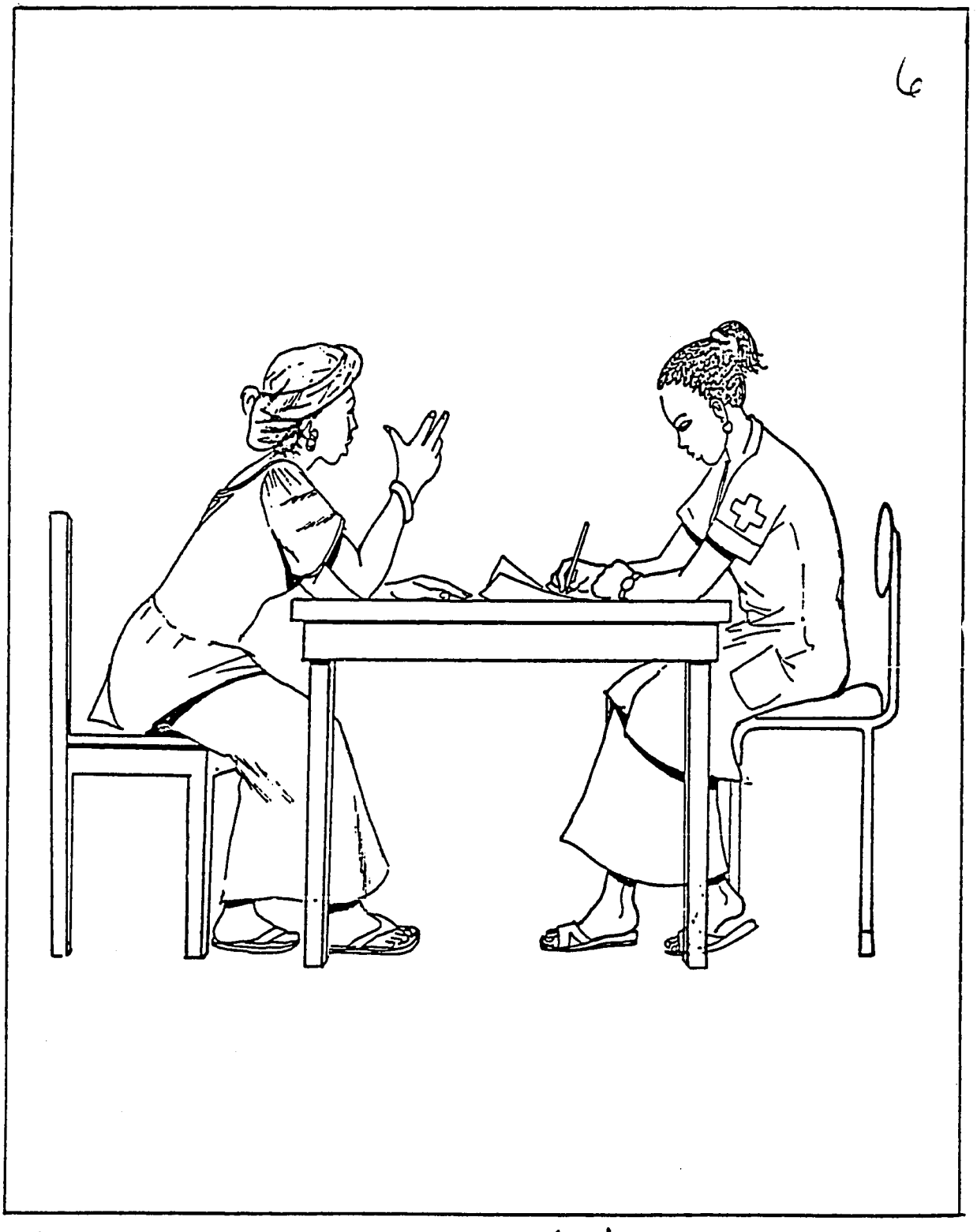
The woman is interested in the pill. She explains it to her husband and asks for his consent.

*man's body has been shaded



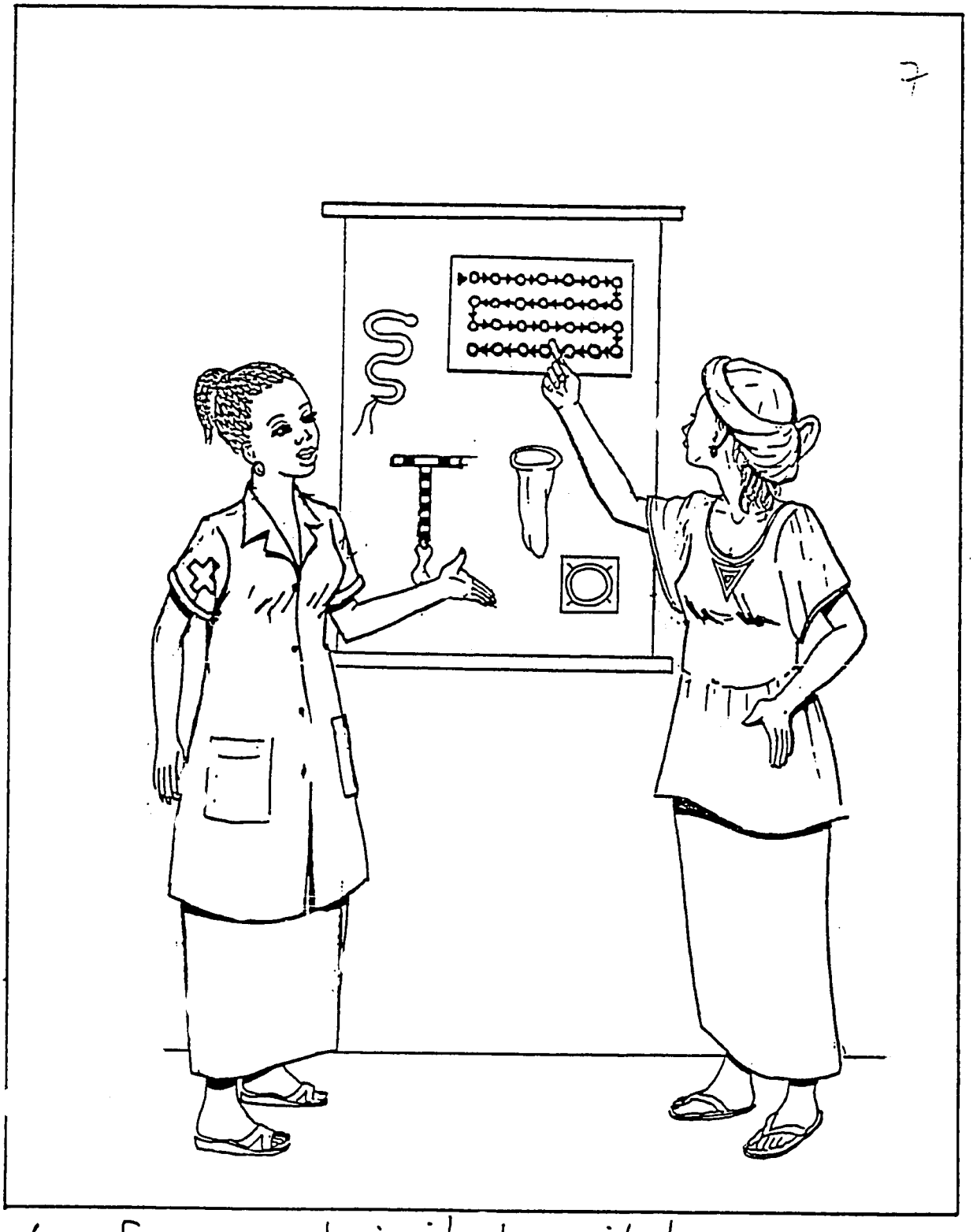
Le mari est d'accord. La femme se rend au centre de PF.

The husband agrees. The woman returns to the FP clinic.



La sage femme prend les renseignements sur la femme.

The sage femme takes the woman's medical history.



La femme choisit la pilule.

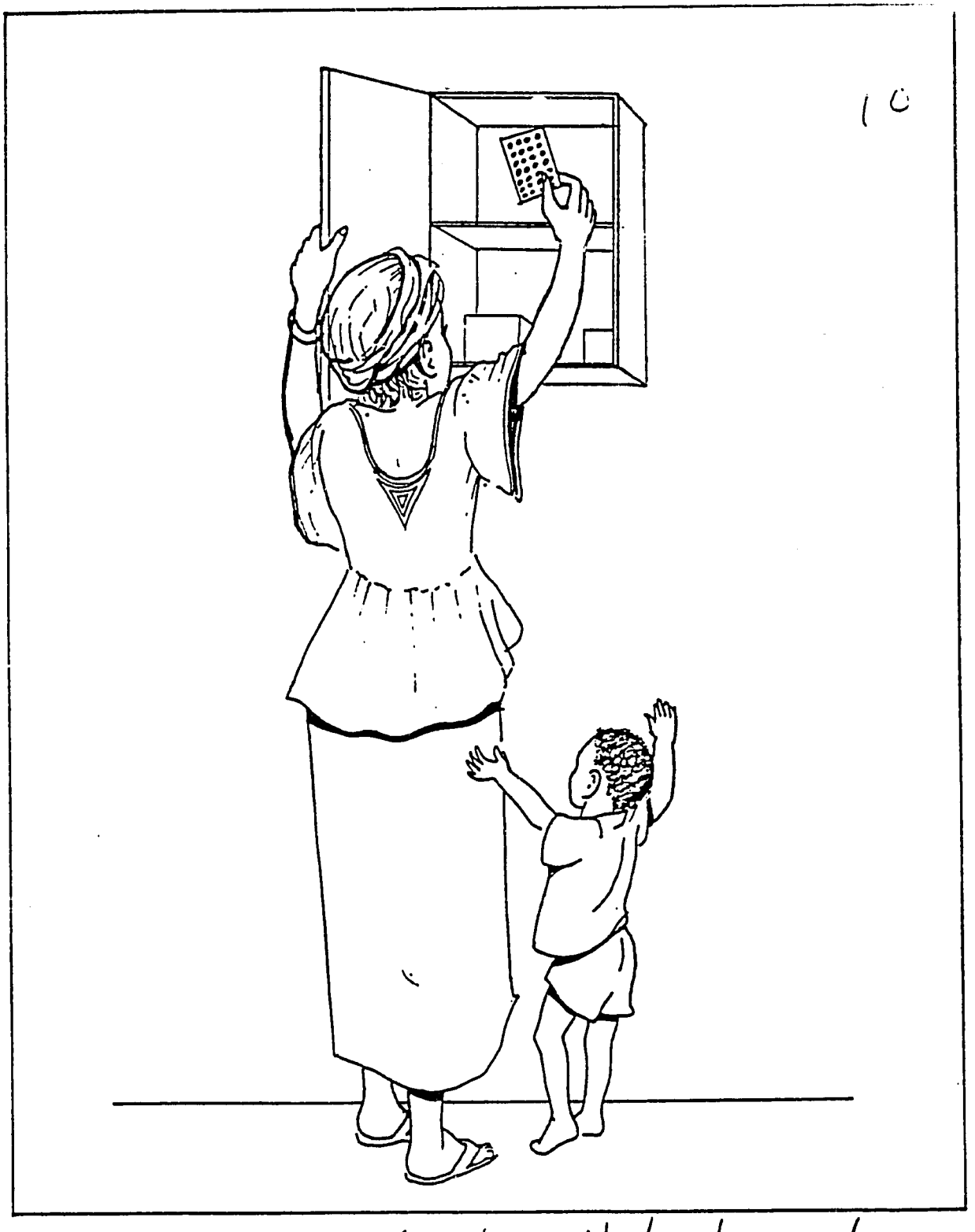
The woman chooses the pill.

La sage femme lui fait une consultation médicale.

The sage femme gives the woman a check-up.

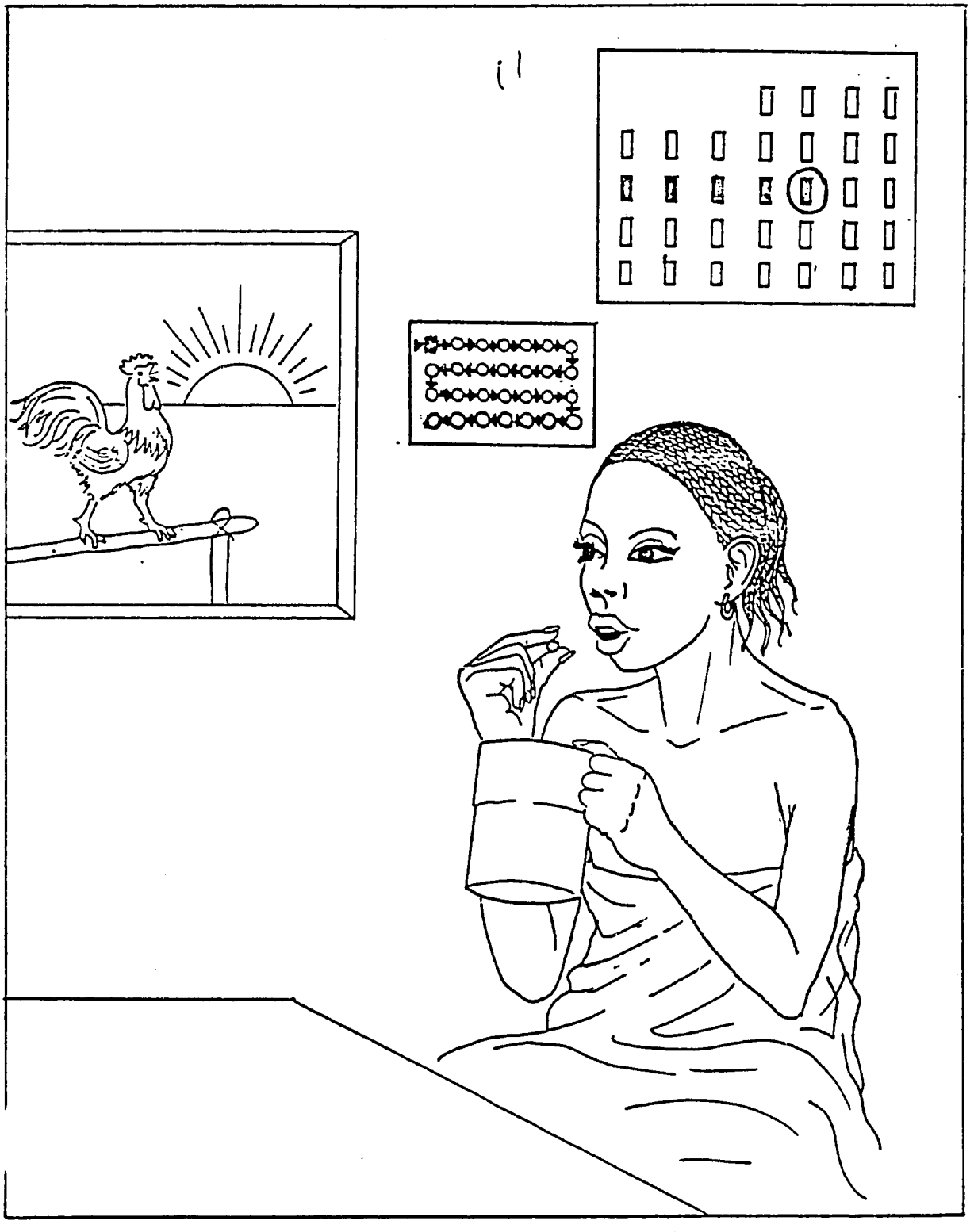
La sage femme lui demande de commencer le 5e jour des regles.

The sage femme tells her to begin the 5th day of her period.



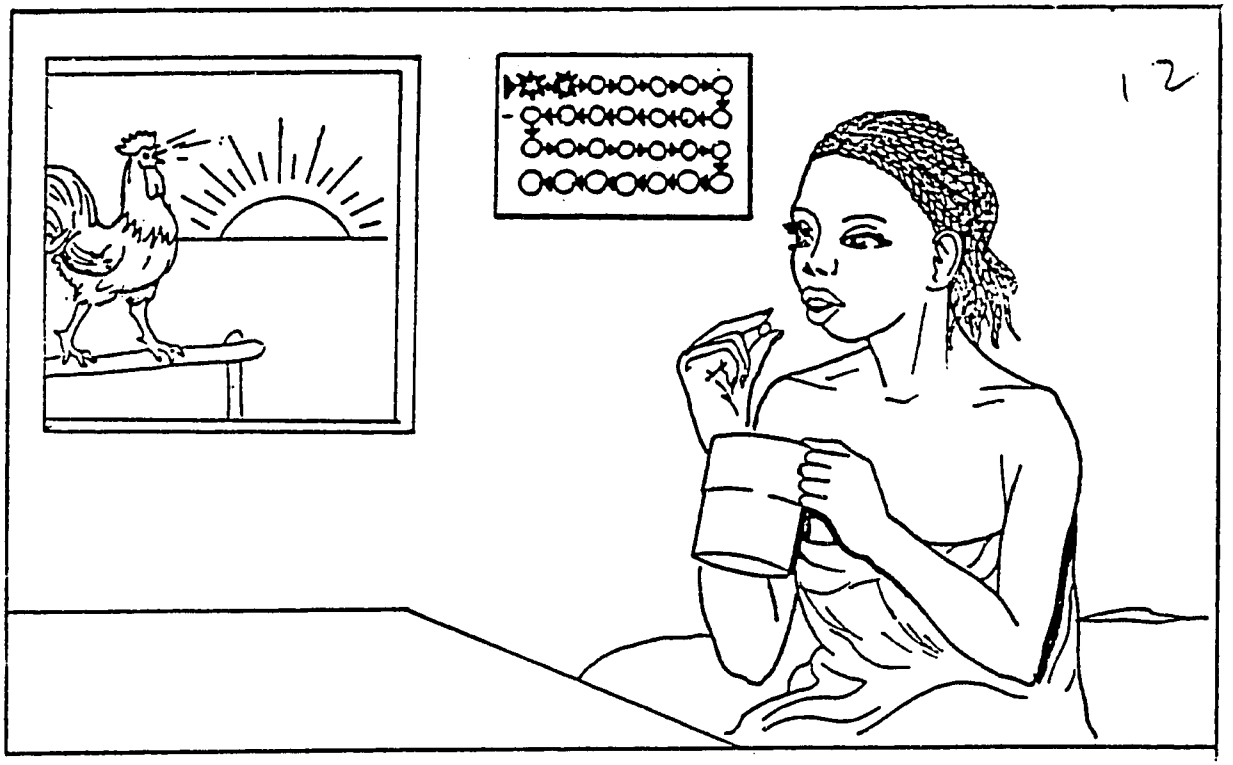
La femme garde la pilule hors de portée des enfants.

