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Program for the Introduction and Adaptation of Contraceptive Technology Program for Appropriate Technology in Health

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TRIP REPORT

Nepal: AS-NEP-OI

Implementation of Country Project and Training in Proper Use and Distribution of Client-Oriented Materials

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January 8-31, 1985

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I. EXECUTIVE SUMMARY

The JHU/PCS consultancy team (Margot Zimmerman and Scott Wittet of PIACT) provided technical assistance to the IEC Division of Nepal's FP/MCH project from January 8-31, 1985. Accomplishments of their mission include the following:

1. Developed training curricula and schedules for RTO and PBHW training programs.

2. Worked out a compromise in time to avoid having 30,000 copies of the condom booklet printed with pictorial instructions that were not comprehensible but had been substituted in December without testing (and without informing JHU/PCS).

3. Supervised the IEC Division who trained RTOs to train all levels of health workers in proper use of the pill and condom booklets and other instructional print materials.

4. Observed and assessed: a) the RTO training of fieldworkers and b) the actual use of the pill and condom booklets by PBHWs, CHLs, and one IS (Intermediate Supervisor) in several Terai villages. The consultants' assessments are included in this report.

5. Finalized the motivational booklet, including a fourth round of pretests of both text and pictorial symbols. Worked with the artist to revise the booklet based on recommendations from January pretests. Worked with staff and local printers to ensure the timely printing of this booklet.

Recommendations for the coming months include the following:

1. Orientation/training at all levels (RTOs, FPOs, supervisors, and health workers) is crucial if the materials are to have their intended impact. Plans for how to schedule and coordinate these activities were developed with concerned staff of FP/MCH. Full support should be given to implementing these plans, including technical support (see section VI of this report).

2. Due to a limited supply of booklets and the need to train all health workers using the booklets, distribution will only be carried out through the RTCs, except those booklets used in some Mother's Groups in three districts in the Terai. In this way, monitoring of initial booklet distribution and evaluation will be manageable by the IEC Division. The evaluation will provide information relevant to revision of the booklets prior to mass printing and distribution with the IEC kits being developed under a UNFPA project.

3. Trained health workers will be given an initial supply of 25 each of the appropriate booklets (Terai or hill). They will be instructed in how to obtain resupplies. One IEC Division member will be responsible for monitoring supplies and resupplying field officers.

4. JHU/PCS should consider granting funds for reprinting these booklets, following evaluation and revision, during a second project year.

5. JHU/PCS should telex their approval and any suggestions for the final version of the motivational booklet, as the IEC division has already prepared for printing. Adequate printing facilities are in great demand in Kathmandu and failure to give approval soon could result in long delays imposed by the

6. The IEC Division should continue to develop and print the ORS instructional card based on the national standards adopted by the NDDCPC.

7. JHU/PCS should organize a visit by the PIACT consultancy team for May-June 1985 to assist in overall evaluation of materials use and to help make recommendations for revision. The Division has also indicated interest in undertaking a second project with JHU/PCS, and the consultants could assist in the development of a project proposal at that time.

II. ABBREVIATIONS

CBHW	Clinic-Based Health Worker
CDR	Central Development Region
CHL	Community Health Leader
CTD	Central Training Division
CRS	Contraceptive Retail Sales Company Pvt., Ltd.
DFPO	District Family Planning Officer
DO	District Officer
DORC	Development Oriented Research Center
EDR	Eastern Development Region
FP	Family Planning
FP/MCH	Family Planning/Maternal and Child Health Project
FPO	Family Planning Officer
HMG	His Majesty's Government of Nepal
IA	Information Assistant
ICHSDP	Integrated Community Health Services Development Project
IEC	Information, Education, and Communication
IS	Intermediate Supervisor
JHU/PCS	Johns Hopkins University, Population Communication Services
JSI	The John Snow Public Health Group, Inc.
MCH	Maternal and Child Health
MOH	Ministry of Health
NDDCPC	National Diarrheal Disease Control Program Committee
PBHW	Panchayat-Based Health Worker
PIACT	Program for the Introduction and Adaptation of Contraceptive Technology
RFPO	Regional Family Planning Office (Officer)
RTC	Regional Training Center
RTO	Regional Training Officer
TA	Technical Assistance
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VHW	Village Health Worker

III. INTRODUCTION

During April and May 1984, JHU/PCS consultants Margot Zimmerman and Scott Wittet (PIACT) worked with the IEC Division of FP/MCH to initiate implementation of a project to develop print materials for illiterates on the use of pills and condoms, a FP motivational booklet, and a laminated wall card with instructions for ORS preparation. The same consultancy team returned to Nepal in January 1985.

A. Objectives of this assignment were to:

1. Work with FP/MCH IEC Division staff to develop a curriculum and training materials for RTOs to use when training health workers (PBHWs, ISs, CHLs, etc.) in how to effectively use the pill and condom materials and to train RTOs in implementation of the training curriculum.

2. Assist FP/MCH IEC Division staff to train RTOs in one of the three regional training centers.

3. Help plan for the effective distribution and resupply of booklets to health workers.

4. Monitor and assess the RTOs' training of health workers and IEC Division's training of RTOs.

5. Observe and assess the PBHWs' use of the new booklets as they motivate/instruct clients.

6. Provide TA to IEC Division staff as they continue to develop a FP motivational booklet and laminated wall card on how to prepare ORS home mixture and Jeevan Jal (the ORS packet).

7. Report to JHU/PCS on progress made to date and on use of materials in both training and field situations.

8. Work with IEC Divison staff to develop a work plan for the next stages of the project and help revise the scope of work, if necessary.

B. Background

Following the departure of the consultancy team in May 1984, the IEC Division continued pretesting and revision of the condom and pill booklets and submitted final drafts to JHU/PCS for approval in July. They also developed first drafts of the motivational booklet and the ORS laminated card and began pretesting these in both hill and Terai areas of Nepal.

In an August 16, 1984 letter to Dr. Khatri, Director of FP/MCH, JHU/PCS approved printing of the finalized booklets pending revision of some messages and drawings. Though the IEC Division staff reported never receiving this letter, subsequent communications with JHU/PCS convinced them that printing had been approved. Fortunately, several of the revisions were made by the staff, on their own, prior to printing, though some of the other recommendations were not anticipated.

In order to ensure that the remaining recommendations were carried out, all JHU/PCS suggestions for additional information to be given to the client have been included in the RTO training curriculum and in the curriculum the RTOs present to local health workers. The information also has been included in handouts given to RTOs and health workers, instructing them in the use of the materials.

Just before sending the approved booklet drafts for printing, a group of project decision-makers determined that a drawing in the condom booklet, which showed a male figure putting on and taking off a condom (page four) should be revised. They felt that though the drawing had proved acceptable to pretest respondents (adults), it was not suitable for children who might be exposed to the booklet, especially if color was used for the nude male figure. The IEC staff was reluctant to make changes that had not been pretested without JHU/PCS approval but felt pressured by colleagues and by the project schedule. Later an acceptable compromise was worked out with the JHU/PCS consultants.

The IEC staff discovered, after consulting with printers, that there would be one blank page in each booklet. They therefore developed and pretested an additional message stating "contraceptives are used by many kinds of people

in Nepal" and showing an FP logo above individuals representing diverse ethnic groups.

As planned during the April-May consultancy, the IEC Division and DORC requested bids from Nepali printing firms for the production, in three colors, of 20,000 copies each of the four booklets (hill and Terai versions of the condom and pill booklets). Only one press in Kathmandu (Jore Ganesh Press) was capable of and willing to do the three-color printing. However, they required too much time. Therefore, a press in Calcutta was selected, as they offered the printing capability at a reasonable price and agreed to meet FP/MCH's time schedule.

IV. PROJECT ACTIVITIES

A. Preliminary meetings

Upon arrival in Kathmandu, the consultancy team met with the IEC Division staff to be briefed on project accomplishments to date. At that time, the printed booklets had not yet arrived from Calcutta, but were expected within a few days. The latest versions of the motivational booklet and ORS drawings were reviewed and further revisions were suggested for the former, prior to the next round of pretests (to take place during the consultancy). Regarding the ORS materials, the IEC staff explained that FP/MCH and other organizations involved in ORT in Nepal had not yet standardized instructions for the use of UNICEF packets, Jeevan Jal, or homemade ORS. We agreed that they should not proceed with further pretesting until the messages could be better defined. However, those messages and drawings which were less controversial (breast-feeding during ORT, continue feeding normal foods, and a picture of a child with diarrhea) had been developed and gone through two rounds of pretests.