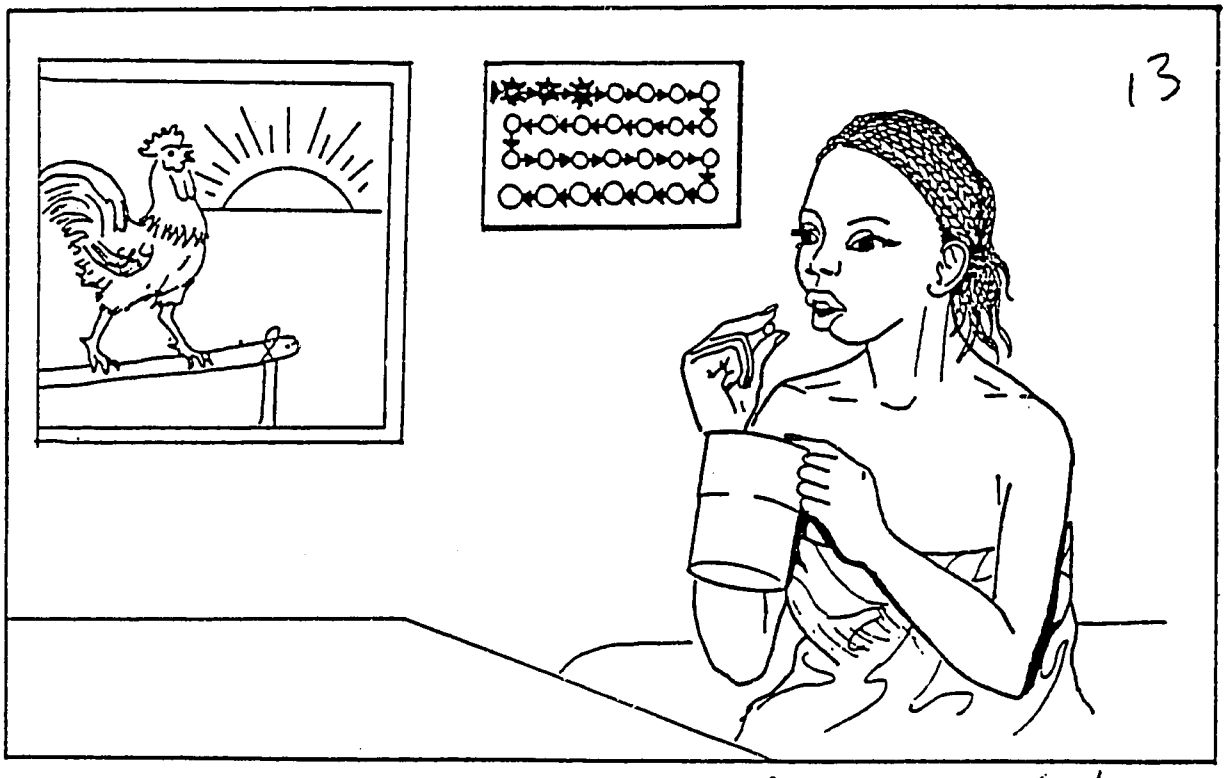
The woman keeps the pills out of reach of children.



La femme est au 5e jour des regles.
Elle prend la 1ere pilule le matin.

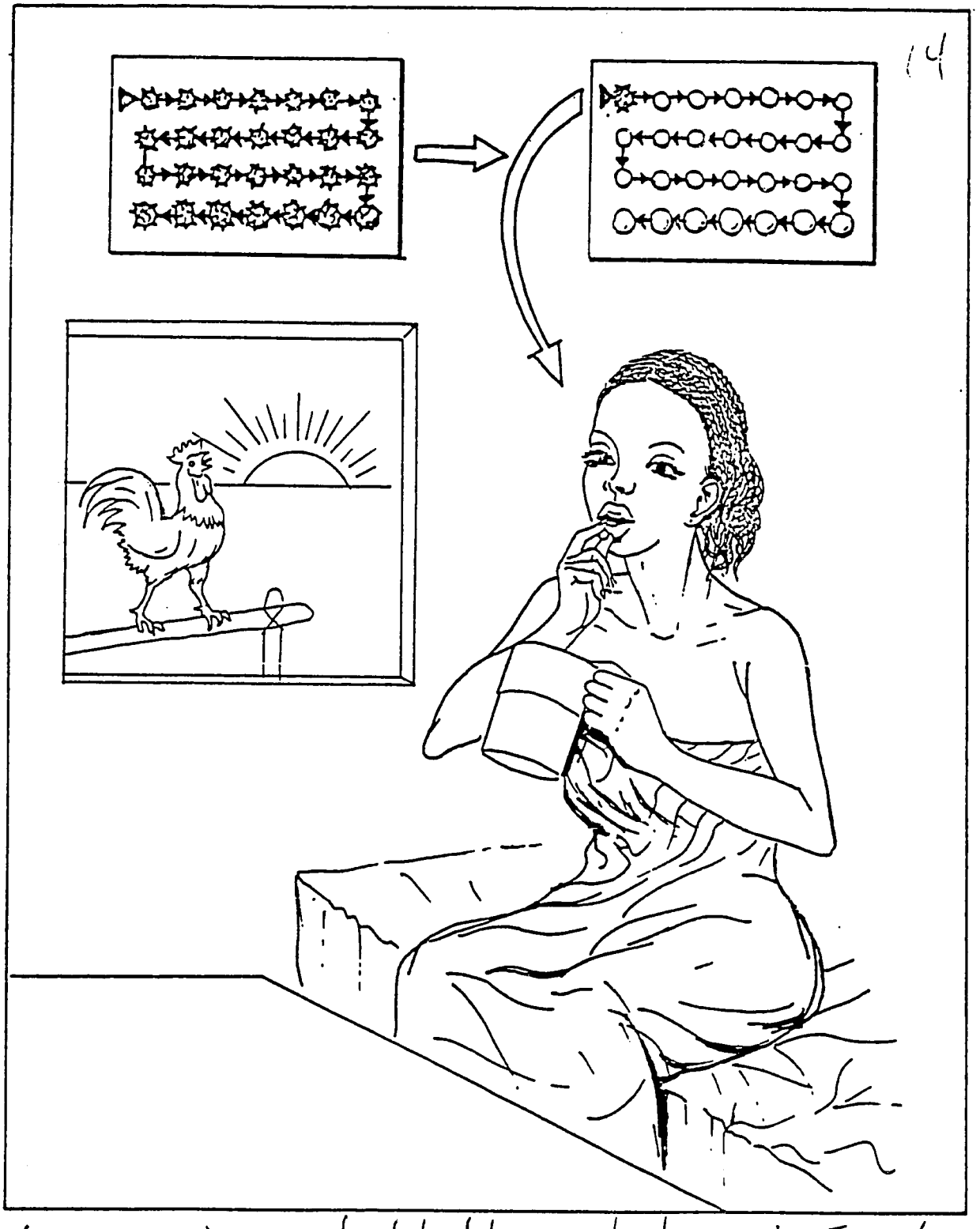
It is the 5th day of the woman's period. She takes the first pill in the morning.





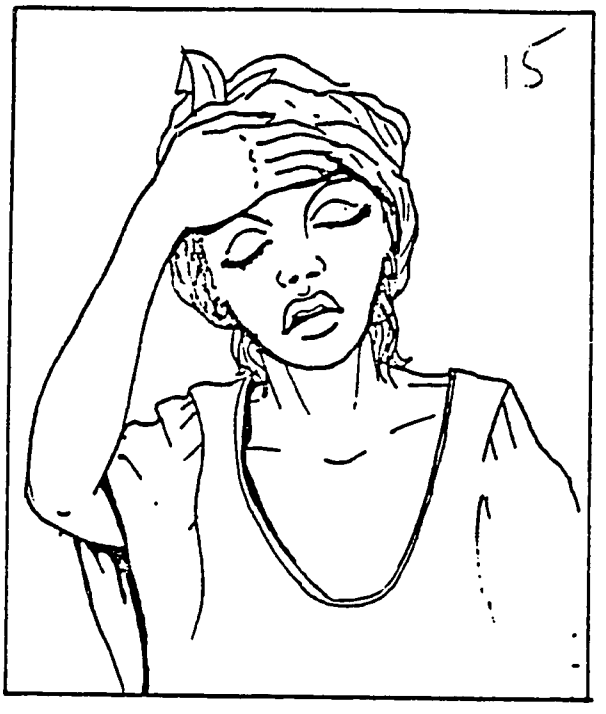
Chaque matin, elle prend une pilule.

Every morning, she takes a pill.



La premiere tablette est terminée. La femme commence la 2e tablette.

The first packet is finished. She starts the second packet.



*separate pages

15. La femme a des nausées et des maux de tête qui peuvent être les effets secondaires de la pilule.

The woman is nauseated and has a head ache; these can be side effects of the pill.

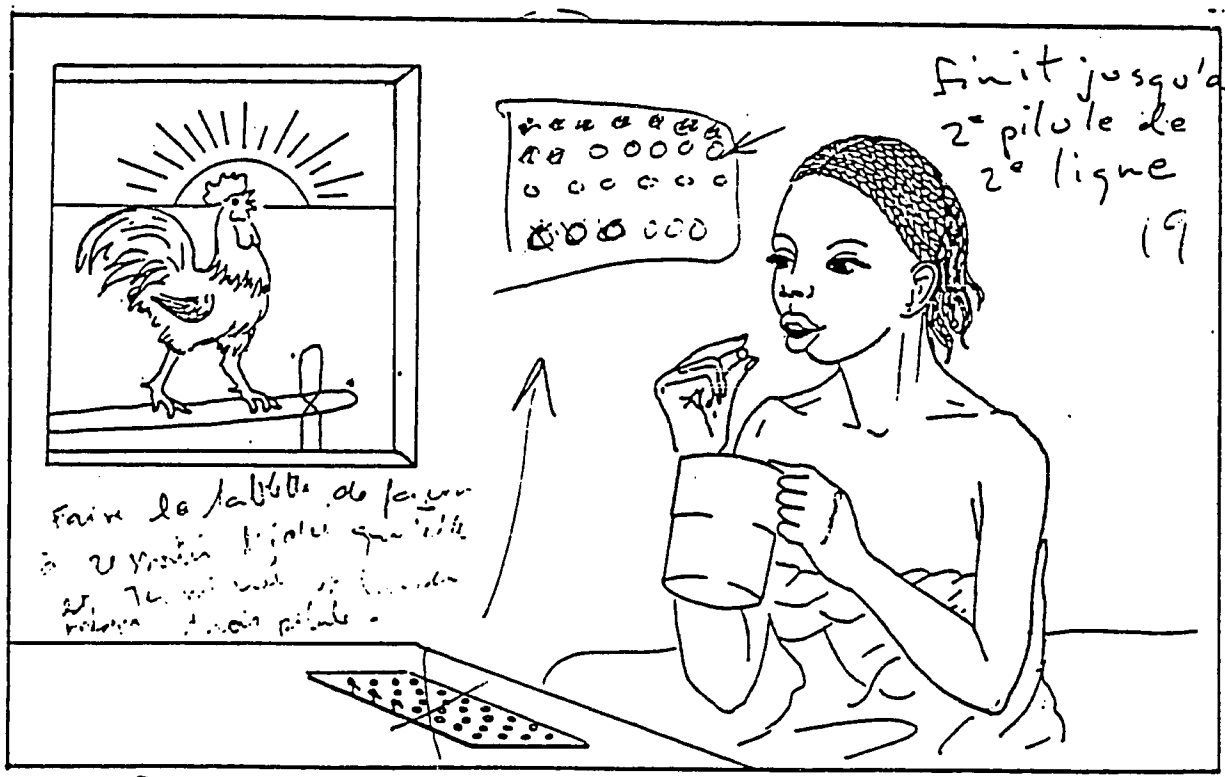
16. Elle va voir la sage femme qui lui fait une consultation médicale et lui dit que les effets ne sont pas graves.

She goes to see a sage femme who gives her an examination and tells her

Les effets secondaires étant passagers. La femme est en plein forme.

The side effects have passed. The woman is in good health.

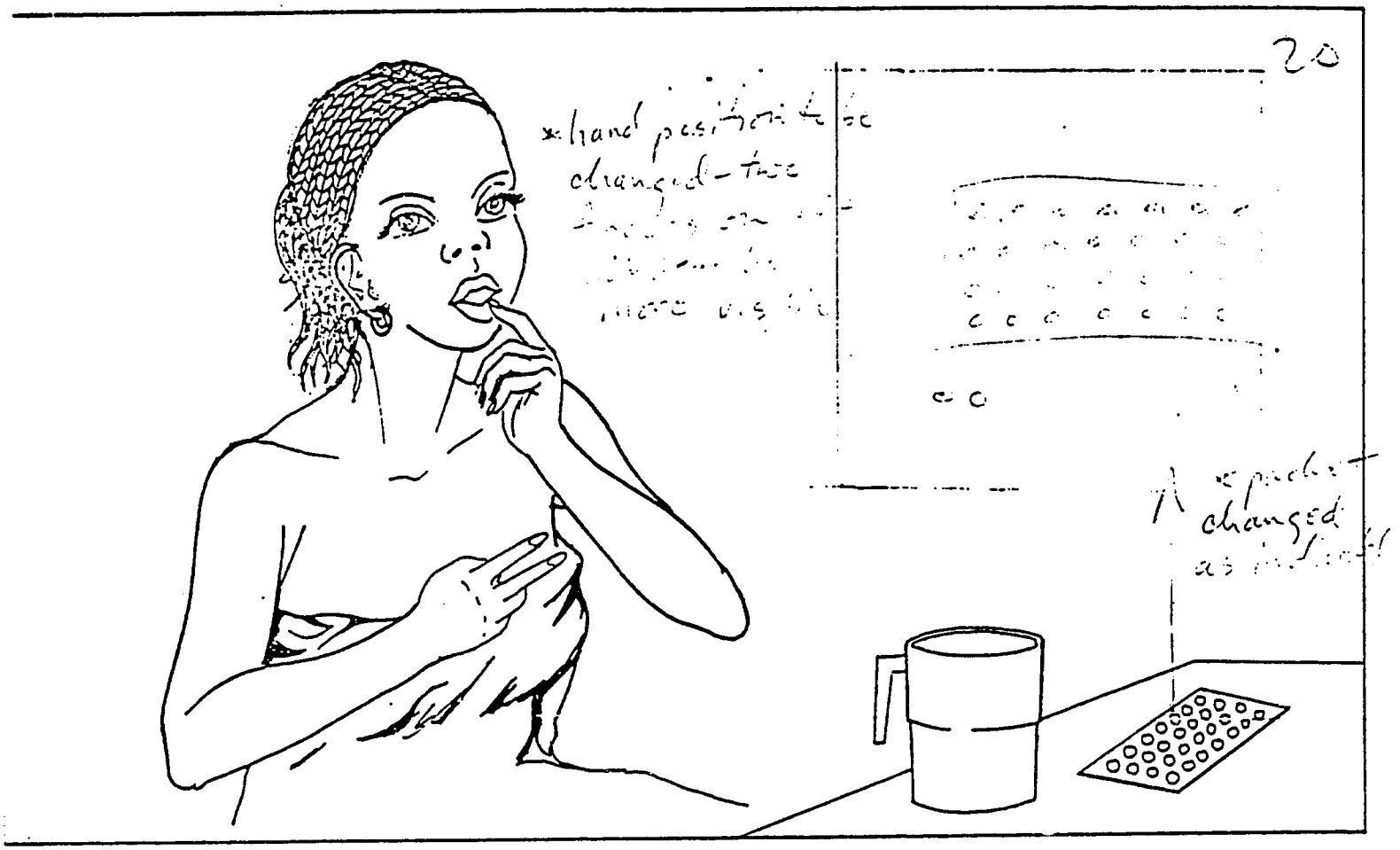
+ woman on left eyes open, smiling

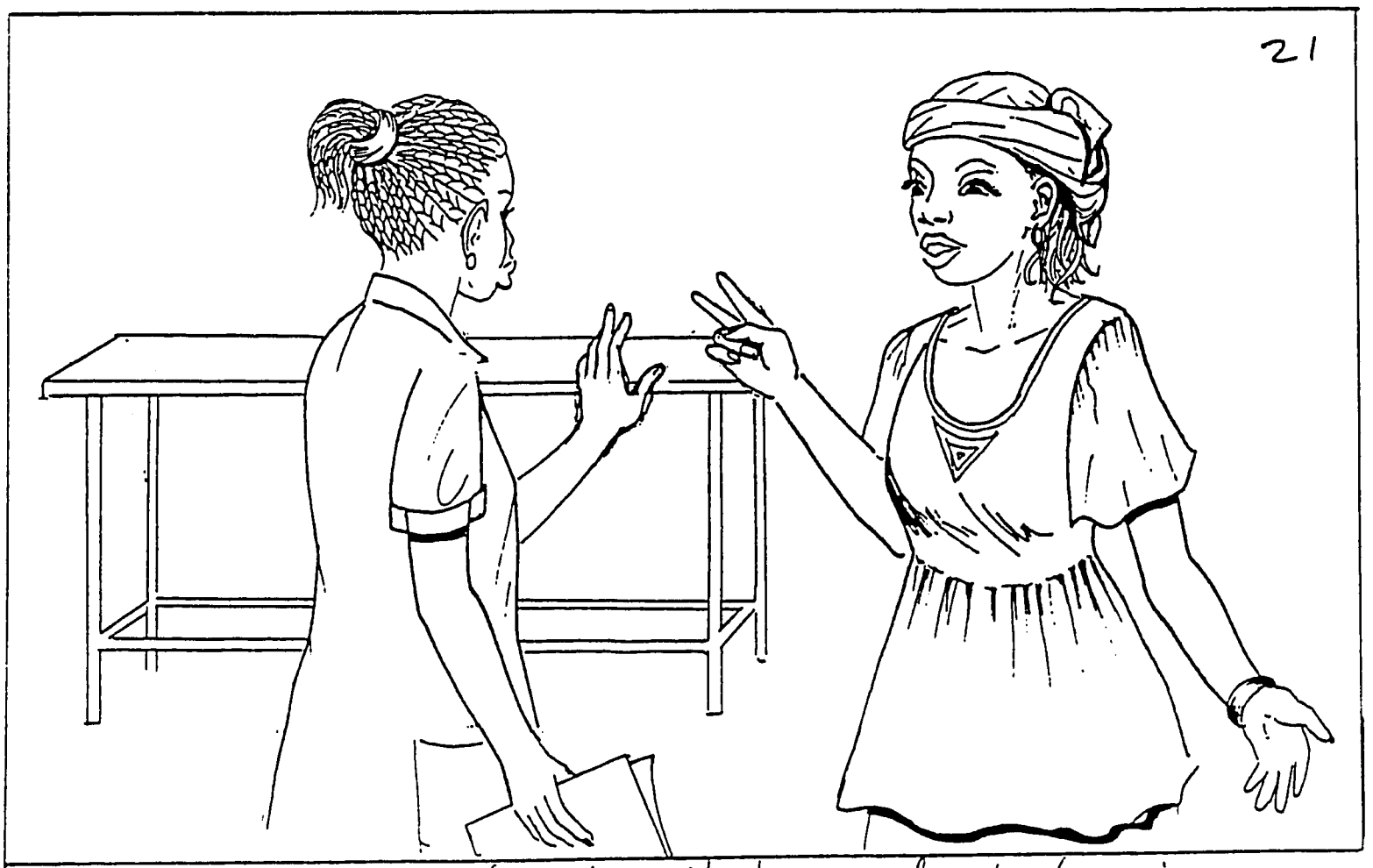


La femme a oublié de prendre sa pilule le matin. Elle la prende dans la journée des qu'elle s'en savient.

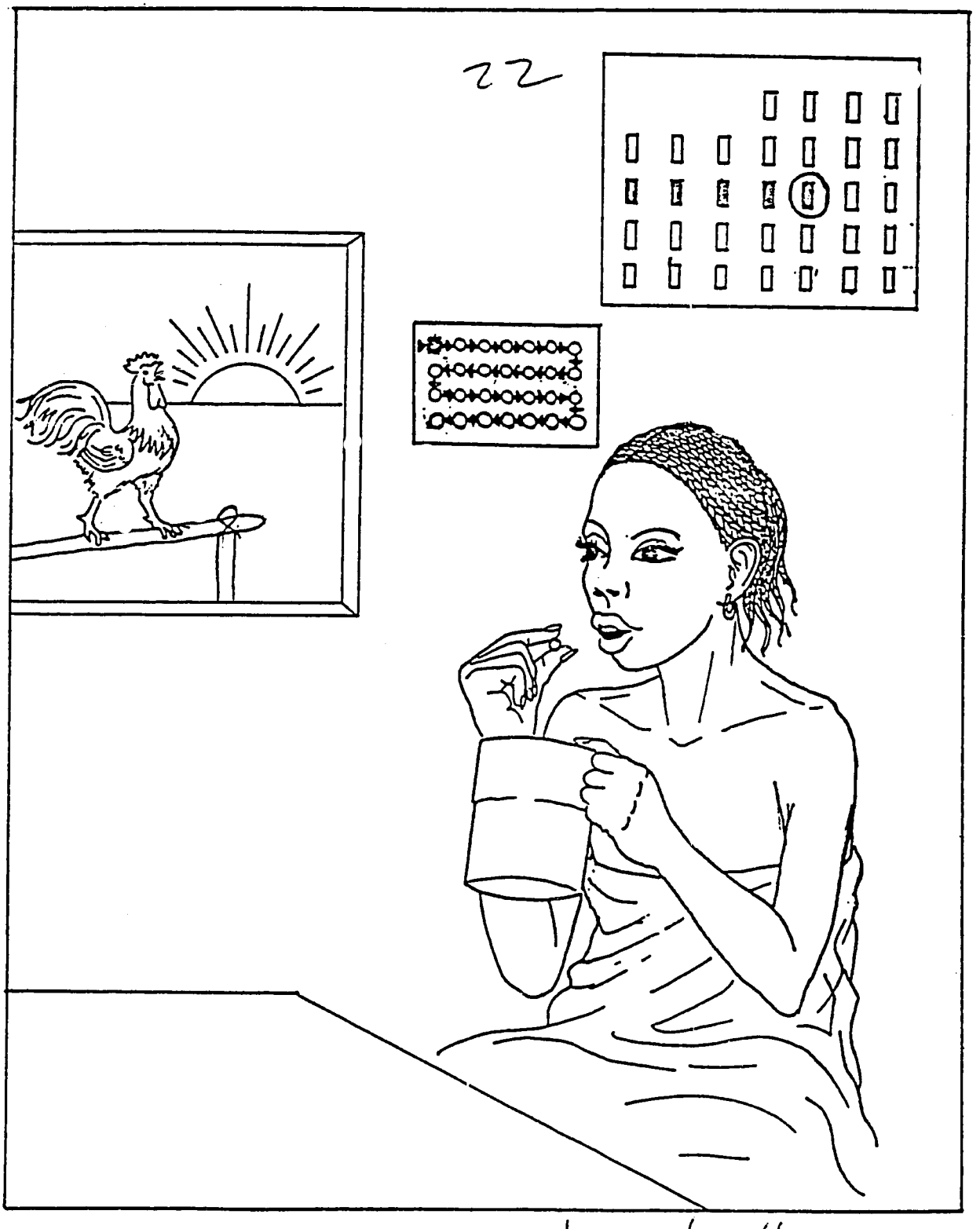
The woman forgot to take her pill this morning. She takes it during the day as soon as she remembers.

* packets to be changed as indicated



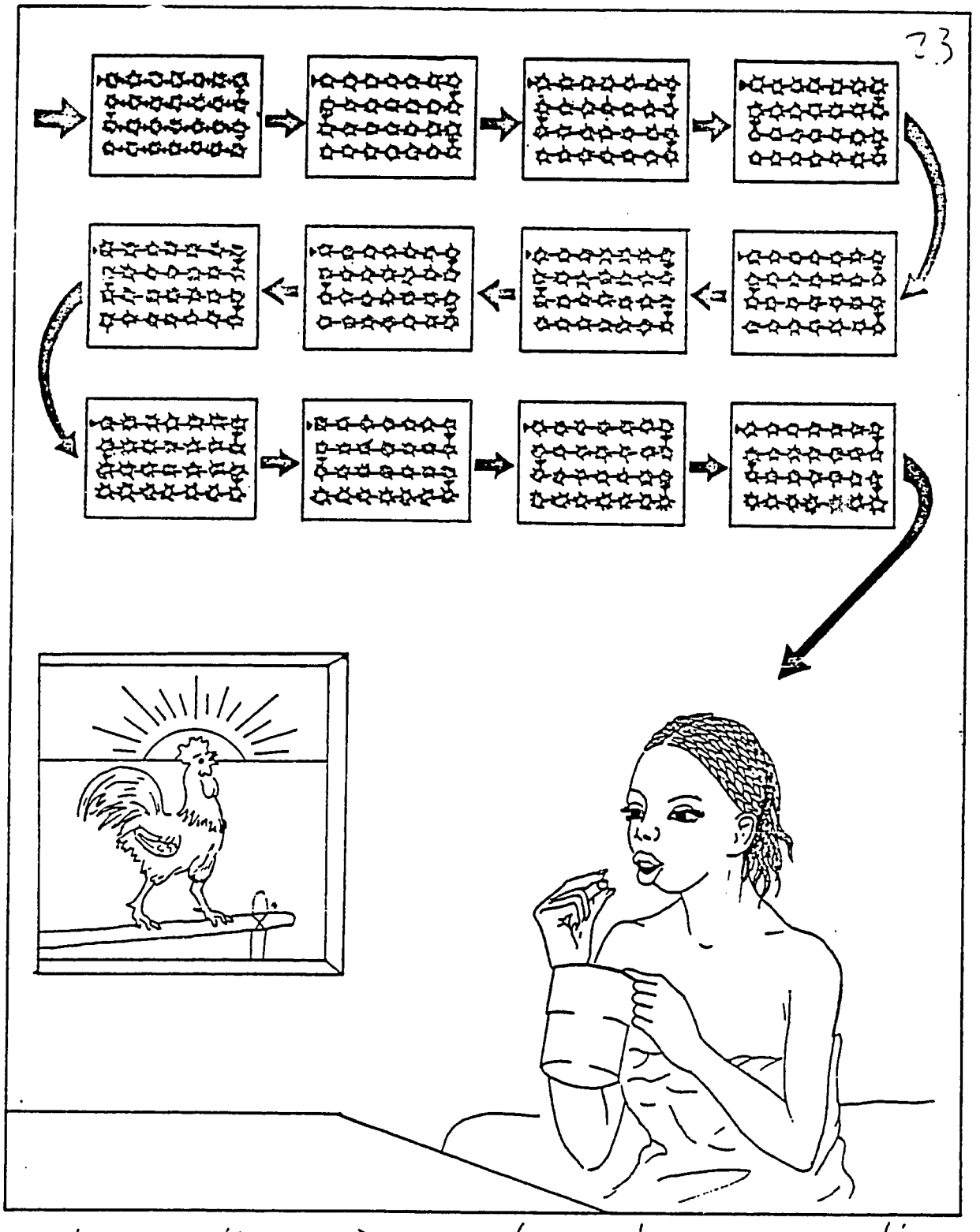


Elle a oublié prendre la pilule pendant deux jours.
Elle retourne voir la sage femme qui lui conseille



La femme a vu ses regles et elle commence avec une nouvelle tablette.

The woman is having her period and she starts a new packet.

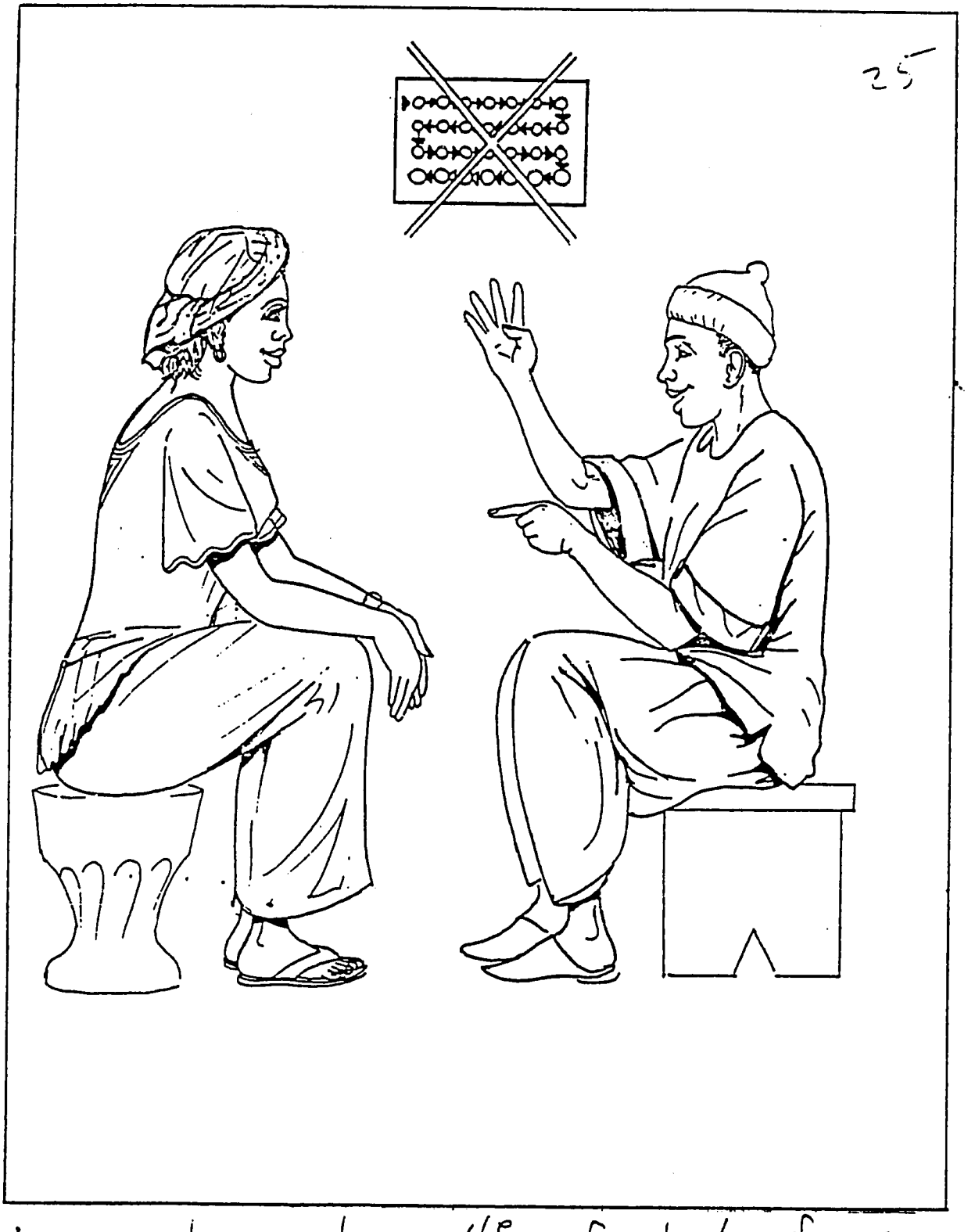


Elle continue à prendre chaque matin une pilule pendant des mois.

She continues taking one pill every morning for many months.