The consultants also met with Mr. Tiwari of DORC and requested clarification for JHU/PCS on aspects of previous financial reports. We also urged that the third quarter narrative and financial reports be prepared prior to our departure. They have since been delivered to JHU/PCS.

B. Development of training curricula

The JHU/PCS team and the IEC staff spent several days planning the RTO and health worker trainings. These were scheduled to take place at the RTC in Dharan (near Biratnagar) during the second week of the consultancy. PBHWs from both the hill and Terai areas were present and both versions of the new materials were used.

The trainings were organized as follows:

DAY ONE: Brief RTOs on the project and its rationale and methods, and train them to use the condom and pill booklets.

DAY TWO: Train RTOs to train health workers to use the booklets.

DAY THREE: Observe RTOs training health workers.

DAY FOUR: Observe health workers in the field using the booklets with clients.

Detailed schedules of the four days' activities are attached as Appendix B.

Handouts developed by the IEC staff and consultancy team include:

1. Instructions for health workers (and RTOs) on use of the two booklets, including important additional information not covered in the simple booklet text. This information is to be communicated to clients by health workers as they explain the booklets.

2. A training curriculum for RTOs including training tips, a sample training outline, and supplemental information.

3. Plans for monitoring the distribution and resupply of the materials and their use by health workers, and for obtaining health workers' feedback on the booklets. RTOs present this information as a part of the health worker training. ISs are to be responsible for implementing the monitoring system in the field.

C. Further alterations to pill and condom booklets

A small supply of each booklet was delivered to Kathmandu in time for the first RTO training. Everyone agreed that the change in the condom booklet had resulted in unclear explanations of proper use of the product. A trunk call was placed to the printer to stop the press, and we discussed compromise drawings that could be substituted. Following a meeting with the IEC staff it was agreed to substitute the faulty drawings with more explicit, but also more accurate, pictures. To make these more acceptable, the artist eliminated the head of a man putting on and then removing a condom, but left his body intact. Also, he did not add color to these drawings, further differentiating them from "real people" whose skin and clothing is colored in the booklets. Dr. Khatri concurred and the drawings were revised.

Other pages of the two condom booklets look fine, except for one page where the wrong colors were used. Mr. Tiwari of DORC was overseeing the Calcutta printer when he spotted the errors; they will be corrected in the full printing. All of the condom booklets will contain the more explicit pictorial instructions on proper condom use.

A trial run of 250 copies of each of the pill booklets revealed minor problems with overlays and proper mixing of the colors. But Mr. Tiwari had asked the printer not to proceed further until the booklets had been reviewed by IEC and ourselves. This enabled us to make several changes--including revising the text as suggested by JHU/PCS in August. We think everyone will now be pleased with the final product.

D. Training of RTOs by IEC Divison staff
Assessment by RTOs and JHU/PCS consultants

1. Three RTOs from the EDR of Nepal were trained on January 16-17th, along with the senior FPO for the region. As he has responsibility for distribution and monitoring of supplies in the region, FP/MCH staff felt it was important to involve him at the start of the new IEC program. There is a fourth RTO in this region, but he was on leave during our stay. The training agenda plus all handouts can be found in Appendix B. The curricula consisted of providing an overview of why the materials had been developed,

how they were developed, why their use would be helpful for fieldworkers as well as for clients, how they should be used, and how to monitor distribution so as to be able to resupply fieldworkers. Training techniques used were group discussion, role play, and question and answer sessions. Since the group was so small, there was no need to lecture. IEC Division staff and JHU/PCS consultants also went over the handouts prepared for the health workers and a few changes were made so as not to say anything that might be at variance with current training information.

2. The four participants filled out evaluation forms which indicated they found the two days both interesting and informative. Their responses showed they had learned how these materials are to be used, as well as how and to whom the booklets can be useful. Group members found almost every training session to be helpful, but those involving demonstrations and practice in how to train and to role play were checked "most helpful" by three or more participants. Three of the four officers checked "development of a monitoring plan" as the least useful session. This topic was barely touched upon, as the consultants and IEC Division staff decided that a systematic monitoring of PBHWs and randomly selected clients must wait until the materials have been in use for a minimum of three months. The JHU/PCS consultants have drafted two questionnaires for further monitoring and evaluation feedback, and we will review these with IEC staff pending future refinement in the field.

3. JHU/PCS Consultants' Assessment:

   a. The RTOs were most cooperative and struck us as being quite eager for advice and new suggestions. Most immediately grasped the potential of these materials, but only one actually became very proficient in properly using them during our two days together. (Fortunately, he did most of the training of health workers the following day.)

   b. The RTOs took no notes during the training sessions. As we discussed individual messages in the booklets, we realized that the instructional information they provide to health workers is not always consistent. Use of the booklets should help correct this situation.

c. Considerable time was spent discussing distribution and resupply procedures. RTOs advised central staff not to use the Supply Division of FP/MCH, as past experience had shown that requests for IEC materials never produced results.

d. All agreed that training in the use of these pictorial booklets should become an integral part of the training program provided to all family planning staff, including adequate supplies at the training offices at all times. District Offices must also have sufficient supplies, as the health workers were instructed to inform their IS when more booklets are needed, and he/she will get these from the District Officers. The distribution and resupply form (see English translation in Appendix B) was discussed at length, and the Regional FPO thought it workable. However, it was clear from the conversation that there is no clear system, understood by all, for reporting and for resupplying Regional and District Officers. Reporting forms are sometimes processed directly from the DO to the Central Office; other times they are routed through the RFPO. IEC Division staff requested a chart showing how the system is supposed to work. None was forthcoming as everyone's perceptions seem to be different.

e. One RTO complained that a perpetual problem was an interruption in supplies. No sooner do they discover something that is useful to their work than they learn "sorry, supplies are exhausted". If this program of materials use and distribution is to succeed, funds for periodic reprintings must become an integral part of the program.

f. When reviewing the entire JHU/PCS project with FP/MCH, the trainers seemed most interested in the ORS laminated card. They commented that the one liter container Dr. Joshi (head of MCH) plans to have the PBHW's carry around with them is "unwieldly" and, in fact, will probably not be used. During further discussion we learned that the RTOs had not actually received containers at the training center, although they have responsibility for training (and retraining via refresher courses) all levels of health workers. We checked their training manual and found the section on ORS preparation incorrect as

the pictures showed too little water for the stated proportions of ORS powder.

g. Following two days of training, the RTOs themselves probably should have prepared the agenda for their training of the health workers. We had done this for them in Kathmandu, but have suggested that, in future RTO training sessions, the IEC Division staff offer guidance but involve the RTOs in the design of their own agendas.

h. The handouts we had prepared for the health workers also proved useful for the RTOs. (The Nepali version plus a translation can be found in Appendix B.) These were slightly revised based upon RTO input.

i. Despite advance planning, nearly everything seems to begin later than anticipated. Communication, transportation, and logistical difficulties, on top of a shorter work day (ten to four during the winter), contribute to delays. Failure of electricity supplies in Biratnagar and Dharan made work after dark impossible. Fortunately, all of the consultancy objectives were met despite these obstacles.

E. Training of health workers by RTOs
Assessment by JHU/PCS consultants

1. The three RTOs spent about five hours training two PBHWs, one IS, five CBHWs, five CHLs (local health volunteers), and the training center staff nurse (who had been out of town during the RTO training). One of the PBHWs had gone through basic training but the other was newly recruited and untrained. The IS had much experience and had helped with booklet pretesting during the previous consultancy. The CBHWs had just completed their basic training (four weeks) and the CHLs had been previously trained by the Dharan RTOs. We were fortunate to have the cooperation of the CHLs in spite of the fact that they were upset that the per diems they had been promised for attending their monthly one-day seminars had not yet been paid. Although not usually part of the FP/MCH program, CHLs are being used in Morang District on an experimental basis.

The training agenda is attached as part of Appendix B. While IEC Division staff involvement in the training had not been planned, at times their intervention (and that of the JHU/PCS consultants) was required to add information missed by some of the trainers or to correct misinformation. As one of the objectives of this field visit was to improve the RTO and health worker training curricula, difficult points were noted for training revision. Similarly, trainee reactions to the training curricula and to the booklets was recorded; their comments on the booklets will help during booklet revision prior to reprinting.

The picture on page three of the condom booklet--showing how to use the condom was "corrected" in 120 copies of hill and Terai versions for use during the training.