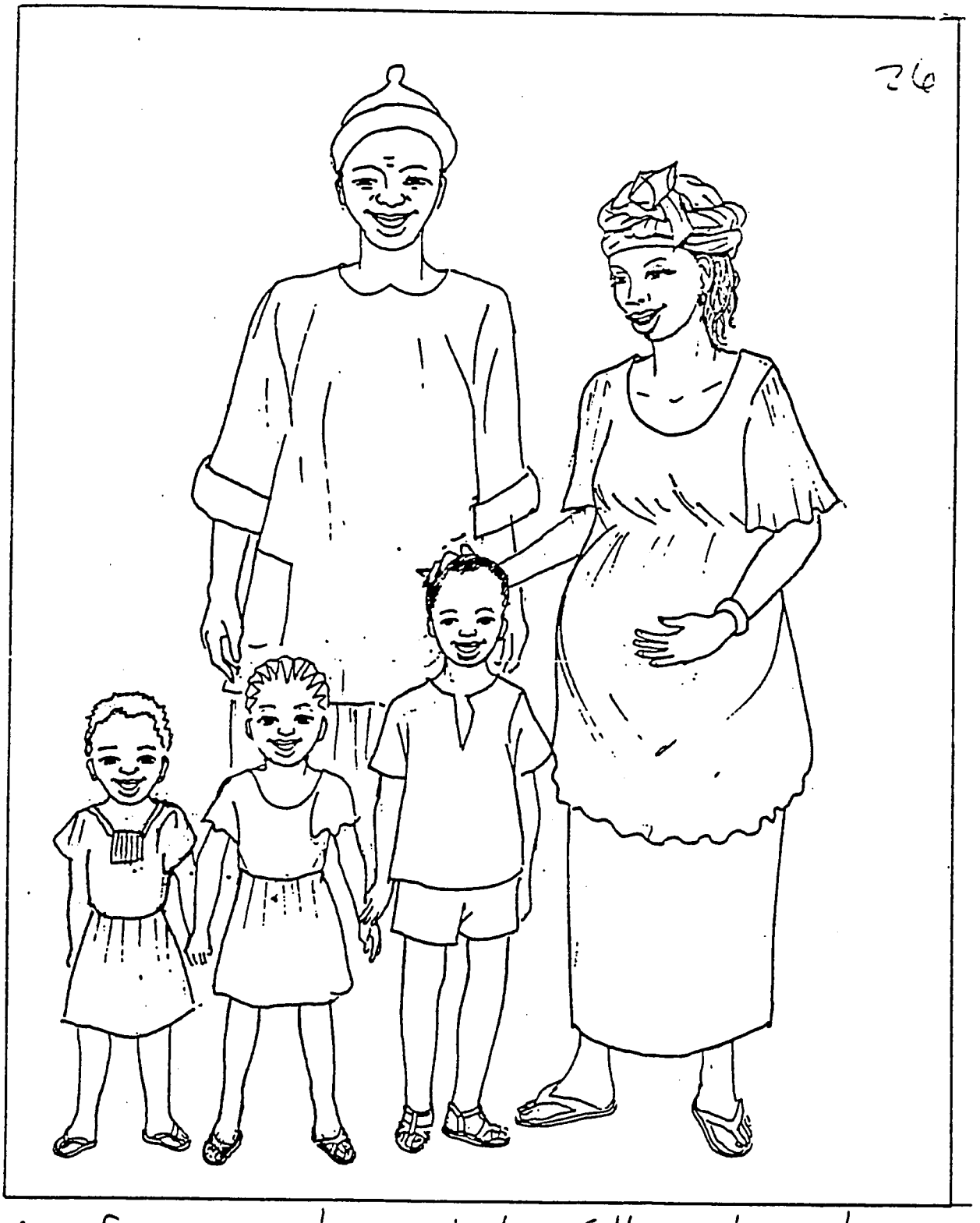
Les enfants ont grandi. Le dernier né a 3 ans.

The children have grown. The youngest is three years old.



Le couple veut un 4e enfant. La femme cesse de prendre la pilule.

The couple wants to have a fourth child. The woman stops taking the pill.



La femme est enceinte. Elle est en bonne sante. La famille est heureuse.

The woman is pregnant. She is in good health. The family is happy.

APPENDIX D: IUD BOOKLET DRAFT

The text of the attached draft is final. The drawings are currently being redone by the pill booklet artist. They are scheduled for completion by the end of July, 1985.

LE D.I.U.

IUD Booklet text

1. - Couverture

   Cover

2. - Voilà une famille qui n'a pas espacé les naissances.
   Here is a family that has not spaced their children.

3. - La femme assiste à une séance d'animation concernant le D.I.U.

   The woman is attending a class teaching about IUDs.

4. - La femme explique la méthode et demande le consentement de son mari.

   The woman explains the method to her husband and asks his consent.

5. - Le mari est d'accord - Elle se rend au centre de P.F.
   The husband agrees. She returns to the FP center.

6. - La sage-femme prend les renseignements sur la femme.

   The sage femme takes the woman's medical history.

7. - La femme choisit le D.I.U.
   The woman chooses the IUD.

8. - La sage-femme lui fait une consultation médicale.

   The sage femme gives her an examination.

9. - Pour la pose du D.I.U., la sage-femme lui demande de revenir quand elle verra ses règles.

   The sage femme tells her to come back during her period for insertion of the IUD.

10. - Elle a vu ses règles.
    She is having her period.

11. - Elle retourne au centre de P.F.

She returns to the FP center.

12- 13 - La Sage-femme lui pose le D.I.U. en peu de temps.

The sage femme inserts the IUD in a short time.

14. - La Sage-femme lui demande de vérifier les fils du D.I.U. chaque mois après les règles.

The sage femme tells her to check the strings of the IUD every month after her period.

15. - La sage-femme lui donne une carte de rendez-vous pour la prochaine consultation.

The sage femme gives her an appointment card for the next visit.

16. - La femme a fini de voir ses règles - Elle se lave les mains pour vérifier - les fils.

The woman has had her period. She washes her hands to check the strings.

17. - La femme vérifie les fils chaque mois, elle doit nécessairement le sentir, sinon elle doit retourner voir la Sage-femme.

The woman checks the strings each month, she should feel them, if not, she must return to see the sage femme.

18. - La femme a quelques douleurs au ventre.

The woman has pains in her stomach.

19. - La Sage-femme lui donne quelques comprimés tout en la rassurant.

The sage femme gives her some tablets and reassures her.

20 - 21. - Puisqge les malaises sont passagers, la femme se sent maintenant en pleine forme.

Since the pains have gone, the woman feels healthy.

22. - 3 ans sont passés, les enfants ont grandi.

Three years have passed. The children have grown.

23. - Le couple est prêt à avoir un 4è enfant.

The couple wants to have a 4th child.

24. - La femme retourne au centre de P.F. pour retirer le D.I.U.
The woman returns to the FP center to have the IUD removed.

25. - La Sage-femme retire le D.I.U. en peu de temps.

The sage femme removes the IUD in a short time.

26. - La femme est enceinte - Elle est en bonne santé - La famille est heureuse.

The woman is pregnant. She is in good health. The family is happy.

27. - Elle donne les informations du D.I.U. à ses amies.
Elles vont au centre de P.F. pour consulter la Sage-femme.

She tells her friends about the IUD. They go to the FP center to see the sage femme.

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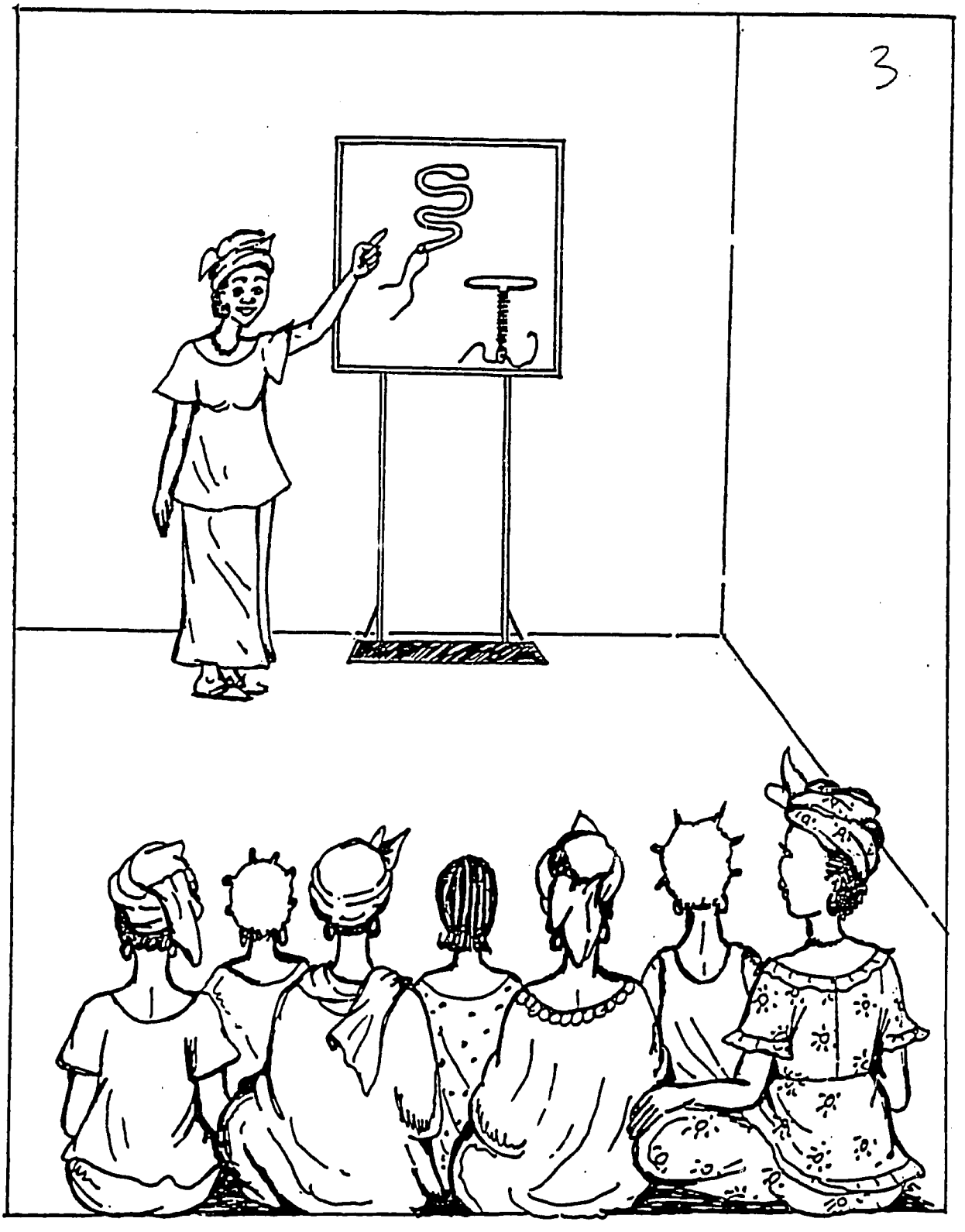
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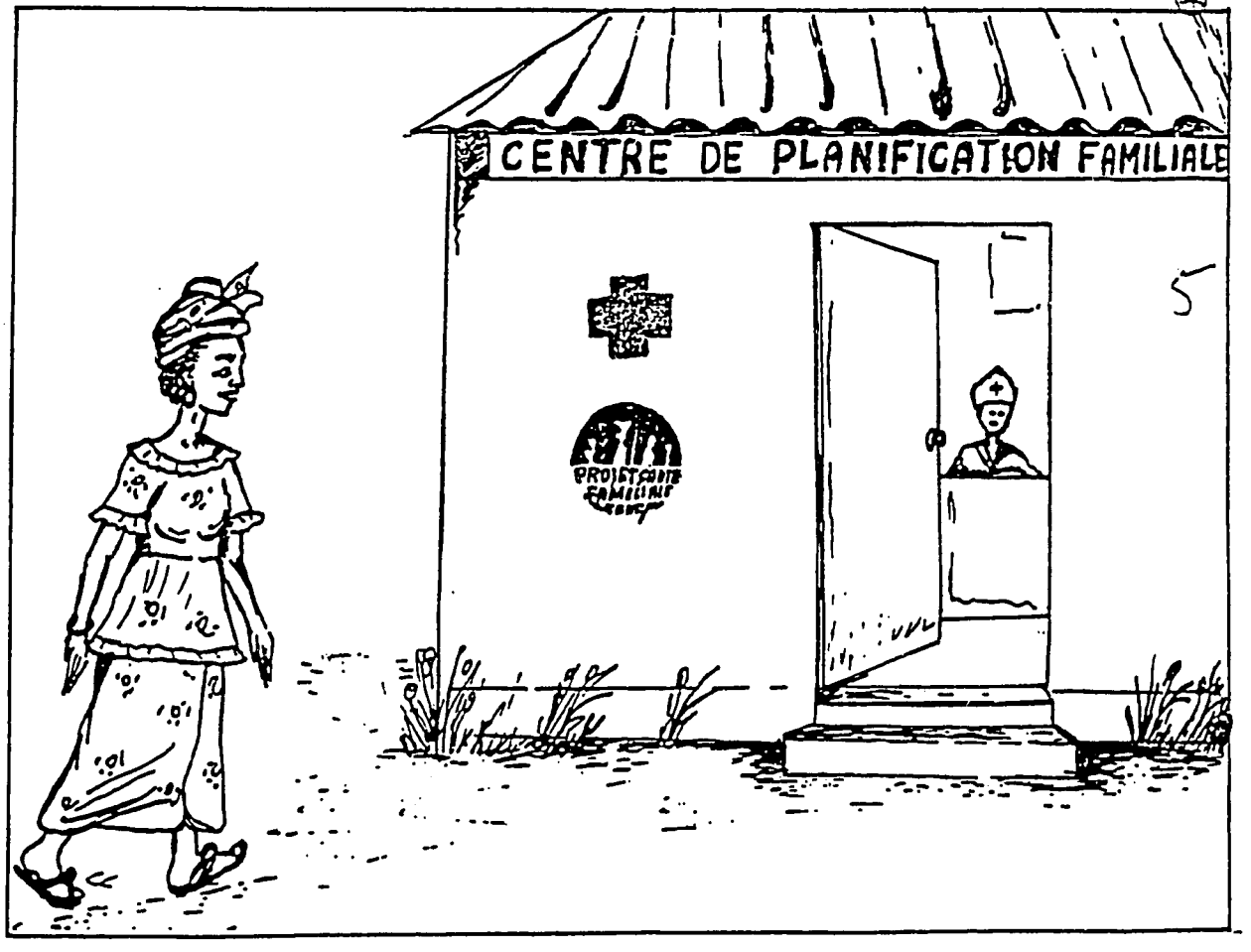
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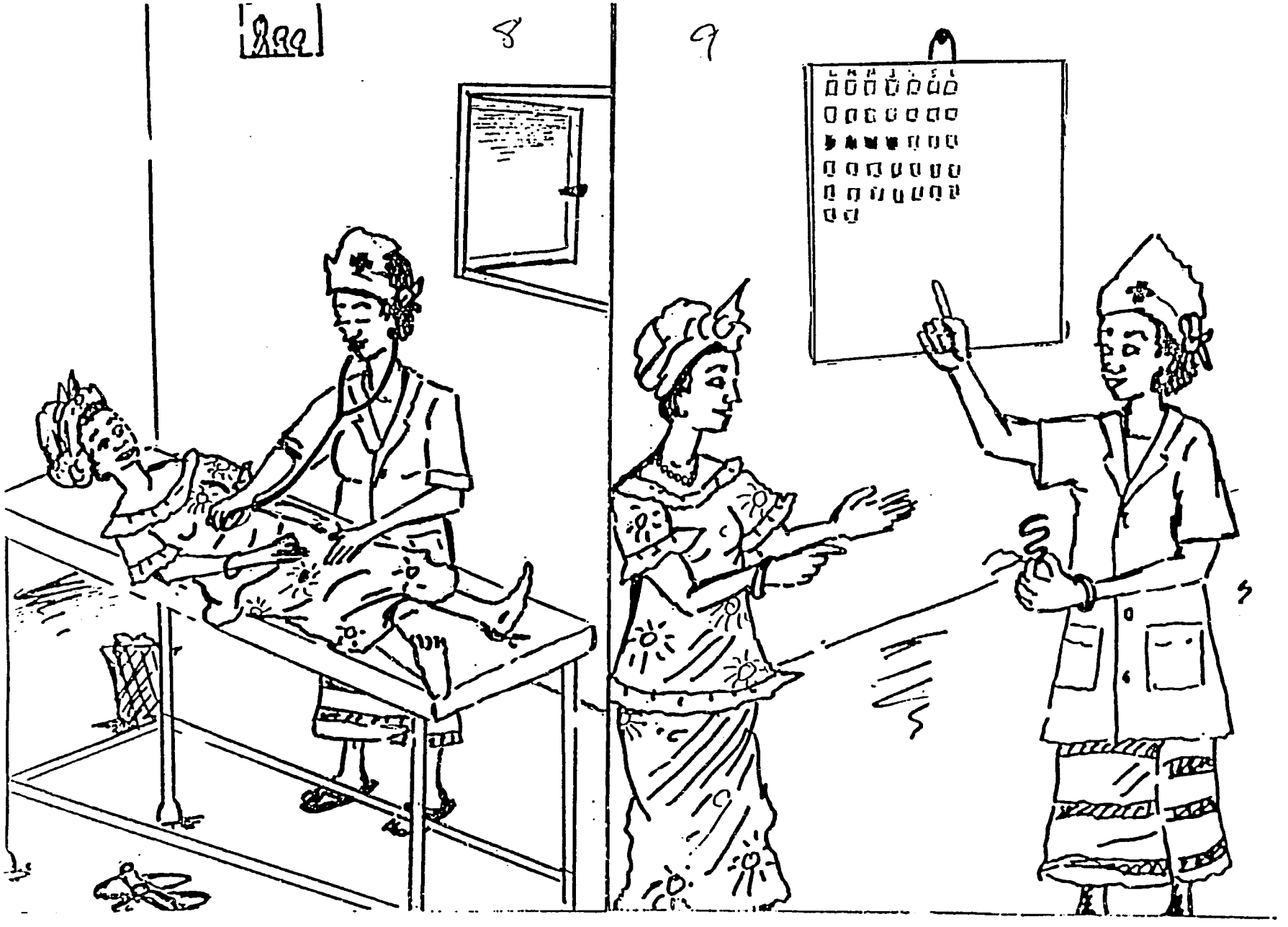
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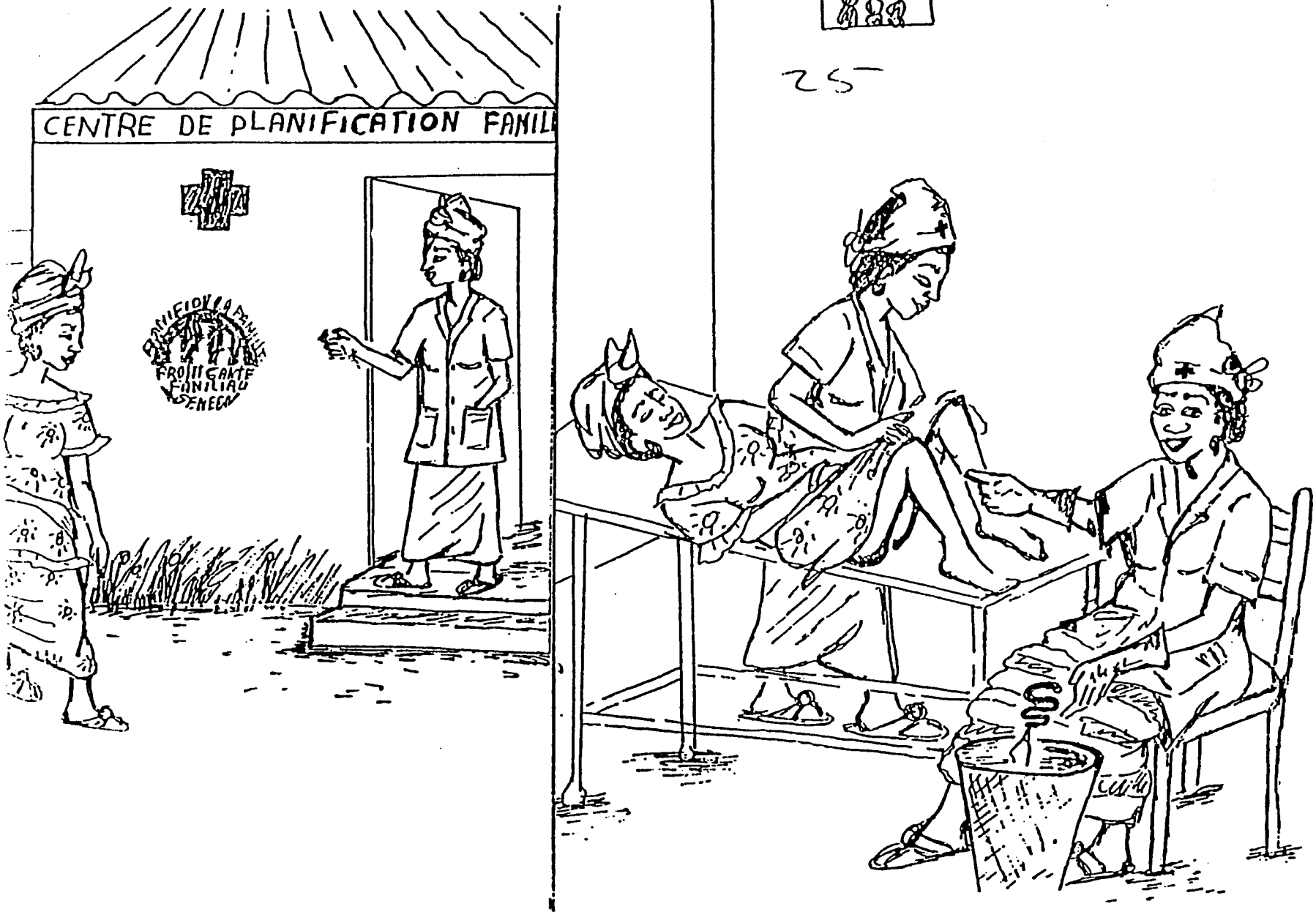
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CENTRE DE
PROJET SANTE
FAMILIALE
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APPENDIX E: CONDOM BOOKLET DRAFT

The text of the attached draft is final. The drawings are currently being redone by the pill booklet artist. They are scheduled for completion by the end of July, 1985.

E CONDOM

CONDOM BOOKLET TEXT

1. - Voilà une famille qui n'a pas espacé les naissances.

   Here is a family that has not spaced their children.

2. - Le mari assiste à une séance d'animation concernant le condom, c'est une bonne méthode d'espacement des naissances.

   The husband attends a class about the condom, it's a good method of birth spacing.

3. - Le mari explique la méthode et demande le consentement de sa femme.

   The husband explains the method to his wife and asks her consent.

4. - Le mari va au centre de P.F.

   The husband goes the the FP center.

5. - La Sage-femme donne des condoms au mari - Elle lui conseille que chaque condom n'est utilisé qu'une fois, pas plusieurs fois.

   The sage femme gives the condoms to the husband. She tells him that each condom should only be used once, not many times.

6. - Il montre les condoms à sa femme.

   He shows the condoms to his wife.

7. - Il garde les condoms hors de portée des enfants.

   He stores the condoms out of reach of children.

8. - Il porte le condom avant le rapport sexuel - En le posant sur le bout du sexe en erection et en le déroulant doucement.

   He puts the condom on before sexual intercourse. He puts at the end of his erect penis and carefully unrolls it.

9. - Le condom doit couvrir complètement le sexe de l'homme.

   The condom must completely cover his penis.

10. - Le mari et la femme ont/un rapport sexuel

The husband and wife are having sex.

11. - L'acte est terminé - le mari retire le condom en prenant soin de bien pôncer à la base pour éviter de laisser le condom dans le vagin de la femme.

The act is over. The husband takes the condom off, being careful to hold the base so that the condom does not come off in the woman's vagina.

12. - Il le jette dans la latrine, là où les enfants et les animaux ne pourront le trouver.

He throws it in the latrine where children and animals can't find it.

13. - Les enfants ont grandi - Le couple est prêt à avoir un 4è enfant.

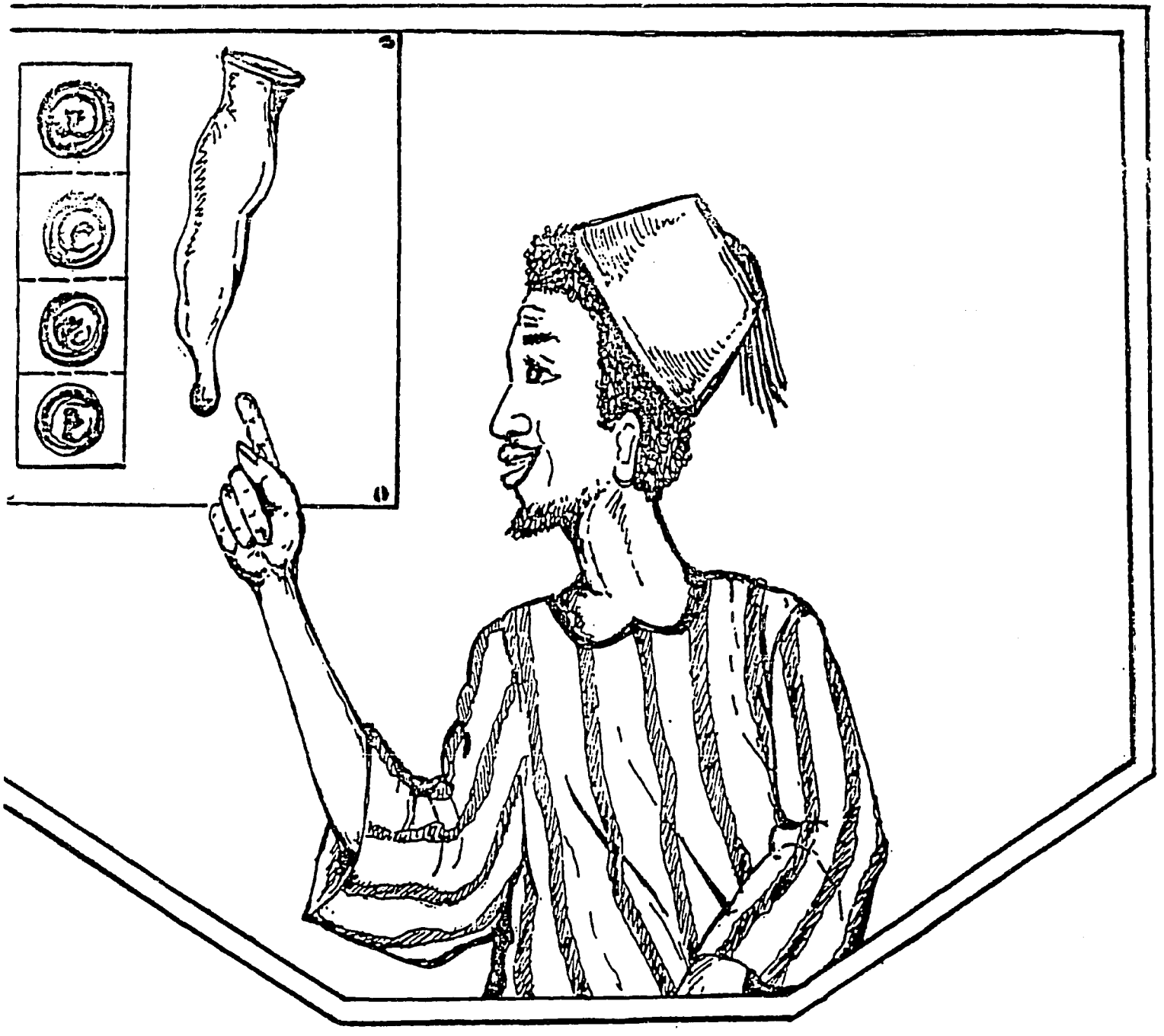
The children have grown. The couple wants a 4th child.

14. - Ils n'utilisent plus les condoms pendant le rapport sexuel.

They don't use condoms during sex.

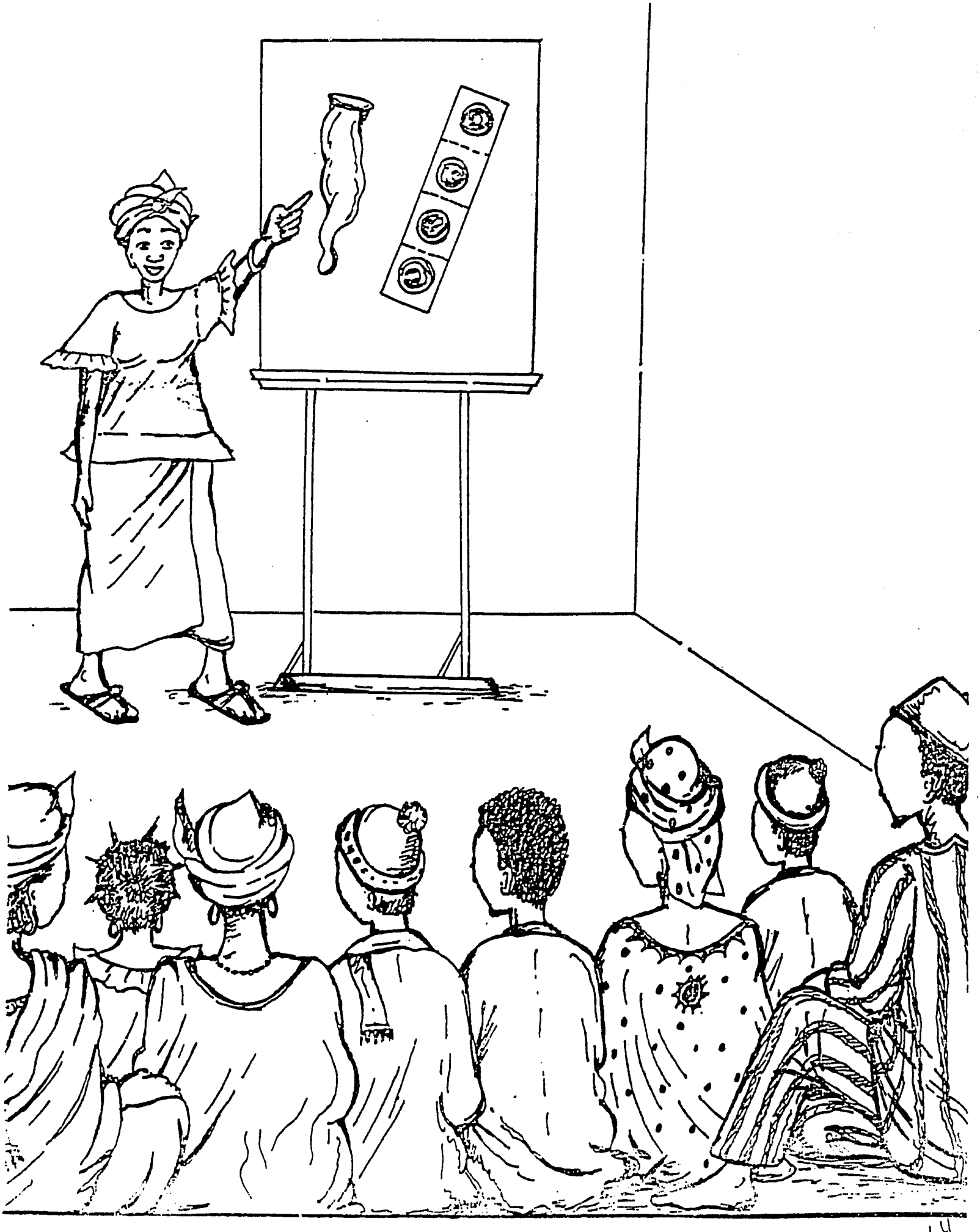
15. - La femme est de nouveau enceinte -
Elle est en bonne santé - La famille est heureuse.

The woman is pregnant. She is in good health. The family is happy.



reservatif masculin
(capote anglaise)