2. JHU/PCS Consultants' Assessment:

In assessing the health worker training, several points became clear:

a. Skill levels of the trainers varied dramatically. Though one of the trainers was very competent and well informed, the other two were not very satisfactory. One had little sense of how to hold the attention of an audience and effectively convey information while the other (new to the training center and never trained to be a trainer) was full of strange ideas about family planning (and physiology) which were not part of the FP/MCH standard curriculum and contradicted some of the FP/MCH's goals.

b. It was clear that trainee knowledge about pills and condoms was inconsistent, even among those who had been previously trained by the RTOs. One would have expected well-informed trainees to have easily assimilated the information in the booklets as a repetition of the material in their FP/MCH textbooks. However, the majority of the trainees were obviously not very familiar with the information. Fortunately, they were able to learn quickly from the booklets, and presentation of additional information on condom and pill use, included in the handouts for trainees, helped give the health workers an adequate knowledge of the methods.

c. Though the PBHWs, CBHWs, and the IS seemed to have adequate levels of literacy, some of the CHLs had trouble reading even the training handouts (which we had tried to simplify as much as possible). They cannot be expected to make very good use of the FP/MCH textbook. However, all the trainees were interested in the booklets and enjoyed leafing through them again and again.

d. Much of the information presented during the training had to do with developing good interpersonal communication skills. Along with hints on how to use visual aids, the importance of building rapport with clients, asking clients to explain information in their own words to determine whether they understand, and responding appropriately to client concerns were some of the skills that were emphasized. This is important as such points are not usually a part of health worker trainings though much of his or her success depends on communication ability.

e. Due to the necessity of reinforcing trainee knowledge on pill and condom use and imparting basic communication skills, training in the use of the booklets took longer than expected. Though an important aspect of the training was practice using the materials (supervised role-playing by trainees), more time should be allotted to this activity in future trainings. Actual practice with villagers (although not included in this training agenda) would also be valuable in helping health workers feel comfortable using the materials.

F. Use of booklets by health workers in a rural village
Assessment by JHU/PCS consultants

1. Because the CBHWs were already in Dharan for their basic training, they were included in our training too, even though we knew that they were not free to participate in the following day's fieldwork. (They were given a supply of booklets to take with them to their villages.) The Biratmagar-based PBHWs and the IS accompanied the consultants and the IEC Division staff to the CHLs' villages (in Dakar Bairiya panchayat in the Terai) for supervised use of the materials with villagers.

Three teams of motivators were organized, each composed of two or three trainees and supervisors to help during booklet presentation, if necessary, and to critique trainee performance afterwards. It was not difficult for the teams to locate appropriate clients in the villages. Arrival of the teams at homes usually resulted in a crowd of interested spectators who were also exposed to the booklet material. In a little over two hours, 27 clients were shown condom and/or pill booklets, not including double or triple that number looking on from the sidelines. Twelve new condom acceptors and three new pill acceptors were recorded. Some other clients said that they were embarrassed to accept condoms or pills in front of the gathered friends and relatives, so were referred to the local health post for supplies. Copies of the booklets were given to all clients, who were asked to share them with their friends. Informal tests with some of the village men showed that they were able to read the simple texts.

Following the morning's activities, the trainees and supervisors gathered for a discussion focusing on trainee perceptions of their experiences, the adequacy of the training curriculum, and supervisor suggestions for improving their performance.

2. JHU/PCS Consultants' Assessment:

   a. The potential for these materials, assuming the health workers are trained to use them properly, is enormous. In every village, they generated interest and discussion, and prompted potential clients to ask questions about the method based on the pictures.

   b. We observed almost no printed material--of any kind--in the several villages in which we worked.

   c. On several occasions, as the health workers were leaving, we turned back and were pleased to see one villager "reading" the condom booklet to another villager.

   d. Though concern had been expressed about children seeing the explicit condom use illustration on page four, we observed no embarrassment on

the part of villagers when that page was discussed, even though children and women were often present in the groups that formed around health workers.

e. The seven health workers whom we observed all agreed that actual use of the materials in the field was far different than they experienced during training while role-playing. Some forgot the importance of taking time to establish rapport before explaining the booklet. Others went through the material too quickly and forgot to find out from the client whether the new information was understood.

f. The importance of supervisory, "on site" visits cannot be over-emphasized. Yet none of these workers had heretofore been observed by a supervisor or FPO or someone from the Central Office. Our actions, minimal though they were, showed we cared, and the health workers were appreciative.

g. Throughout most of Nepal, people understand "pariwar niyogen" (family planning) to mean only permanent methods. By actually seeing material on the pill and condom, villagers were reassured that temporary methods were also being promoted.

h. While some people feel that male PBHWs can motivate women as well as men, at least one central staff member observed, on several occasions, that the men whom he was observing had difficulty speaking to village wives. This is due to embarrassment on the part of both the women and men.

i. We discussed with the health workers how use of the pictorial material might enable them to explain pill use in some detail with husbands and then let the husbands share the booklets with their wives. They felt that motivated husbands would be good FP motivators.

j. In one village the "pradhan pancha" (village leader) and a school teacher requested samples of the materials to help them promote childspacing methods.

k. Even after a PBHW carefully goes through the pill booklet once, the potential client usually does not remember such basic information as when to begin taking the first pill. Thus it is important, during training, to emphasize to health workers that they should be sure to have the client explain booklet messages to them in order to check comprehension.

l. Several of the health workers noted that people do not always immediately decide to accept FP methods; they need some time to think about it. The workers pointed out that leaving the booklets with clients would facilitate this process. They also stressed the importance of repeat visits to clients, both during initial motivation and later for resupply and follow-up.

G. Revising and pretesting the motivational booklet

Based on comments following the third round of pretests, several members of the IEC Division worked together listing revisions for the artist to incorporate in the next draft. We also reordered the sequence somewhat so as to make a more coherent story line.

The IEC staff also developed Nepali text to accompany each message. (Appendix C is an English translation of these messages.) We tried to encourage a more enticing title than "A Happy Family", but since the national FP motto is "A small family, a happy family", they are all satisfied with their selection.

Two teams, one male, one female, plus Zimmerman and Wittet, spent two days pretesting revised material in a small hill village on the edges of the Kathmandu Valley, but outside Kathmandu District. Results of 20 pretests indicated that some text needed further simplification, but most was acceptable. Respondents recommended certain pictorial improvements; IEC Division staff then went through the booklet and noted all changes that needed to be made and listed them for the artist. The suggested changes were pretested with clients at an FP/MCH clinic.

Due to the artist's busy schedule, he was not able to produce final, photo-ready artwork during the consultancy. We expect the work to be completed by

mid-February. While waiting for the artwork to be done, IEC Division staff and the JHU/PCS consultant visited several Kathmandu presses capable of three-color printing and obtained estimates. Following a formal review of these, a press will be chosen. In discussions with the IEC Division, the consultant emphasized the importance of printing as soon as possible.

H. ORS instruction card

Due to lack of standardized instructions for mixing Jeevan Jal and home-remedy ORS, little development of the laminated card was possible following the previous consultancy. During the present consultancy, the NDDCPC agreed upon ORS standards for the Kingdom. The NDDCPC recommends a three-finger pinch of salt and "half-pasaar" or "small muthi" of sugar for each half-liter of home-remedy ORS. Use of boiled water and soda have been dropped from the instructions. Adoption of these standards allows the IEC Division to proceed with ORS card development as scheduled in the revised work plan (section J). They will incorporate these same messages in the IEC kit, MCH flipchart, and ORS poster. As previously planned, the card will be laminated (or printed directly on a plastic sheet); one side will focus on Jeevan Jal, the other on home-remedy.

I. Distribution and evaluation activities

The pill and condom booklets will be distributed through the RTCs, with special attention to Dharan (where RTOs have already been trained). Approximately three months from the beginning of distribution (in Dharan), aided by records kept there, the IEC Division will send evaluation teams to Biratnagar (Terai) and Dhankuta (hill) to interview 20-30 local health workers who have used the booklets and 40-50 clients to whom the booklets were explained and given. Using primarily open-ended questions, the evaluations will investigate perceived usefulness of the booklets, obtain feedback for booklet revision, and document client retention of booklet messages. Development of evaluation questionnaires was begun during the JHU/PCS consultancy. The supply monitoring forms used by health workers will inform the evaluators about the numbers of booklets distributed and any trends in numbers of pill or condom acceptors during the three months following booklet distribution.

In cooperation with Nepal Population Year activities, the booklets will also be used in a new program of "Mothers' Groups" being implemented by FP/MCH and ICHSDP in three areas in the Terai, near Janakpur. A total of 7,000 groups are planned; the IEC Division will work with up to ten groups on an experimental basis. These groups and their health workers will also be included in the evaluation activities. The evaluations are scheduled to coincide with a follow-up visit by the consultancy team in May 1985. The consultants will accompany the IEC Division teams to the field at that time.