Spop



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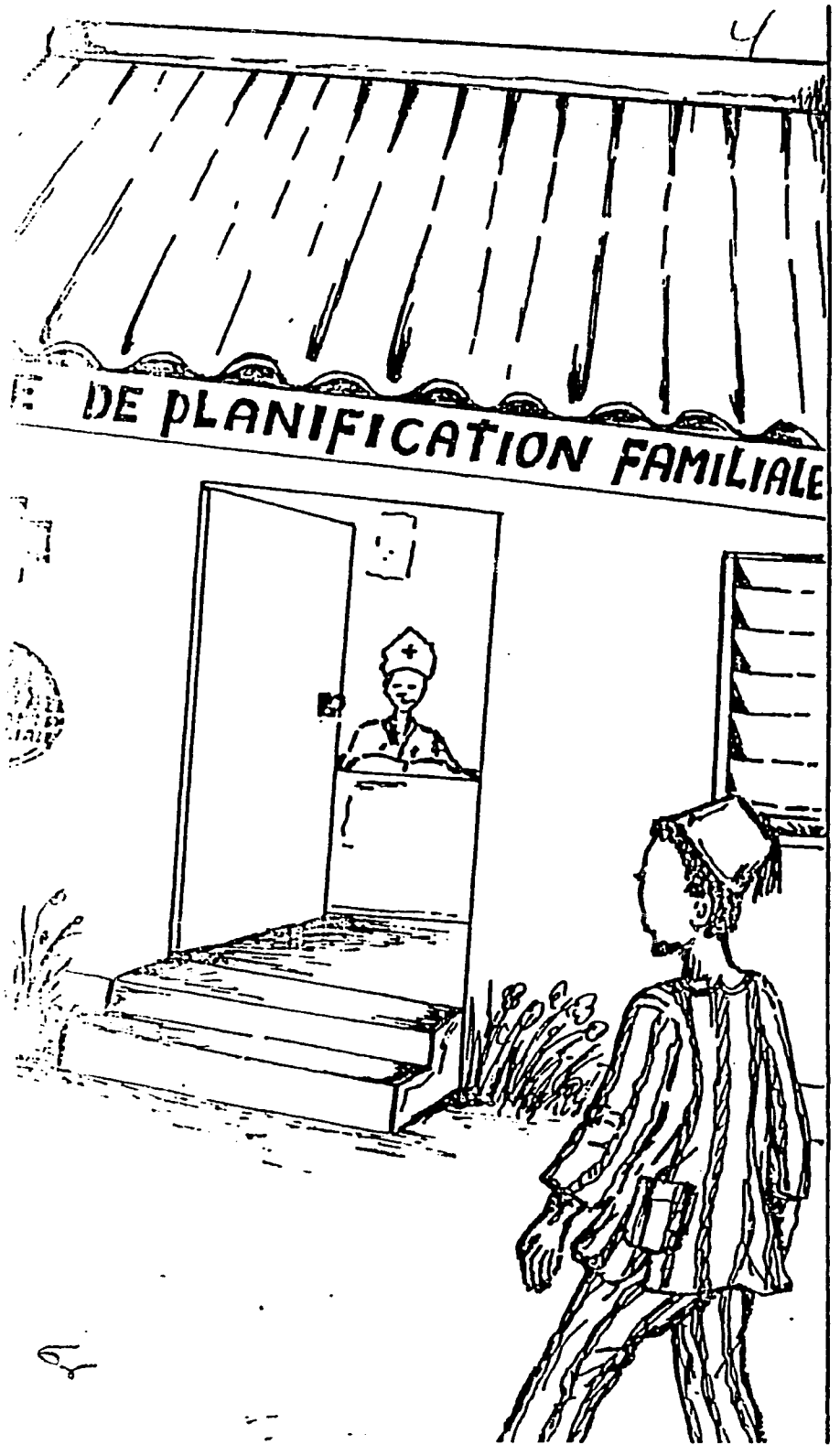
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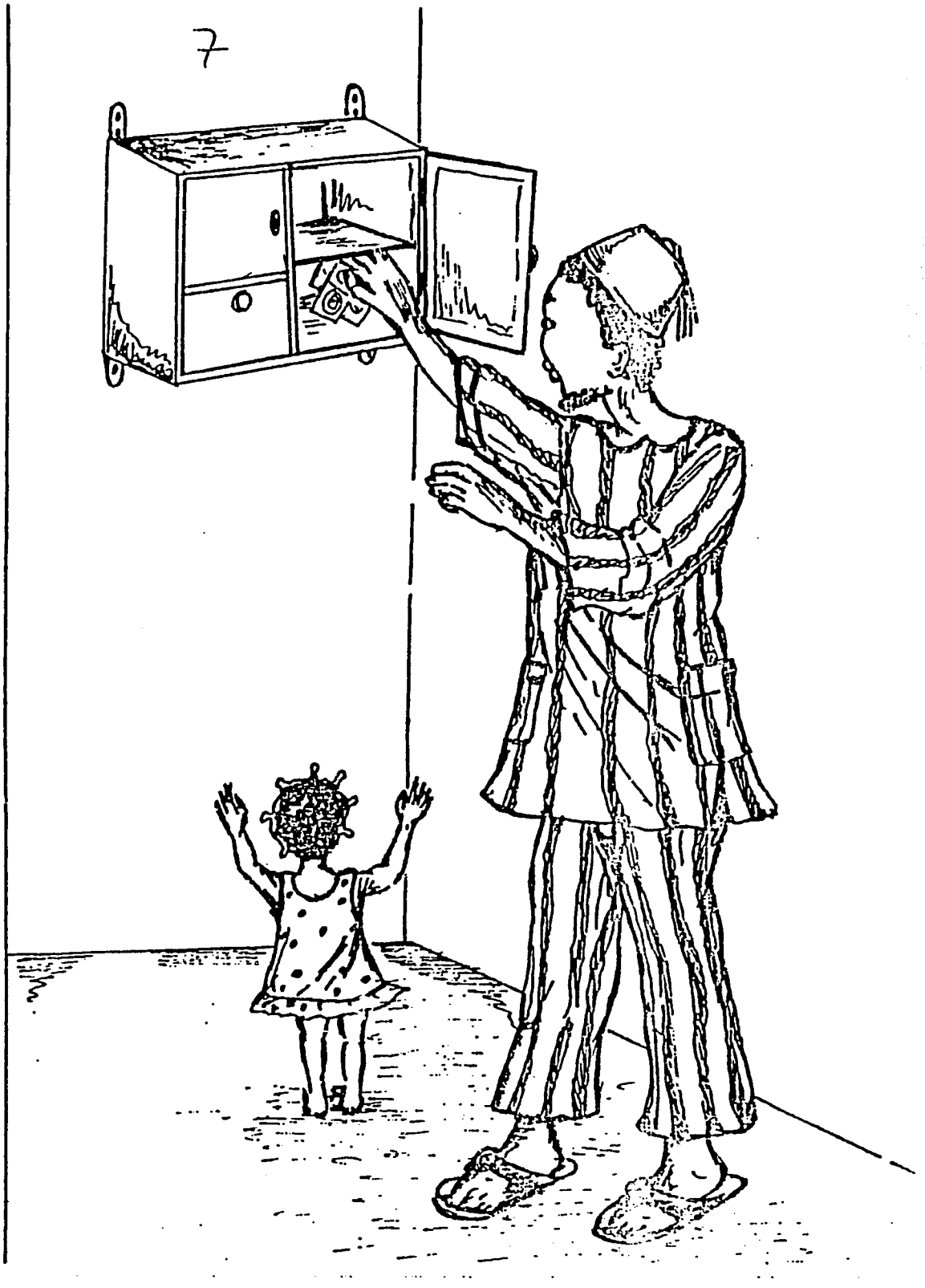
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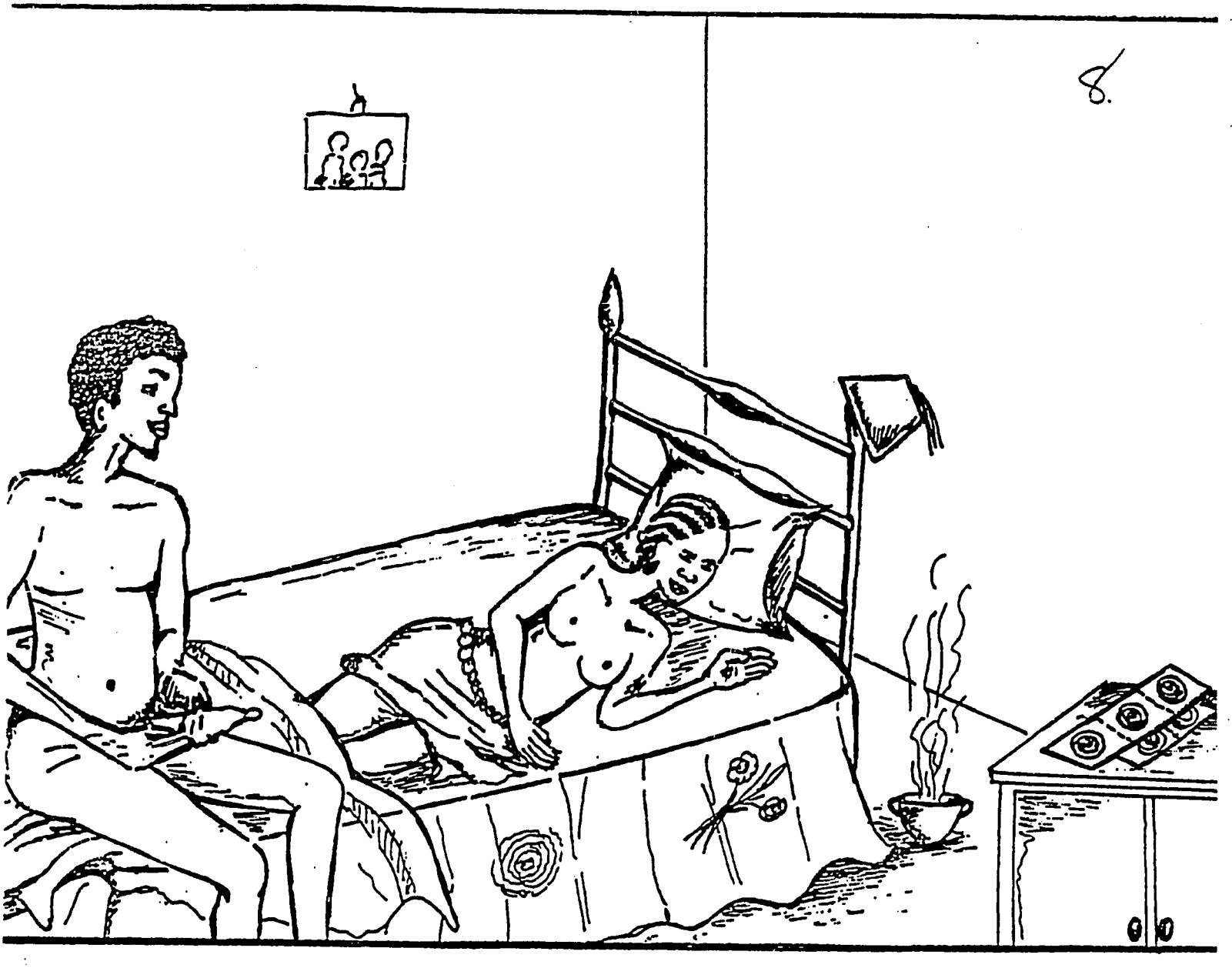
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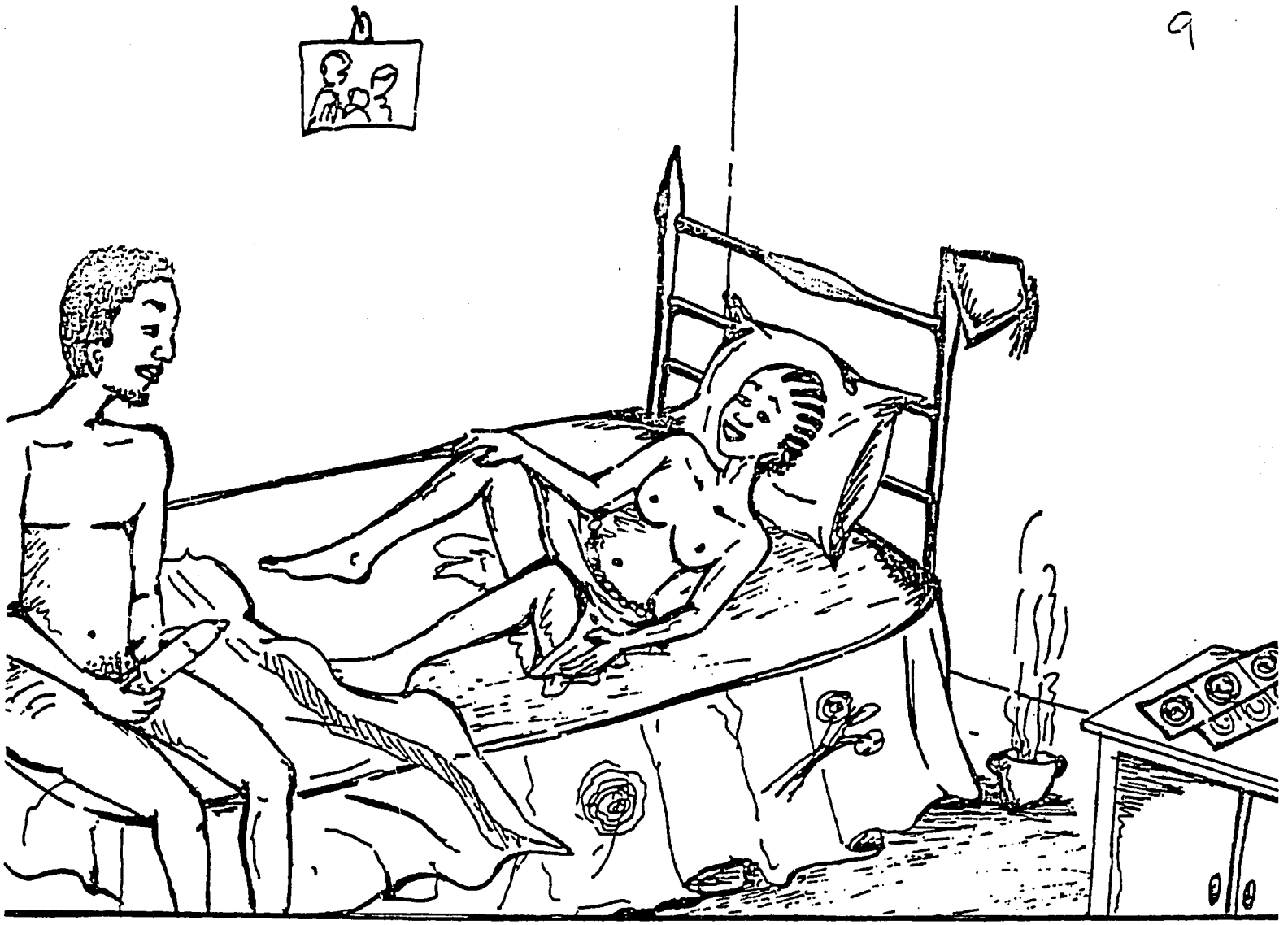

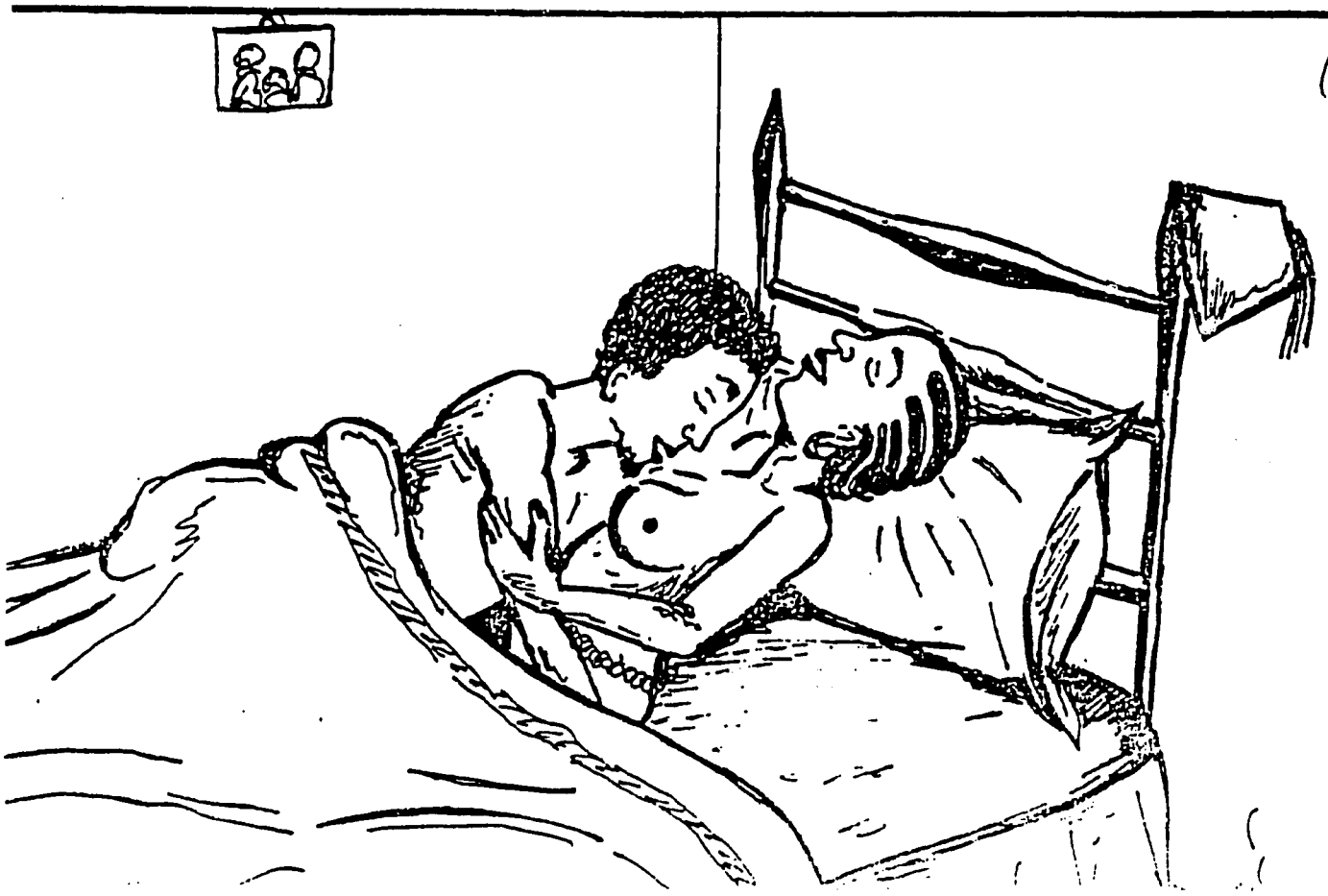

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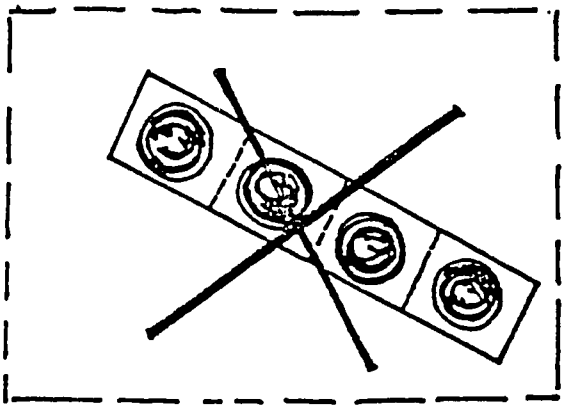

APPENDIX F: TRAINER AND TRAINEE MATERIALS

Training Curricula for Health Worker Trainers

- How to Train Health Workers to Use the Client Booklets on Health Care Topics or Family Planning Methods
- What Can You, the Trainer, Do to Make Sure That Your Trainees Understand How to Properly Use These Booklets?

Training Curricula for Health Workers

- Pill Booklet Handout
- IUD Booklet Handout
- Condom Booklet Handout

HOW TO TRAIN HEALTH WORKERS TO USE THE CLIENT BOOKLETS ON HEALTH CARE TOPICS OR FAMILY PLANNING METHODS

(This may be adapted for use with any support materials)

1. Why do health service providers (nurses, fieldworkers, etc.) need special pictorial materials to use when explaining a health practice or correct use of family planning methods to their clients?