Evaluation results will help inform the IEC Division about possible revisions in the booklets or training materials prior to mass reprinting and about ways to improve the distribution and monitoring systems. Later the motivational booklet and ORS card can be similarly evaluated.

The limited supplies of pill and condom booklets printed under the project (15,000 each) are insufficient for national distribution. Sources for funding a mass reprinting are currently being explored.

J. Revised work plan

The IEC Division staff and the consultant reviewed the project work plan developed during the previous consultancy and revised it based upon activities to date. All of the materials will be produced and ready for distribution by the end of the project period. The pill and condom booklets will have been evaluated following field use. The revised workplan for the period February 1st to June 30th is attached as Appendix E.

CONCLUSIONS

All of the objectives of the consultancy were met. Accomplishments of the mission are listed in the Executive Summary.

Field observations of the use of the pill and condom booklets showed that they can be valuable aids for communicating with illiterate and literate clients. Furthermore, they will be useful as training aids for local health workers. The booklets were very popular among villagers and health workers who have few, if any, printed materials in their possession, and none designed especially for

illiterate "readers". Other organizations working in Nepal have expressed interest in using the materials in their family planning programs (World Neighbors, the Institute of Medicine of Tribhuran University, FPAN, and ICHSDP) and have been urged to contact FP/MCH in this regard.

A final version of the motivational booklet is soon to be produced and printed and development of the ORS laminated card is proceeding following national adoption of standardized instructions for ORS preparation. All project activities should be completed by the end of the project period (June 30, 1985).

The pill and condom booklets are currently being distributed through RTCs. A formal evaluation of these materials will be conducted following three months of field use. Incorporation of the materials in all basic and refresher training programs for fieldworkers is vital if the materials are to be maximally effective. Careful monitoring of booklet supply to fieldworkers and prompt resupply are also important aspects of this project.

I. RECOMMENDATIONS

1. Orientation/training at all levels (RTOs, FPOs, supervisors, and health workers) is crucial if the materials are to have their intended impact. Plans for how to schedule and coordinate these activities were developed with concerned FP/MCH staff. These include:

   - incorporating training in the use of materials in currently scheduled trainings at the three RTCs;
   - re-emphasizing the importance of training prior to use of materials by health workers;
   - coordinating IEC Division activities with those of the Central Training Division;
   - monitoring trainings and keeping records of health workers trained, their districts, and names of their supervisors; and,
   - orienting FPOs in regional seminars.

2. The IEC Division will send sample booklets, with cover letter, to all FPOs. They will explain the project, how the materials will be used, and that wide spread distribution will follow reprinting.

3. The IEC Division will produce all training materials and monitoring forms in sufficient numbers and distribute them to the appropriate offices.

4. JHU/PCS should consider granting funds for reprinting the booklets in greater numbers following their evaluation and revision. The consultants have also discussed this need with UNFPA and they understand the importance of making a contribution.

5. JHU/PCS should telex their approval of (and any suggestions for) the final version of the motivational booklet as soon as possible. The booklet should be sent for printing as soon as approval is obtained.

6. Work with IEC Division staff to revise the project work plan for the next six months and plan for evaluation activities. Prepare sample questionnaires that can be used to follow up on health workers who have used the booklets and on clients who have received them.

7. When communicating with FP/MCH, separate duplicate letters should be sent to Dr. Khatri and to Maya Shrestha (IEC Division) in order to ensure that the correspondence is received.

8. JHU/PCS should organize a visit by the consultancy team for May-June 1985 to assist in over all evaluation of materials use and to help make recommendations for revision. The IEC Division has also indicated interest in undertaking a second project with JHU/PCS; development of a project proposal could be done at that time.

9. JHU/PCS should acknowledge timely receipt of project financial reports by immediately sending funds for the next period. There is some concern among FP/MCH staff that project monies have not been sent regularly.

APPENDIX A

CONTACT LIST

1. Nepal Family Planning/MCH Project

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Mr. Mukunda Raj Baidhya - Audio-Visual Officer
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Mr. Navin K. Pyakuryal - Information Officer
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RTO Orientation on Use of Print Materials

TIME	ACTIVITY
	FIRST DAY
10.00 - 11.00	- Introduction of participants - Discussion of how RTOs perceive their roles - Brief introduction of Print Material Project - Objectives of seminar
11.00 - 1.30	- Importance of print materials - Demonstration of materials to participants - The process of materials development and pretesting results - Who will use the materials and why they need the materials
1.30 - 2.00	- TEA BREAK
2.00 - 3.00	- Explanation of use of print materials - Demonstration by IEC Division on how to use the materials - Role-play by RTOs on use of the materials (practice sessions)
	SECOND DAY
10.00 - 10.30	- Review
10.30 - 1.30	- Explanation of Health worker training curriculum - Role-play how to train health workers
1.30 - 2.00	- TEA BREAK
2.00 - 4.30	- Discussion of monitoring system - Closing

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

Why do health worker need special pictorial materials to use when explaining correct use of family planning methods to their clients ?

These simple pictorial booklets on family planning methods will help couples to : (1) decide which method is best for them; (2) understand what to expect when they use a specific method; and (3) help them remember how to use the method correctly.

By using the booklets to explain to clients about a method, the health worker will be reinforcing with pictures the infor ation being told to the client. The pictures can help to reassure the client that there is nothing "scarry" or threatening about the method. Pictures may also encourage clients to ask questions.

How were these materials developed ?

Each message and picture in these booklets has been carefully pretested with women and men in Nepal who have had little or no schooling. This was done to ensure that every client you motivate will be able to understand the messages in these booklets. Some of the pictures have been retested many times until FP/MCH Central IEC staff were certain that they were understandable. Only after the pictures were clear were words added. This is important because many of the people who receive these books will not be able to read the text.

How will use of these materials make the health workers' job easier ?

(1) Having these clear and simple materials to use as the health worker explains a family planning method 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 or he has been told.

(2) Going through the booklet, page by page, will remind the health worker what information needs to be transmitted. If the booklets are used in the same way with all clients, then they are likely to receive the same, correct information.

(3) Intermediate Supervisors and health workers should always keep a large supply of booklets on hand so that they can give a copy to each client to take home. This will allow the client to refer back to the booklet whenever there are questions about use of the method. The client may also share the booklet with family and friends and thus interest others in using the method. 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 is accepted and used.

How can health workers use these simple print materials to best advantage?

When training any group of health workers to use these materials, be sure to emphasize the following:

(1) GO THROUGH EACH PAGE OF THE BOOKLET WITH THE CLIENT. This will give the health worker an opportunity to "show and tell" about the method and it will also provide an opportunity to discuss more fully any messages which seem unclear.

(2) When explaining the message on a particular page, POINT TO THE PICTURE, and NOT to the text that appears on the bottom of the page.

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This will make sure that the client looks at the picture itself. If the health worker simply points to the text as she reads it, the client will also look at the text. If the client cannot read, or reads poorly, she needs to look at the picture in order to understand the message.

(3) Observe to see if the client looks puzzled or worried. If so, encourage her to ask questions or talk about any concerns or worries.

Discussion helps to establish a good relationship and builds trust between the health worker and the client. A person who has confidence in another will often transfer that confidence to the family planning method that is being recommended.

(4) Remind the health worker that there is additional information about the method that the client should be told. This information has been included in the hand-out for health workers which accompanies the booklet. All health workers should become very familiar with the information in the hand-out.

(5) Whether or not the client makes a decision to use the method, GIVE THE CLIENT THE BOOKLET TO KEEP and share with others.

Before the client leaves, the health worker should ask if there are any questions about the material in the booklet. This will ensure that the client understands the messages.

What can you, the trainer, do to make sure that your trainees understand how to properly use these materials?

.../..

(1) After explaining the procedure given above, the trainer can go through the booklets as though he were a health worker explaining the messages to a prospective acceptor.

(2) In addition, the trainer can organize role-playing situations where participants volunteer to act out the roles of client and health worker, thus demonstrating to the group how the booklets should be used. Following each demonstration, encourage the group to critique the "players" Before long, you will be able to determine when a group feels comfortable using the booklets to discuss methods with their clients.

(3) Distribute multiple copies of the booklets to all trainees to take back to their village. Be sure to explain to them how to 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 ARE TO BE GIVEN TO THE CLIENT TO KEEP.