These simple pictorial booklets on family planning methods and health topics will help couples or parents to:

* Understand what to expect when they use a specific method or practice;
* Remember how to use the method or practice correctly.
* Decide which family planning method or health practice is best for them and/or their children.

By using the booklets to explain a method or practice to clients, the service provider will be reinforcing with pictures the information being told to the client. The pictures can help to reassure the client that there is nothing frightening or threatening about the method or practice. Pictures may also encourage them to ask questions and remember important messages later.

2. How were these materials developed?

Each message and picture in these booklets has been carefully pretested with women and men who have had little or no schooling. This was done to ensure that every client who comes to learn about a family planning method or health practice will be able to understand the messages in these booklets. Some of the pictures have been revised and retested many times until it was certain that they were understandable. Only after the

pictures themselves were clear were words added. This is important because many of the people who receive these booklets will not be able to read.

3. How will use of these materials make the service provider's job easier?

* Holds the clients attention. Having these clear and simple materials to use as the service provider explains a family planning method or health practice to the client will help to hold the client's attention. In this way, the client will actually "see" the message and will be more likely to remember what she/he has been told.

* Provides consistent information. Going through the booklet, page by page, will remind the service provider what information needs to be transmitted. If the booklets are used consistently, all clients are likely to receive the same, correct information.

* Shows interest in the client. Give a copy of the booklet to each client to take home. The client may also share the booklet with family and friends and thus interest others in using a family planning method or a health practice. By actually giving the booklet to the client, or potential client, the service provider is conveying a message of caring. This is often important in determining how effectively a method or practice is accepted and used.

* Provides information for dealing with side effects related to the use of a family planning method or health practice. These booklets help inform clients about possible side effects. Studies have shown that clients provided with information on side effects are more likely to continue

a method or practice when they or their children experience those side effects than clients who have received no prior information. In addition, clients with information are more likely to manage simple problems on their own than to return to the health center.

WHAT CAN YOU, THE TRAINER, DO TO MAKE SURE THAT YOUR TRAINEES UNDERSTAND HOW TO PROPERLY USE THESE BOOKLETS?

1. Emphasize the importance of having health workers go over the booklets with clients. Make them aware that it is not enough to simply give the booklets to clients. Convince them that using the booklets will make their job easier. Have fun learning to use the booklets.

2. During training, go over each booklet and the handouts carefully with the trainees. This will insure that they understand all of the material.

3. After going over the materials, the trainer should demonstrate how to use the booklet, pretending to be a service provider explaining the messages to a prospective acceptor.

4. In addition, the trainer should organize role-playing situations for the trainees. The trainees can volunteer to act out the roles of client and service provider, and demonstrate to the group how the booklets should be used. After each demonstration, encourage the group to critique the role-players. This can also be done in several small groups so that everyone has a chance to practice. Before long, you will know when the group is ready to use the materials with their clients.

4. Distribute multiple copies of the booklets to all trainees to take back to their worksites. Be sure to explain how they can order more booklets and the importance of always keeping a sufficient supply on hand. It is important that the service providers clearly understand that these materials are for the client and that to work effectively, THEY MUST BE GIVEN TO THE CLIENT TO TAKE HOME.

5. If you are planning to do an evaluation of the booklets after several months, including talking to service providers about their experiences using the booklets, explain this to them before they go home. Be sure to keep records of all the trainees who are going to use the booklets so that you can find them later during the evaluation.

Comment former les agents de santé à l'utilisation des brochures sur les problèmes de santé ou les méthodes de planification familiale

(Ceci peit être adapté aux fins d'utilisation avec des documents d'appui).

Pourquoi les agents de santé (infirmières, agents sur le terrain etc) ont-ils besoin d'utiliser des dessins pour expliquer à leurs clients une pratique sanitaire ou se servir correctement des méthodes de planification familiale.

Ces brochures illustrées portant sur les méthodes de planification familiale et les problèmes de santé aideront les couples ou les parents dans les domaines suivants:

- Comprendre ce à quoi s'attendre lorsqu'ils utilisent une méthode ou une pratique donnée.

- Se souvenir de la manière d'utiliser correctement cette méthode ou cette pratique.

- Décider de la méthode de planification familiale ou de soins de santé le plus approprié pour eux et/ou leurs enfants.

con't

En utilisant ces brochures pour expliquer aux clients une méthode ou une pratique, l'agent de santé renforcera avec des images l'information donnée à la cliente. Les images peuvent contribuer à rassurer la cliente qu'il n'y a rien d'effrayant ou de risqué avec cette méthode ou pratique. Les images peuvent également les encourager à poser des questions et à se souvenir plus tard des messages importants.

Comment ces documents ont-ils été élaborés

Chaque message et image de ces brochures a été soigneusement testé au préalable auprès de femmes et d'hommes peu alphabétisés ou bien analphabètes. On a procédé ainsi pour veiller à ce que le client venant apprendre une méthode de planification familiale ou une pratique sanitaire puisse comprendre les messages contenus dans ces brochures. Certaines de ces brochures ont été révisées et testées à nouveau plusieurs fois jusqu'à ce qu'il soit certain qu'elles étaient tout-à-fait compréhensibles. C'est seulement lorsque les images sont devenues claires que les textes ont été ajoutés. Il s'agit là d'un fait important étant donné que la plupart des destinataires de ces brochures ne savent pas lire.

3. Comment l'utilisation de ces documents facilitera-t-elle le travail de ces agents de santé?

Fixer l'attention du client: L'exploitation de ces documents simples et clairs, à mesure que l'agent de santé explique la méthode de planification familiale ou la pratique sanitaire au client, aidera à fixer son attention. Ainsi, le client percevra effectivement le message et pourra probablement mieux se souvenir de ce qu'on lui dit.

Fournir l'information nécessaire: Le fait de parcourir cette brochure page par page rappellera à l'agent de santé l'information à fournir. Si les brochures sont bien exploitées, tous les clients recevront normalement la même information correcte.

Montrer l'intérêt du client: Donner au client un exemplaire à employer. Le client peut également prêter l'ouvrage aux membres de sa famille et à ses amis et, partant, intéresser les autres à l'utilisation de la planification familiale ou de pratique sanitaire. En offrant la brochure au client effectif ou potentiel, l'agent de santé confie une mission à cette personne. Cela est souvent important pour déterminer dans quelle mesure une méthode ou une pratique est effectivement acceptée et utilisée.

Fournir l'information nécessaire à la solution des effets secondaires consécutifs à l'utilisation d'une méthode de planification familiale ou de pratique sanitaire.: Il ressort des études effectuées que les clients disposant des informations nécessaires sur les effets secondaires sont plus susceptibles de poursuivre la méthode ou la pratique lorsqu'eux-mêmes ou leurs enfants connaissent ces effets secondaires que les clients n'ayant pas reçu au préalable ces informations. En outre, les clients disposant de ces informations pourront mieux régler les petits problèmes eux-mêmes plutôt que d'aller au centre de santé.

Que pouvez-vous faire, vous formateur, pour être sûr que vos stagiaires savent bien exploiter ces documents?

1. Insister sur l'importance qu'il y a pour les agents de santé à parcourir avec les clients les brochures. Leur faire comprendre qu'il ne suffit pas seulement d'offrir aux clients les brochures. Les convaincre que l'utilisation des brochures leur facilite la tâche. Leur apprendre à exploiter ces brochures dans une atmosphère détendue.

2. Au cours de la formation, parcourir avec les stagiaires attentivement chaque brochure et documents. Ceci permettra de s'assurer qu'ils comprennent tout le document.

3. Après avoir parcouru les documents, le formateur montrera comment utiliser la brochure en se présentant comme un agent de santé expliquant à un accepteur éventuel le message contenu dan les brochures.

4. En outre, le formateur devra jouer pour les stagiaires des sketches de psychodrame. Les stagiaires peuvent jouer le rôle de client et d'agent de santé en vue de montrer au groupe comment utiliser les brochures. Après chaque pièce, encourager le groupe à critiquer les acteurs. Ce jeu peut également se faire au niveau de plusieurs petits groupes pour donner à chacun la chance de jouer. Vous vous rendrez bientôt compte du moment où le groupe est fin prêt pour utiliser le matériel avec des clients.

5. Distribuer aux stagiaires divers exemplaires des brochures pour qu'ils les ramènent à leur poste de travail. Leur expliquer comment obtenir d'autres ouvrages et l'importance qu'il y a à disposer en permanence d'un stock. Il faut que les agents de santé comprennent bien que ces documents sont pour les clients et que pour leur efficacité, ils doivent être offerts aux clients.

6. Si vous envisagez de procéder à une évaluation des brochures après plusieurs mois, notamment des entretiens avec les agents de santé sur leur expérience en ce qui concerne l'utilisation des brochures, expliquez-leur ceci avant qu'ils ne rentrent. Garder trace de tous les stagiaires qui utiliseront ces brochures pour les retrouver plus tard lors de l'évaluation.

PILL BOOKLET

Important Information for Sage Femmes and Animatrices

Projet Sante Familiale

1. Why was this booklet prepared?

This simple booklet on the Pill will help couples (and especially women) to use the method properly. The Pill is a very effective method (about 98 percent effective). However, if the Pill is not used properly, it is not very effective in preventing pregnancy. This can give the Pill a bad reputation, for people may say that even though a woman used the Pill for child spacing, she became pregnant.

It is important for you to tell your clients that the Pill, properly used every day, offers excellent protection against an unwanted pregnancy.

2. How was this booklet developed?

Every message and picture in this booklet has been carefully pretested with Senegalese who have little or no schooling and who live in rural and peri-urban areas. Some of the pictures were revised and retested several times before a high level of comprehension was reached. Words were added after it was clear that the pictures, by themselves, were well understood.

3. How should you use the Pill booklet?

The booklet can help make your job easier. You can use the booklet to help explain about the Pill. If your client understands how to use the Pill, she will probably be happier with it.

* GO THROUGH EACH PAGE OF THE BOOKLET WITH THE CLIENT.

This will allow you to "show and tell" about the method and allow the client to ask questions about anything she does not understand.

* BE SURE THE CLIENT LOOKS CAREFULLY AT EACH PICTURE.

The pictures will help clients to understand what you are telling them. Point to the picture, not at the text, when you explain each page. Even clients who cannot read will be able to understand the pictures.

* OBSERVE THE CLIENT TO SEE IF SHE LOOKS PUZZLED OR WORRIED.

Encourage her to ask questions or talk about her concerns. Ask the client to summarize the messages to show that she understands them. Discussion with the client helps build trust and a good relationship. If the client trusts you, she is more likely to trust the method too.

* GIVE THE BOOKLET TO THE CLIENT TO TAKE HOME.

Give her the booklet, even if she has not decided whether to use the method. Encourage her to show the booklet to her friends.

4. Important Information About the Pill.

* The pill must be taken every day.

* Some women experience minor side effects which are normal and no cause for alarm. These include:

* Less bleeding than usual, cramping, and/or spotting between periods.
* Nausea
* Weight gain
* Tender breasts
* Mild headaches
* Mood changes

These symptoms usually pass after the first couple of months of pill use.

* Every woman taking the pill should be aware of the following danger signs:

Severe:

* Headaches
* Eye problems (blurred vision or loss of sight)
* Leg pain (calf or thigh)
* Pain in the chest or abdomen (or unusual shortness of breath)

(NOTE TO TRANSLATOR: the first letters of these danger signs spell HELP in English, please try to work out a similar memory aid in your French translation).

The acronym may help you and your client to remember the danger signs.

If a woman has any of these symptoms, SHE SHOULD RETURN TO THE CLINIC IMMEDIATELY!

A woman may miss a period even when taking the pill every day. However, if she misses two periods, she should return to the clinic for an examination.

It is advisable for the couple to use an additional contraceptive ethod (such as the condom or foam) during the first month of using the pill.

If the couple wants to have a child, the woman should stop taking the pill after completing the entire packet.

The ability to become pregnant is not permanently affected by the pill although the time needed to conceive will vary among women.

5. Advantages of the Pill.

* It is safe for most women.

* It is very effective if used properly.

* It is convenient; there is nothing that the couple must do just before intercourse.

6. You should make sure that each client knows:

* The pill danger signs: H E L P

* What to do if she misses one pill: take the forgotten pill as soon as she remembers.

* What to do if she misses two pills: use another contraceptive method (condom, foam, diaphragm) until her next period. Begin a new packet of pills on the fifth day of her period.

BROCHURE SUR LA PILLULE

Informations importantes à l'intention des Sages-femmes et animatrices du Projet Santé familiale.

1. Pourquoi cette brochure

Cette petite brochure permettra aux couples (notamment les femmes) d'utiliser correctement la pillule qui est efficace à 98%. Toutefois si elle n'est pas utilisée correctement elle ne peut pas empêcher une grossesse et cela peut constituer une mauvaise publicité pour la pillule car les gens diront que l'utilisation de la pillule à des fins d'espacement de naissance n'a pas pu éviter une grossesse à une femme.

Il est important de dire à vos clientes que la pillule utilisée correctement chaque jour offre une bonne protection contre les grossesses non désirées.

2. Comment cette brochure a-t-elle été élaborée?

Les messages et les images de la présente brochure ont été soigneusement prétestés auprès de Sénégalaises ayant été à l'école pendant quelque temps ou analphabètes et vivant en zone rurale ou péri-urbaine. Certaines de ces images ont été révisées et testées à nouveau plusieurs fois jusqu'à ce qu'elles soient bien comprises. Lorsqu'il est devenu évident que les images ont été bien comprises, les textes ont été ajoutés.

3. Comment utiliser cette brochure?

La présente brochure peut vous faciliter la tâche. Vous pouvez utiliser cette brochure pour donner des explications sur la pillule. Si votre cliente sait utiliser la pillule, elle en sera probablement d'autant plus heureuse.

*PARCOUREZ AVEC VOTRE CLIENTE TOUTES LES PAGES DE LA BROCHURE

Cette méthode vous permettra de bien présenter la méthode et elle permettra également à votre cliente de poser des questions sur les parties qu'elle ne comprend pas.

*ASSUREZ-VOUS QUE VOTRE CLIENTE REGARDE ATTENTIVEMENT CHAQUE IMAGE

Les images permettent à vos clientes de comprendre ce que vous leur expliquez. Montrez-leur l'image, et non le texte, en expliquant chaque page. Même les clientes ne sachant pas lire seront en mesure de comprendre les images.

OBSERVEZ LA CLIENTE POUR VOIR SI ELLE SEMBLE TROUBLEE OU INQUIETE

Encouragez-la à poser des questions ou à livrer ses inquiètudes. La discussion avec la cliente contribue à la création d'une atmosphère de confiance et de bonnes relations. Si la cliente a confiance en vous, elle est plus encline à avoir confiance en cette méthode aussi.

OFFREZ A LA CLIENTE LA BROCHURE

Donnez-lui la brochure, même si elle ne s'est pas encore décidée à utiliser cette méthode. Encouragez-la à montrer à ces amies la brochure.

4. Informations importantes sur la pillule

* La pillule doit être prise régulièrement chaque jour

* Chez certaines femmes, il y a des effets secondaires mineurs et sans gravité, notamment:

  - saignement moins important que d'habitude, crampes et/ou saignotements entre les règles.

  - nausée
  - gain de poids
  - douleur au niveau des seins
  - maux de tête bénins
  - sautes d'humeur

En général, ces symptômes disparaissent après les deux premiers mois d'utilisation de la pillule.

* Toute femme prenant la pillule doit connaître les signes de danger suivants:

  - maux de tête violents
  - troubles oculaires (vision floue)
  - douleurs aux jambes (mollets, cuisses)
  - douleurs à la poitrine ou à l'abdomen (ou essouflement inhabituel)

L'acronyme MATDOUB peut vous aider vous-même et votre client à vous rappeler ces signes de danger.

Si une femme éprouve l'un de ces symptômes, elle doit se rendre immédiatement à la clinique.

Il peut arriver qu'une femme ait des retards en prenant chaque jour la pillule. Toutefois si le retard dépasse deux mois, elle doit se rendre à la clinique pour une visite.

Il est souhaitable pour le couple d'utiliser une autre méthode de contraception (comme le condom ou la mousse) au cours du premier mois d'utilisation de la pillule.

Si le couple souhaite avoir un enfant, la femme devra cesser de prendre la pillule après épuisement de toute la boîte. La capacité de concevoir n'est pas affectée de façon permanente par la pillule, seulement le temps nécessaire à la conception peut varier d'une femme à une autre.

5. Avantages de la pillule

- Elle est sûre pour la plupart des femmes.
- Elle est très efficace si elle est correctement utilisée.
- Elle est pratique; aucune préparation n'est nécessaire pour le couple avant l'acte.

6. Assurez-vous que la cliente est avertie de ce qui suit:

- Les signes de danger: MATDOUB
- Que faire si l'on oublie de prendre cette pillule dès qu'on s'en rend compte.
- Que faire si l'on oublie de prendre deux fois la pillule: utiliser une autre méthode de contraception (condom, mousse, diaphragme) jusqu'aux prochaines règles. Commencer une nouvelle tablette cinq jours après le début des règles.

IUD BOOKLET

Important Information for Sage Femmes and Animatrices

Projet Sante Familiale

1. Why was this booklet prepared?

This simple booklet on the IUD was prepared to help women use the method properly. The IUD has proven to be very effective in preventing pregnancy (90 to 96 percent effective). There are, however, some important points for the client to understand about the IUD.