HOW TO USE THE PILL BOOKLETS
IMPORTANT INFORMATION FOR HEALTH WORKERS

1. Why were these booklets prepared?

These simple booklets on the contraceptive pill are to help women use this method of family planning safely and correctly. The pill is almost 100 percent effective in preventing pregnancy when used correctly every day. In the very few cases women get pregnant while using the pill, it is because they were not using it correctly. Years of use by millions of women around the world have proven that the contraceptive pill is a safe and effective method of family planning for most women.

2. When to use these booklets.

These booklets are for you to use every time you explain about the contraceptive pill to a new user or a potential user of this method, whether or not the client can read. You should then give the booklet to the client to take home.

3. How can use of the booklets help you?

Use of the booklet can make your job easier. Showing the woman the pictures while you explain to her about the method will make her see exactly what she needs to know. The pictures will reinforce the information you are telling her. During your explanation, encourage the women to ask questions if there are any points she does not understand. This will help you to be sure that she understands the information.

When using the booklets, GO THROUGH EACH PAGE ONE BY ONE WITH THE CLIENT. You can discuss any messages that seem unclear to her in greater detail. When you explain a message, point to the picture as you talk--NOT to the words which appear at the bottom of the page. It is the pictures that will help to emphasize and clarify what you are saying.

4. <u>What are the main messages you should review as you point out the pictorial instructions?</u>

Pages 2-3: This booklet is about a health worker, just like you, who visits a new client and tells her all about the pill: how to use it correctly, what side effects she may have, and where pills are available.

Pages 4-8: Instructions that need to be explained to each new or future client:

- The woman should take her first pill on the fifth day of her menstrual period.

- The woman should continue taking one pill each evening until she has completed the entire packet--first the white pills and then the brown pills. Follow the arrows on the pill packet.

- The woman should begin taking the first tablet of the second packet the evening after she completes the first packet so that she continues taking one pill every day.

Pages 9-10: Some women experience nausea, headaches, breakthrough bleeding, or other mild side effects when they begin to take the pill. These are normal and generally go away within three months. But if any side effects continue beyond three months, the women should tell you or another family planning worker.

The woman can go about her normal activities while taking contraceptive pills.

Pages 11-13: What to do if your client forgets to take her pills.

1. If the woman forgets to take one pill, she should take it the following day as soon as she remembers. Then she should also take her regular pill that evening as usual.

2. If a woman forgets to take her pills for two consecutive nights, she continues to take one pill per night. However, since she missed two pills, there is a chance she could become pregnant. Therefore, her husband must use a condom whenever they have intercourse until the packet of pills is finished. When the women begins her next pill packet, once again the pill alone will offer proper contraceptive protection.

Page 14: Your client must receive a new packet of pills before she finishes her last packet. If she does not continue taking one pill everyday because she has not received a new supply, then she could become pregnant.

Page 15: Even if her husband goes away, the woman must continue taking one pill per day so that she is still protected when he returns.

Pages 16-17: Most women can take the pill for many years with no problems.

- When the woman and her husband decide they want to have another child, the woman simply completes her packet of pills and then does not begin another one. The woman should not stop taking the pills in the middle of the cycle.

Page 18: Your client can get supplies of pills from a health post, from a pharmacy, or from health workers like you in the community.

Page 19: Once your children are grown, you might want to switch to a permanent method.

5. Some additional information about the pill to share with your clients:

- Some women experience less bleeding and cramping during their menstrual period, or spotting between their periods, when using the contraceptive pill. This is a normal and no cause for alarm.

- It is important to remind women that the pill does not affect their ability to have more children once they stop taking the pill.

However, how quickly a woman becomes pregnant after stopping the pill will depend on her own body. It is always easier for some women to get pregnant than others. If the woman experiences a delay in getting pregnant, it is not because she has been taking the contraceptive pills.

6. <u>What should you do before leaving the woman (or couple)</u>?

Ask her if she has any questions.

As a review, ask the woman to explain to you how to take the contraceptive pill. Be sure she knows:

- To take the pill every evening.
- To get her second packet of pills before she completes the first packet.
- To begin her next packet of pills immediately after completing the first packet.
- What to do if she forgets to take the pill.
- What side effects are normal and that they should go away after the first few months.

Make sure she takes a copy of the booklet home with her. Remind her to keep the booklet in a safe place so that she can refer to it whenever she has a question.

Suggest that she share the booklet with her friends.

APPENDIX B

Pill Leaflet for PBHW

पिल पुस्तिका कसरी प्रयोग गर्ने ?

स्वास्थ्य कार्यकर्ताहरूलाई आवश्यक जानकारीहरू :-

१) यो पुस्तिका तयार गर्नुको कारण :-

परिवार नियोजनको अस्थाई साधन पिल कसरी ठिक संग प्रयोग गर्ने भन्ने कुरा महिलाहरूलाई सरल तरिकाले बुझाउनुकोलागि यो सचित्र पुस्तिका तयार गरिएको हो । महिलाहरूले खाने चक्की पिल हरेक दिन ठिक तरिकासित खाएमा करिब करिब सत प्रतिशत नै प्रभावकारी हुन्छ । कहिले काहि पिल प्रयोग गरिरहेका महिलाहरू पनि गर्भवती हुन सक्दछ, यसको मुख्य कारण यो चक्की ठिक संग नियमित तरिकाले नखाएको हुन सक्छ । संसार भरिका लाखौं महिलाहरूले वर्षौं सम्म पिल प्रयोग गर्दा के कुरा सिद्ध भएको छ भने पिल चक्की परिवार नियोजनको अति भरपर्दो र प्रभावकारी साधन हो ।

२) यो पुस्तिकाहरू कहिले प्रयोगमा ल्याउने ?

हरेक पटक तपाईंले पिल खाने गर्ने पुराना या नयां महिलाहरूलाई पिलको प्रयोग वारे सम्झाउंदा प्रयोग गर्न सक्नु हुन्छ । पढ्न लेख्न जान्ने वा नजान्ने दुवै प्रकारका महिलाहरूलाई यो पुस्तिका देखाएर बुझाउन सकिन्छ । त्यसपछि महिलाहरूलाई यो पुस्तिका घरमा लिएर जानकोलागि वितरण गर्नु पर्दछ ताकि पिल खाने तरीका फेरि पनि पुस्तिका हेरेर ठिक तरीकासित खान सकोस् ।

३) पुस्तिकाको प्रयोगले तपाईंलाई कसरी मदत गर्न सक्दछ ?

यो पुस्तिकाको प्रयोगद्वारा तपाईंको उत्प्रेरणा कार्यमा ठूलो सहयोग मिल्न सक्दछ । महिलालाई पिलको बारेमा सम्झाउंदा यो पुस्तिकाको चित्रहरू देखाएमा पिल बारे उनले जान्न पर्ने सबै कुराहरू ठिक संग हिंदै बुझ्न सक्दछिन । यो चित्रहरूले तपाईंले भनेका कुराहरूलाई जोड दिएर राम्रो बुझाउनमा ठूलो मदत गर्नेछन् । चित्रहरूको व्याख्या गर्दा महिलालाई नबुझेका कुराहरू सोध्नकोलागि उत्साहित गर्नु होस । यसले गर्दा तपाईंले भनेको कुराहरू उनले बुझे नबुझेको पक्का हुनेछ ।

यो पुस्तिकाको प्रयोग गर्दा हरेक पेजहरू एक एक गरेर महिलालाई देखाउनु हो । कुनै पेज उनले नबुझेको जस्तो लागेमा विस्तृत तवाले छलफल गर्नु वेश हुन्छ । चित्रहरूको व्याख्या गर्दा पेजको मुख्य मालेसको वाक्यांशहरूलाई औंलाले देखाउनुको सट्टा चित्रलाई नै देखाउनु होस । किनभने तपाईंले भनेका कुराहरूलाई जोड दिन र बढी प्रश्न पार्नकोलागि चित्रहरूले ठूलो मदत गर्नेछन्

४) चित्रहरू देखाउँदा कुन कुराहरूमा बढी जोड दिनु पर्दछ ?