2. How was this booklet developed?

Every message and picture in this booklet has been carefully pretested with Senegalese who have little or no schooling and who live in rural and peri-urban areas. Some of the pictures were revised and retested several times before a high level of comprehension was reached. Words were added after it was clear that the pictures, by themselves, were well understood.

3. How should you use the IUD booklet?

The booklet can help make your job easier. You can use the booklet to help explain about the IUD. If your client understands the IUD, she will probably be happier with it.

* GO THROUGH EACH PAGE OF THE BOOKLET WITH THE CLIENT.

This will allow you to "show and tell" about the method and allow the client to ask questions about anything she does not understand.

* BE SURE THE CLIENT LOOKS CAREFULLY AT EACH PICTURE.

The pictures will help clients to understand what you are telling them. Point to the picture, not at the text, when you explain each page. Even clients who cannot read will be able to understand the pictures.

* OBSERVE THE CLIENT TO SEE IF SHE LOOKS PUZZLED OR WORRIED.

Encourage her to ask questions or talk about her concerns. Ask the client to summarize the messages to show that she understands them. Discussion with the client helps build trust and a good relationship. If the client trusts you, she is more likely to trust the method too.

* GIVE THE BOOKLET TO THE CLIENT TO TAKE HOME.

Give her the booklet, even if she has not decided whether to use the method. Encourage her to show the booklet to her friends.

4. Important Information About the IUD.

* During the first three months of IUD use, some women experience cramping, lower back pain, spotting between periods, and heavier menstrual bleeding. Unless severe, these problems are normal and can be relieved at home without returning to the clinic.

* Every woman using the IUD should be aware of the following danger signs:

* Foul or noticeable vaginal discharge
* Abdominal, leg, back, or pelvic pain
* Bleeding, clots, spotting, heavier periods
* Late or missed period
* Elevated or low temperature

(NOTE TO TRANSLATOR: the first letters of these danger signs spell FABLE in English, please try to work out a similar memory aid in your French translation).

The acronym FABLE may help you and your client to remember the danger signs.

If a woman has any of these symptoms, SHE SHOULD RETURN TO THE CLINIC IMMEDIATELY!

* It is advisable for the couple to use an additional method (such as the condom, pill, foam, or diaphragm) for the first three months after IUD insertion.

* The IUD may remain in place for the following lengths of time: Copper 7 and T: three years. Lippes Loop (coil): any length of time as long as there are no problems.

* The client should return to the clinic for a check up two to three months after insertion.

* The client should be advised to check the IUD strings every month after her period. If she cannot find the strings, she should return to the clinic immediately.

* If the client misses two periods in a row, she should return to the clinic.

* If the couple wants another child, the IUD may be removed at the clinic. The client should never try to remove the IUD herself.

5. Advantages of the IUD.

* It is a very effective method, recommended for women with at least one child.
* It is convenient, there is nothing that the couple must do just before intercourse.
* Most side effects only last for the first three months.
* It is a good method to use while breastfeeding.

6. <u>You should make sure that each client knows:</u>

* The IUD danger signs: F A B L E

* That there is an increased chance of pelvic inflammatory disease (PID) and ectopic pregnancy with IUD use.

* Where to go to have an IUD inserted and in case of emergency.

BROCHURE SUR LE STERILET

Informations importantes à l'intention des Sages-femmes et des Animatrices du Projet Santé familiale

1. Pourquoi cette brochure

Cette petite brochure sur le stérilet permettra aux femmes d'utiliser correctement cette méthode qui s'est avérée efficace dans la prévention de la grossesse dans un pourcentage allant de 90 à 96%. Il y a toutefois des points importants sur le stérilet que la cliente doit comprendre.

2. Comment cette brochure a-t-elle été élaborée

Les images et les messages de la présente brochure ont été soigneusement prétestés auprès de Sénégalaises ayant été à l'école pendant quelque temps ou analphabètes et vivant en zone rurale ou péri-urbaine. Certaines de ces images ont été révisées et testées à nouveau plusieurs fois jusqu'à ce qu'elles soient bien comprises. Lorsqu'il est devenu évident que les images ont été bien comprises, les textes ont été ajoutés.

3. Comment utiliser cette brochure

La présente brochure peut vous faciliter la tâche. Vous pouvez utiliser cette brochure pour fournir des explications nécessaires sur la pillule. Si votre cliente comprend ce système, elle en sera probablement d'autant plus heureuse.

PARCOUREZ AVEC VOTRE CLIENTE TOUTES LES PAGES DE LA BROCHURE

Cette procédure vous permettra de bien présenter la méthode et elle permettra également à votre cliente de poser des questions sur les parties qu'elle ne comprend pas.

ASSUREZ-VOUS QUE VOTRE CLIENTE REGARDE ATTENTIVEMENT CHAQUE IMAGE.

Les images permettront à vos clientes de comprendre ce que vous leur expliquez. Montrez l'image, et non le texte, en expliquant chaque page. Même les clientes ne sachant pas lire seront en mesure de comprendre les images.

OBSERVEZ LA CLIENTE POUR VOIR SI ELLE SEMBLE TROUBLEE OU INQUIETE.

Encouragez-la à poser des questions ou à livrer ses inquiètudes. La discussion avec la cliente contribue à la création d'une atmosphère de confiance et de bonnes relations. Si la cliente a confiance en vous, elle est, plus encline à avoir confiance en cette méthode aussi.

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OFFREZ A LA CLIENTE LA BROCHURE

Donnez-lui la brochure, même si elle ne s'est pas encore décidée à utiliser cette méthode. Encouragez-la à montrer à ses amies la brochure.

4. Informations importantes concernant le stérilet

Au cours des trois premiers mois de la pose du stérilet, il y a chez certaines femmes des crampes, des douleurs à la partie inférieure du dos, des saignotements entre les règles et des menstrues, plus abondantes. Si ces maux restent bénins, il s'agit d'une situation normale pouvant être soignée sans aller à la clinique.

Toute femme ayant un stérilet doit connaître les signes de danger suivants:

- Pertes blanches malodorantes et abondantes;
- Douleurs à l'abdomen, aux jambes, au dos, au bas ventre;
- Saignement, caillot, saignotements, menstrues abondantes;
- Retard dans les règles
- Température élevée ou faible.

L'acronyme PEDOSARET peut vous aider vous-même et votre client à vous rappeler les signes de danger.

Si une femme présente l'un de ces symptômes, elle doit se rendre immédiatement à la clinique.

- Il est souhaitable pour le couple d'utiliser une autre méthode (comme le condom, la pillule, la mousse ou le diaphragme) au cours des trois mois suivant la pose du stérilet.

- Le stérilet peut rester en place pour le Copper 7 et T pendant 3 ans, pour le Lippes Loop (spirale): tant qu'il n'y a pas de problème.

- La cliente devra retourner à la clinique pour une visite deux ou trois mois après la pose du stérilet.

- Il faudra conseiller à la cliente de vérifier les fils du stérilet chaque mois après ses règles. Si elle n'arrive pas à localiser les fils du stérilet, elle devra se rendre tout de suite à la clinique.

- Si la cliente connaît un retard de deux mois consécutifs, elle doit se rendre à la clinique.

- Si le couple souhaite avoir un autre enfant, le stérilet pourra être enlevé à la clinique. La cliente ne devra jamais essayer d'enlever elle-même le stérilet.

5. Avantages du stérilet

- Il s'agit d'une méthode très efficace recommandée pour les femmes ayant au moins un enfant.

- Il est pratique et ne nécessite pour les couples aucune préparation avant le rapport.

- La plupart des effets secondaires ne durent que pendant les trois premiers mois.

- C'est une méthode à utiliser pendant la période d'allaitement.

ASSUREZ-VOUS QUE VOTRE CLIENTE N'IGNORE PAS CE QUI SUIT:

- Les signes caractéristiques de danger avec cette méthode.

- Il y a avec le stérilet de plus grands signes de pelvipéritonite et de grossesse extra-utérine.

- Où aller pour la pose d'un stérilet et en cas d'urgence.

CONDOM BOOKLET

Important Information for Sage Femmes and Animatrices

Projet Sante Familiale

1. Why was this booklet prepared?

This simple booklet on the Condom will help couples (and especially men) to use the method properly. The Condom, when used properly, is between 90 and 97 percent effective. However, if the Condom is not used properly, it is not very effective in preventing pregnancy. This can give the Condom a bad reputation, for people may say that even though a couple used the Condom for child spacing, the woman became pregnant.

2. How was this booklet developed?

Every message and picture in this booklet has been carefully pretested with Senegalese who have little or no schooling and who live in rural and peri-urban areas. Some of the pictures were revised and retested several times before a high level of comprehension was reached. Words were added after it was clear that the pictures, by themselves, were well understood.

3. How should you use the Condom booklet?

The booklet can help make your job easier. You can use the booklet to help explain about the Condom. If your clients understand how to use a Condom correctly, they will probably be happier with it.

* GO THROUGH EACH PAGE OF THE BOOKLET WITH THE CLIENT.

This will allow you to "show and tell" about the method and allow the client to ask questions about anything she does not understand.

* BE SURE THE CLIENT LOOKS CAREFULLY AT EACH PICTURE.

The pictures will help clients to understand what you are telling them. Point to the picture, not at the text, when you explain each page. Even clients who cannot read will be able to understand the pictures.

* OBSERVE THE CLIENT TO SEE IF SHE LOOKS PUZZLED OR WORRIED.

Encourage her to ask questions or talk about her concerns. Ask the client to summarize the messages to show that she understands them. Discussion with the client helps build trust and a good relationship. If the client trusts you, she is more likely to trust the method too.

* GIVE THE BOOKLET TO THE CLIENT TO TAKE HOME.

Give her the booklet, even if she has not decided whether to use the method. Encourage her to show the booklet to her friends.

4. Important Information About the Condom.

* A new condom must be used every time the couple has sex.

* The man should not fill the condom with water or check it for holes. This was done at the factory before the condom was put in the package.

* After intercourse, the man must be careful not to spill any semen from the condom into the woman's vagina.

* Condoms should not be kept in sumlight or in a hot place. They should not be carried in a pocket for a long time.

* No petroleum lubricants should ever be put on a condom as this might destroy it.

5. Advantages of the Condom.

* There are no side effects with the condom.

* Using a condom helps prevent sexually transmitted diseases.

* Condoms are inexpensive or free.

* They are small and easy to carry.

6. You should make sure that each client knows:

* How to use the condom properly.

* Where to get condoms.

BROCHURE SUR LE CONDOM

Informations importantes à l'intention des Sages-femmes et des Animatrices du Projet Santé familiale.

1. Pour quelles raisons cette brochure a-t-elle été élaborée?

Cette petite brochure permettra aux couples (notamment les hommes) d'utiliser correctement le condom qui est efficace de 90 à 97%. Toutefois, s'il n'est pas utilisé correctement il ne peut pas empêcher une grossesse et cela peut constituer une mauvaise publicité pour le condom car les gens diront que l'utilisation du condom à des fins d'espacement des naissances n'a pas pu éviter une grossesse à une femme.

2. Comment cette brochure a-t-elle été élaborée?

Les messages et les images de la présente brochure ont été soigneusement prétestés au niveau de Sénégalais ayant été quelque temps à l'école ou analphabètes et vivant en zone rurale ou péri-urbaine. Certaines de ces images ont été révisées et testées à nouveau plusieurs fois jusqu'à ce qu'elles soient bien comprises. Lorsqu'il est devenu évident que les images ont été bien comprises, les textes ont été ajoutés.

3. Comment utiliser cette brochure?

La présente brochure peut vous faciliter la tâche. Vous pouvez utiliser cette brochure pour donner des explications sur le condom. Si votre client sait utiliser le condom correctement, il en sera d'autant plus heureux.

PARCOUREZ AVEC VOTRE CLIENT TOUTES LES PAGES DE LA BROCHURE

Cette méthode vous permettra de bien présenter la méthode et elle permettra également à votre client de poser des questions sur les parties qu'il ne comprend pas.

ASSUREZ-VOUS QUE VOTRE CLIENT REGARDE ATTENTIVEMENT CHAQUE IMAGE.

Les images permettent à vos clients de comprendre ce que vous leur expliquez. Montrez l'image non le texte, en expliquant chaque page. Même si les clients ne sachant pas lire seront en mesure de comprendre les images.

OBSERVEZ LE CLIENT POUR VOIR S'IL SEMBLE TROUBLE OU INQUIET

Encouragez-la à poser des questions ou à livrer ses inquiètudes. Demandez-lui de résumer les messages pour montrer qu'il les comprend bien. La discussion avec le client contribue à la création d'une atmosphère de confiance et de bonnes relations. Si le client a confiance en vous, il est plus enclin à avoir confiance en cette méthode aussi.

OFFREZ AU CLIENT LA BROCHURE

Donnez-lui la brochure, même s'il ne s'est pas encore décidé à utiliser cette méthode. Encouragez-le à montrer la brochure à ses amis.

4. Informations importantes sur le condom

- Le couple devra utiliser pour chaque rapport un nouveau condom.
- L'homme ne doit pas remplir d'eau le condom pour voir l'étanchéïté. Cette opération a été faite à l'usine avant la mise en boîte du condom.
- Après le rapport, l'homme doit éviter de laisser passer dans le vagin de la femme le sperme contenu dans le condom.
- Les condoms doivent être tenus au frais à l'abri du soleil. Il ne faut pas les garder trop longtemps dans la poche.
- Il ne faut pas mettre de la vaseline dans le condom au risque de le gâter.

5. Avantages du condom

- Le condom ne produit pas d'effets secondaires;
- L'utilisation du condom permet d'éviter les maladies sexuellement transmissibles.
- Les condoms sont bon marché ou gratuits;
- Ils ne sont pas volumineux et sont d'un port facile.

6. Assurez-vous que la cliente n'ignore pas ce qui suit

- Comment utiliser correctement le condom
- Où l'obtenir.

SENEGAL FAMILY HEALTH PROJECT

PROJET SANTE FAMILIALE

/)/ OMBRE de CONSULTANTES ACTIVES sous CONTRACEPTION (P.S.F.) FEVRIER

Number of Active Contraceptive Users per Clinic

1985 - FEBRUARY

CENTRE de P.F. / FP Center	PILULE / Pill	D.I.U. / IUD	CONDOM	autres METHODES / Other	TOTAL
PMI Médina	507	793	3	0	1303
H. Abasse NDAO [1]	52	155	0	164	371
PMI Bel - Air *	141 ?	38 ?	12 ?	0 ?	191 ?
PMI - Pikine	173	158	1	0	332
PMI - Rufisque	60	15	0	70	145
Disp. Choucair	44	5	0	0	49
H. Le Dantec					
C - Thiès	58	96	36	190	380
H. Régional Thiès.	90	296	190	"	587
PMI - Thiès.	35	74	0	0	109
PMI - M'bour	172	80	2	61	315
PMI - Pout					
PMI - Fatick	38	15	22	0	75
Centre ex. Grandes-Endémies - Kaolack.	143	41	4	16	204

* Data for this clinic incorrect for February.

1 This hospital performs surgical contraception.

FEBRUARY con't

ENTRE de P.F.	PILULE	D.I.U.	CONDOM	AUTRES METHODES	TOTAL
C.M. Kasnack	270	138	48	13	467
PMI - Léona					
- Santiaba	113	379	5	4	501
Disp. Col. SENGHOR	71	24	100		195 ~~195~~
PMI - Bignona	23	19	0		42
PMI - Kolda	22	7	4	0	33
	2 017	2.333	425	529	5239

NB /: Depuis le début du programme presque 10.000 clientes se sont inscrites - 5239 restent actives sous la contraception.

N° 685.0217
Téléphone : 22.72.13

Dakar, le

_/)/ OMBRE de CLIENTES ACTIVES en P.F. MARS 85

Number of Active Contraceptive Users per Clinic
1985 - March

CENTRE de P.F.	M	E	T	H	O	D	E	
FP Center	Pilule Pill	D. I. U. IUD		Condom		Autres méthodes. other		T O T A L
M.I. Médina	451	823		0		4		1278
P. LE DANTEC	-	-		-		-		-
P. ABASSE NDAO	36	311		0		83		430
I - Bel AIR	26	13		2		1		42
ISP. CHOUCAIR	-	-		-		-		-
MI PIKINE	169	246		1		0		416
M.I. RUFISQUE	76	25		0		62		163
M Xê - THIES.	-	-		-		-		-
REG. THIES	-	-		-		-		-
M.I. - THIES.	20	227		1		0		248
M.I. - MBOUR	236	121		45		17		419
MI FATICK	61	22		22		33		138
R. END. KAOLACK	405	103		0		56		364
.M. KASNACK	306	172		30		14		522

CENTRE de P.F.	M E T H O D E				
	Pilule	D. I. U.	Condom	Autres méthodes	TOTAL
M.I. - BIGNONA	87	55	0	3	145
M.I. SANTHIABA	219	423	0	5	647
ISP. COL.SENGHOR	96	36	0	2	134
P.M.I. - KOLDA.	-	-	-	-	
	1.788	2.577	101	280	4.746.