पेज नं. २ र ३ :- यो पुस्तिकामा तपाईं जस्ते स्वास्थ्य कार्यकर्ताको काम वारे देखाइएको, जसले पिल प्रयोग गर्ने एउटा नयां महिलाको घरमा गएर पिल चक्की कसरी प्रयोग गर्ने, यसका शारिरिक असरहरू तथा पिल पाइने ठाउँहरूको बारेमा बताउन गर्दछिन ।

पेज नं. ४ देखि ८ :- नयां प्रयोग गर्नालाई निम्न लिखित निर्देशनहरू दिनु होस् :-

- पहिलो पटक पिल प्रयोग गर्दा महिलाले कहुने भएको पाँचौ दिन देखि शुरू गर्नु पर्दछ
- उक्त महिलाले होक दिन नबिराई रातो सुत्ने बेलामा एक एक चक्की पिल खानु पर्दछ । माथिको सेतो चक्की सकिएपछि खैरो चक्की पनि खानु पर्दछ । चक्की खादा तिरले ( ) देखाए अनुसार एक एक चक्की खानु पर्दछ ।
- पिलको पहिले पाकेट सकिएपछि दोस्रो पाकेट शुरू गर्दा फेरी तिरले देखाएको चक्कीबाट खानु पर्दछ । यसो गरेमा पनि होक दिन नबिराई एक एक चक्की पिल खाने कुरा पक्का हुन्छ ।

पेज ९ र १० :- केही महिलाहरूलाई पिल खान शुरू गर्दा वाकवाकी लाग्ने, टाउको दुख्ने र महिनावारीमा गडबडी हुन सक्दछ । तर यस्ता कुराहरू सामान्य हुन र साधारण तया तिन महिना भित्रै ठिक हुने हुन्छन् । तर यदी यस्ता शारिरिक असरहरू तिन महिना पछि पनि हुने गरेमा महिलाले तपाईं संग या तपाईं जस्ते अन्य स्वास्थ्य कार्यकर्तासंग सम्पर्क राख्नु पर्दछ ।

महिलाले पिल प्रयोग गर्दा केही साधारण शारिरिक असरहरू भएता पनि आफ्नो घरको काम भने पहिले जस्ते गर्न सक्दछिन ।

पेज ११ देखि १३ :- महिलाले पिल चक्की कुन दिन खान बिर्सिएमा के गर्ने ?

- महिलाले एउटा चक्की खान बिर्सिएमा भोलिपल्ट दुई चक्की पिल खानु पर्ने, सम्झिना साथ एक चक्की र रातो सुत्ने बेलामा अर्को चक्की
- महिलाले लगातार दुइ दिन सम्म पिल चक्की खान बिर्सिएमा सम्झिएको दिनदेखि एक एक चक्की होक दिन खानु पर्दछ । तर उनले दुख्दा पिल नखाएको हुनाले उनी गर्भवती हुने सम्भावना रहन्छ । अत त्यो पाकेट नसकिएसम्म होक पटक सहवास गर्दा उनले लोग्नेले कण्डम प्रयोग गर्नु बेश हुन्छ । महिलाले अर्को पाकेट खान शुरू गरेपछि भने कण्डम प्रयोग नगरे पनि हुन्छ ।

पेज १४ :- तपाईंको पिल प्रयोग कताहि बाहिरको पिलको पाकेट सिद्धिनु भन्दा पहिले नै उनले नयां पाकेट पाउनु पर्दछ । किनभने एउटा पाकेट सिद्धिए उनी संग अर्को पाकेट पिल नभएमा उनले केही दिन पिल खान छोडन सक्दिन अनी उनी गर्भवती हुने डर हुन्छ ।

पेज १५ :- महिलाको लोग्ने घरबाट केही दिनको लागि बाहिर गएको बेलामा पनि उनले पिल खाइने रहनु पर्दछ जसले गर्दा लोग्ने फर्केपछि पनि उनी गर्भवती हुनबाट बच्न सक्दछिन ।

पेज १६ र १७:- पिल कहिले सम्म खानु पर्छ ?

- धेरै महिलाहरूले कुनै समस्या बिना नै धेरै वर्ष सम्म पिल खाई रहन सक्दछिन ।
- कुनै दम्पतीले अर्को बच्चा जन्माउने विचार गरेमा खाईरहेको पाकेट सकिएपछि पिल खान छोडे हुन्छ । तर पाकेटमा भएको पिल खाई नसकिए सम्म बिच्मा भने छोड्नु हुँदैन ।

पेज १८:- तपाईंको पिल प्रयोग कतिले पिल चक्की स्वास्थ्य चौकीमा फालेमा वा तपाईं जस्तै स्वास्थ्य कार्यकर्ताहरू संगवाट प्राप्त गर्न सक्दछिन ।

पेज १९ :- आफ्नो बच्चाहरू ठूला भै सकेपछि दम्पतीले आफ्ना सल्लाह गरेर पिलको साटो बन्ध्याकरण गराउनु बेश हुन्छ ।

५) पिल प्रयोगकर्तालाई बताउनु पर्ने केही अन्य जानकारीहरू :-

- केही महिलाहरूलाई पिल खाँदा महिनावारीमा कम रगत आउने, तल्लो पेट दुख्ने वा बिच बिचमा रगत देखा पर्ने पनि हुन सक्दछ । तर यो सामान्य कुरा हो, डराउनु पर्दैन ।
- पिल खानाले बच्चा जन्माउने वा प्रजनन शक्तिमा कुनै खानी पुऱ्याउँदैन भन्ने कुरा महिलाहरूलाई भनि दिनु जरूरी हुन्छ । पिल खान छोडेपछि यसको गर्भवती हुनमा कुनै बाधा हुँदैन । तर पिल खान छोडे पछि केही समय पछि यसको गर्भवती हुन सक्दछिन भन्ने कुरा भने महिलाहरूले आफ्नै शारीरिक दामताले फरक पार्न सक्दछ ।

केही महिलाहरू सधैं अरू भन्दा चाडै गर्भवती हुने गर्दछन । गर्भवती हुन ढिलो हुँदैमा पहिले पिल खाएर यसो भएको भन्ने ठान्नु हुँदैन ।

६) महिलासंग आफ्नो कुरा सबैले जानु भन्दा अगाडि तलका कुराहरू गर्नु होस ।

क) उनलाई केही सोध्नु हुँदो भन्नु होस ।

ख) कुरा दोहऱ्याउनकोलागि महिलालाई पिल चक्की कसरी प्रयोग गर्ने भनेर सोध्नु होस । विशेष गरी निम्न लिखित कुराहरू उनलाई थाहा छ कि छैन भन्ने पत्ता लगाउनु होस:

- पिल चक्की होक दिन राती नबिराई खानु पर्छ
- खाई रहेको पिलको पत्ता सक्नु भन्दा अगाडि नै उनले अर्को नया पत्ता खोजेर राख्नु पर्छ ।
- पहिलो पिलको पत्ता सकिएको भोलि पल्टै देखि अर्को पत्ताको पिल खान सुरु गरी हाल्नु पर्छ ।
- कुनै दिन पिल खान बिर्सिएमा के गर्ने ?
- पिल खाएर कुनै कस्ता समस्या र शारीरिक असहज सामान्य हुन र केही महिना पछि आफै हराएर जान्छन ।

ग) सुटा पुस्तिका महिलालाई घरमा लग्नकोलागि दिन बिर्सनु होस ।

घ) त्यो पुस्तिकालाई पछि नबुझेको कुरा हेर्न मद्दिको हुन्छ भनेर सुरक्षित स्थानमा राख्नकोलागि महिलालाई सम्झाउनु होस ।

ङ) आफ्नो छिमेकी र साथीहरूलाई पनि उक्त पुस्तिका देखाउन भन्नु होस ।

HOW TO USE THE CONDOM BOOKLETS
IMPORTANT INFORMATION FOR HEALTH WORKERS

1. Why were these booklets prepared?

These simple booklets on how to use the condom are to help men (and couples) use this family planning method correctly. When properly used every time a couple has intercourse, the condom is a good method of family planning--between 90 and 97 percent effective. However, if the condom is not used properly, it is not very effective in preventing pregnancy. People may then believe that condoms do not work. Rumors will spread, causing others to distrust condoms.

2. When to use these booklets?

These booklets are for you to use every time you explain how to use condoms to a user or potential user of this method, whether or not the client can read. You should then give the booklet to the client to take home.

3. How can use of the booklet help you?

Use of the booklet can make your job easier. Showing the pictures while you explain the method will make the client see exactly what to do, and will help reinforce the information you are giving. It will also offer an opportunity for the client to ask questions as you go along. This will help you to know if the client understands the information.

When using the booklets to explain a method, GO THROUGH EACH PAGE ONE BY ONE WITH THE CLIENT. You can discuss any messages that seem unclear in greater detail. When you explain a message, point to the picture as you talk, not to the words which appear at the bottom. It is the pictures which help to emphasize and clarify what you are telling him.

4. <u>What are the main messages you should review as you point out the pictorial instructions?</u>

Page 2-3: This booklet tells a story about a health worker, just like you, who calls on a couple and explains how the condom can be used by couples who want to space their families.

Page 4: Instructions that need to be explained to each client:

- Before intercourse, place the condom on the tip of the erect penis and gently unroll it, leaving a little space at the tip to collect the ejaculate.

- Unroll it gently and be careful not to tear it. Do not pull it.

- As soon as the condom is properly covering the penis, but not before, the couple can have intercourse.

- After intercourse, be careful when removing the condom so that no semen is spilled anywhere near your partner's vagina.

Page 5: Before sex, remind the man to carefully open the packet and remove one condom. He must use a new condom each time he has sex.

Page 6: He should throw the condom away after use, where no one will find it.

Page 7-11: In the booklet, the couple's youngest child is old enough to go to school. The couple decides they want another baby. The man stops using condoms so his wife can become pregnant.

Page 12: After the birth of the new baby, the couple again begins using condoms as they want to plan their family.

Page 13: Your client can get condoms from a health post, from a pharmacy, or from community health workers like you.

Page 14-15: The condom is a good method of family planning for all different kinds of Nepali men. As the children grow up, the couple should consider a permanent method.

5. What additional information about the condom might you want to provide to clients?

- There are no side effects associated with condom use.

- Condoms will keep for many months if the temperature is not too hot and if they are not directly exposed to sunlight or to fluorescent light. Do not leave condoms on a window sill. Do not keep condoms in a wallet, as body heat can cause the rubber to deteriorate.

- Handle the condom gently to avoid tearing it.

- The penis should be withdrawn soon after ejaculation because when you lose your erection the condom can slip off in the women's vagina and pregnancy can result.

- Using a condom also helps protect against sexually transmitted diseases such as syphilis and gonorrhea.

6. What are some of the advantages of using condoms that you can share with your clients?

Condoms are:

- reliable
- inexpensive
- small, lightweight, and disposable.

Condoms:

- require no medical examination
- require no follow-up
- have no side effects

- give the man an active role in family planning
- provide some protection against sexually transmitted diseases.

7. <u>What should you do before leaving the client (or couple)</u>?

- Ask if the client has any questions.
- As a review, ask the client to explain how to properly use the condom.
- Make sure the client takes a copy of the booklet home.
- Remind the client to keep the booklet with the supply of condoms in a safe place, so that it can be referred back to whenever needed.
- Suggest that the booklet be shared with friends.

APPENDIX B (Condom info. for PBHW)

कण्डोमको पुस्तिकाहरू कसरी प्रयोग गर्ने

स्वास्थ्य कार्यकर्ताहरूलाई आवश्यक सूचनाहरू

१) यो पुस्तिकाहरू किन तयार गर्नुको कारण

यो साना पुस्तिकाहरूमा लोग्ने मानिसहरूले परिवार नियोजनको अस्थायी साधन कण्डोम कसरी ठीक सित प्रयोग गर्ने भन्ने कुरा देखाइएको छ । यदि दम्पतीहरूले संयोग गरे पिछे ठीक तरिकासित कण्डोम प्रयोग गरेमा परिवार नियोजनको यो साधन ९० देखि ९५ प्रतिशत सम्म प्रभावकारी हुन्छ। तर यदि कण्डोम प्रयोग गरेको तरिका नमिलेमा यसबाट गर्भाधान रोक्ने क्षमता हुँदैन । यस्तो अवस्थामा मानिसहरूले कण्डोम माथि विश्वास गर्न छाडन सक्छन । यस्ता हल्लाहरू फैलेर अरूहरूले पनि कण्डोम प्रति विश्वास गर्न छाडन सक्छन ।

२) यो पुस्तिकाहरू कहिले प्रयोगमा ल्याउने ?

यो पुस्तिकाहरू कण्डोम कसरी प्रयोग गर्ने भन्ने बारे पढ्न जान्ने या नजान्ने दुवै थरीका नया तथा पुराना व्यक्तिहरूलाई बुझाउँदा स्वास्थ्य कार्यकर्ताहरूले प्रयोग गर्ने र तो व्यक्तिहरूलाई एक्लै यो पुस्तिकाहरू छोडी दिन जान पनि दिने ।

३) पुस्तिका प्रयोग गराई स्वास्थ्य कार्यकर्ताहरूलाई कस्तो प्रकारको सहयोग मिल्दछ ।

यो पुस्तिकाहरूको प्रयोगबाट स्वास्थ्य कार्यकर्ताहरूको कामका मुक्ति पुग्दछ । पुस्तिकामा भएका चित्रहरू देखाउनाले मानिसहरूले सजिलै सित कण्डोम कसरी ठीक ठिक ढंगले प्रयो गर्ने, भन्ने कुरा बुझ्न सक्छन । यसो गर्दा स्वास्थ्य कार्यकर्ताले भनिहेको कुरा उनीहरू राम्रो बुझ्छन् र नबुझेको कुरा सोध्ने मौका पनि उनीहरूलाई मिल्छ । साथ साथै कुरा सुन्ने मानिसले सही ढंगले थाहा पाएकोछ कि छैन भनेर थाहा पाउन सकिन्छ ।

पुस्तिका मार्फत कण्डोमको प्रयोग विधी - बुझाउँदा स्वास्थ्य कार्यकर्ताहरूले पुस्तिकाको पन्नाहरू एक एक गरी पल्टाएर देखाउँदै बुझाउनु पर्छ । धेरै जसो नबुझिएका कुरा वारे स्वास्थ्य कार्यकर्ताले छलफल गर्न सक्छन् । मानिसहरूमित कुराकानी गर्दा चित्र मुनि लेखिएका अक्षर देखाउने होइन कि चित्र देखाएर कुराहरू बुझाउनु पर्छ । किनकी चित्रबाट बुझाउन धेरै सजिलो हुन्छ ।

४) चित्रहरू देखाउँदा कुन कुरामा बुझाउँदा बढी जोड दिनु पर्छ ?

पेज २ र ३) यो पुस्तिकामा तपाइ जस्ते स्वास्थ्य कार्यकर्ताको बारेमा यथा कुन कार्यकर्ता केही वर्ष विरासे बच्चा जन्माउन चाहने दम्पतीहरू कहाँ डाक्टर या जाक्ट र तिनीहरूले कण्डम कसरी प्रयोग गर्नु पर्छ भनेर सिकाउँछ ।

पेज ४) कण्डोम प्रयोग गर्न चाहने महिलाई कण्डम कसरी प्रयोग गर्ने भन्ने बारे लुकाउने निर्देशनहरू दिने ।

संभोग गर्नु अगाडी लोग्नेमान्छेले आफ्नो ठेडको लिङ्गको टुप्पामा कण्डम राखी विस्तारै खोल्दै लगाउने तर यसरी लगाउदा टुप्पोमा सम्भोग पछि निस्कने वीर्य र शुक्रकोट रहन दिन अलिकति माथि ठाउं राख्नु पर्छ ।

- लिङ्गको टुप्पाबाट कण्डम विस्तारै लुकाउदै जानेर पुरा लिङ्ग छाप्नु पर्छ
- कण्डमले जब लिङ्गलाई पुरा ढाक्छ पछि मात्र संभोग गर्नु पर्छ
- संभोग गरिसके पछि आफ्नो श्रीमतीको योनी बाटो नझर्ने गरी कण्डमलाई होसियार साथ निकाल्नु पर्छ ।

पेज ५) संभोग गर्नु अगाडी यौटा कण्डोम फिक्नु पर्छ भनेर सम्झाउनु पर्छ । लोग्ने मान्छेले होक पटक संभोग गर्दा नयां कण्डम प्रयोग गर्नु पर्छ ।

पेज ६) प्रयोग गरीसकेको कण्डम कसैले नभेट्टाउने ठाउंमा फाल्नु पर्छ ।

पेज ७-११) पुस्तिकामा देखाएको मानो बच्चा स्कूल जाने अवस्थाको छ । लोग्ने स्वास्नीले अर्को बच्चाको इच्छा गरेमा लोग्नेले सम्भोगको बेला कण्डम लगाउन कोड्नु पर्छ । यसो गर्दा आफ्नी श्रीमती गर्भवती हुन सक्छिन ।

पेज १२) नयां बच्चा जन्मिसकेपछि परिवार नियोजन गर्न चाहेको अवधि सम्म लोग्ने मान्छेले कण्डम प्रयोग गरिरहन सकून

पेज १३) कण्डम प्रयोग गर्ने व्यक्तिहरूले कण्डमहरू स्वास्थ्य केन्द्र, औषधी पसल तथा स्वास्थ्य कार्यकर्ताहरूबाट पाउन सक्छन ।

पेज १४-१४) विभिन्न जातिका नेपाली लोग्नेमान्छेहरूलाई कण्डोम परिवार नियोजनको राम्रो साधन हो । बच्चाहरू हुर्किसकेपछि लोग्ने स्वास्नीले स्थायी परिवार नियोजन गर्नुपर्छ ।

५) यस वाहेक स्वास्थ्य कार्यकर्ताहरूले कण्डमको बारेमा आफ्ना कण्डोम ग्राहकलाई अरु थप कुरा के भन्न चाहन्छन् ?

- कण्डम प्रयोग गर्नाले स्वास्थ्यमा कुनै खराब असरहरू हुंदैन ।
- धेरै गर्मी भएको ठाउंमा नसिएका वा घामका नराखेका कण्डम धेरै महिना सम्म काम लाग्न सक्दैन । फरयालको डिब्बा कण्डोम राख्नु हुन्न । त्यसैगरी च्यातिएका पनि कण्डम राखी हाल्न हुंदैन किनकी आफ्ने शरीरको तातोले स्वास्नीई बिगार्न सक्दछ ।
- होसियार साथ कण्डमलाई फुकाल्न पर्छ किनकी यो च्यातिने डर हुन्छ ।
- संभोगको समयमा वीर्य झरेपछि लिङ्गलाई योनीबाट फिक्नु पर्छ नफिकेमा कण्डम फुस्केर आफ्नाको योनी भित्र पर्न सक्छ । जसले गर्दा उनी गर्भवती हुन सक्छ ।

- कण्डम प्रयोग गर्नाले यौन रोगहरू जस्तै एड्स रोगहरूबाट बचाउँछ ।
- ~~पोमोमले तेस्रमा कण्डम ~~ ~~ताततिमा या सोनो नित्र अलेका तुरन्ते पोनीलाई~~ ~~कागतो पानी ले दुनै अपिलो पानीले सफा गर्नु पर्छ~~ ।

६) कण्डमबाट के के फाइदा हुन्छ भनेर आफ्ना कण्डोम ग्राहकहरूलाई बताउन सकिन्छ ।

कण्डमहरू :-

- भारपर्ने
- अरू साधन जस्तो महंगो नहुने
- सानो हल्को र फयाक्ट लाई मिलो

कण्डोम प्रयोग गर्दा :-

- डाक्टरलाई जचाउनु पर्दैन
- फलोअप गर्नु पर्दैन
- कुनै साइड असरहरू हुँदैनन
- परिवार नियोजन गर्ना लोग्ने मानिसहरूलाई सक्रिय गराउँछ ।
- यौन सम्बन्धी रोगहरूबाट बचाउँछ ।

७) कण्डमका ग्राहकको घरबाट निस्कनु अगाडि स्वास्थ्य कार्यकर्ताले के गर्नु पर्छ ?

- ग्राहकसंग केही प्रश्न छ भने सोध्ने ।
- उनीहरूले राम्रो संफोस भन्नालोगि उनीहरूसंग कण्डम कसरी प्रयोग गर्ने भनि सोध्ने
- ग्राहकले पुस्तिका घरमा लगेको छ हैन स्वास्थ्य कार्यकर्ताले ध्यान दिनु पर्छ ।
- कण्डम सगै पुस्तिकापनि राख्नु पर्छ भनेर ग्राहकलाई संझाउने जिनको आवश्यक परेमा बेलामा हेरा बुझन पुस्तिका तुरन्ते हेर्न सकिन्छ ।
- पुस्तिकाहरू आफ्ना साथीहरूलाई पनि देखाउनु भनि उनीहरूलाई सल्लाह दिने ।

Completed at conclusion of workshop.

APPENDIX B

Evaluation Questionnaire for RTOs

1) What did you learn during this training about how health workers should use print materials when motivating and instructing clients ?

_____
_____
_____
_____
_____
_____
_____

2) Why are print materials helpful ?
To whom are they helpful ?

_____
_____
_____
_____

3) Which part of the training was most useful ? (you can check more than one answer)

_____ Discussion of role of RTOs

_____ Lecture on importance & role of print materials

_____ Demonstration of how materials were prepared

_____ Demonstration by IEC unit on how to motivate & instruct using the new material

_____ Practice & role-play by RTOs on how to use materials

_____ Explanation of information sheets prepared for health workers

_____ Practice in how to train health workers

_____ Development of a monitoring plan

.../..

4) Which part of the training was least useful ? (you can check more than one answer).

_____ Discussion of role of RTOs

_____ Lecture on importance & role of print materials

_____ Demonstration of how materials were prepared

_____ Demonstration by IEC unit on how to motivate & instruct using the new material

_____ Practice & role-play by RTOs on how to use materials

_____ Explanation of information sheets prepared for health workers

_____ Practice in how to train health workers

_____ Development of a monitoring plan

5) How could this training in use of print materials for health workers to share with their clients be improved ?

_____

_____

_____

_____

_____

MOTIVATIONAL BOOKLET MESSAGES

1. Ram and Shyam both got married in the month of Phagun.

2. After one year, Ram's wife, Suntaali, and Shyam's wife, Maaina, each had their first child.

3. One day, the family planning workers came to their village. Ram listened with interest about family planning. But Shyam argued with the worker and didn't let him come in to his home.

4. With the advice of the family planning worker, Ram and Suntaali waited three years before having another child. But Shyam and Maaina had children each year. There was no peace in Shyam's home.

5. Because she only has two children, Suntaali finishes her housework quickly and has more free time. But because Maaina has many children, she is always busy with housework.

6. Ram's children go to school but Shyam's children spend the day playing outside.

7. Ram's children have plenty of space to sleep but Shyam's children don't.

8. Because Ram only has one son, the son does not have to divide the land. But because Shyam has four children he must divide his land.

9. Ram's son has a large field. Shyam's four sons have small fields.

10. After seeing Ram's happy life, Shyam and Maaina came to Ram for advice. Ram explained to Shyam the results of overpopulation.

11. If there are many people in a village, deforestation results and erosion and landslides can occur.

12. If there are too many people, it will be difficult for people to get water and food.

13. It will be dirty in the village and many people will get sick. There will not be enough medical care.

14. Ram shows the picture (FP symbol) to Shyam and explains that he can get help from the family planning office in order to have a small family.

15. Permanent methods (operation so you never have babies) and temporary methods (for birth spacing) for men and women, as shown in the picture, are available. You can choose the method that is best for you.

16. Contraceptive supplies and services are available from health post, pharmacies, and from community health workers.

17. Contraceptive services are available to all kinds of husbands and wives in Nepal.

PILL QUESTIONNAIRE FOR CLIENTS

A. Recall of Booklet Information/Instructions:

1) Were you given this booklet ? (Show it but do not give the booklet to the client yet).

Yes _____

No _____

a) If yes, who gave it to you ?

Clinic personnel _____

Fieldworker _____

Other person (Explain) _____

b) If no, did you ever see this booklet ?

Yes _____, Where? _____

No _____

2) Did the person who gave you the booklet explain each message and picture to you ?

Yes _____

No _____

3) When should you take your first pill? (Do not show the booklet to the client now).

_____

5) When should you start the second package of pills?

_____

6) If you forget to take one pill, what should you do ?

_____

7) If you forget to take two pills, what should you do ?

_____

.../..

8) What side efforts may a woman have when taking the pill ?

_____

9) How long do these side effects usually last ?

_____

10) What can she do if the side effects continue too long ?

_____

11) What kinds of work can you do when you are taking the pill ?

_____

B. Behavioral Questions:

12) Have you referred back to the booklet since you first ereceived it ?

Yes _____, How often ? _____

No _____

a) If yes, why did you refer back to it ? _____

_____

b) If yes, was the booklet helpful to you ?

Yes, _____, How ? _____

No _____, Why not ? _____

13) Did you ever forget to take a pill ?

Yes _____, If yes, what did you do ? _____

_____

No _____

14) Did you ever forget to take two pills ?

Yes _____, If yes, What did you do ? _____

_____

No _____

15) Have you returned to the clinic or talked to a health worker since you started taking the pill ?

yes _____, Why ? _____

_____

16) Are you taking the pill now ?

Yes _____

No, _____, If not, why ? _____

_____

C. Attitudes/Acceptability of Booklet:

17) Have you shared the booklet with anyone ?

Yes _____, If yes, with whom ? (Can check more than one)

Husband _____

Other family member _____

Neighbor _____

Friends _____

Others _____

No _____

18) Did you tell anyone where she could go to get more information about the pill ?

Yes _____, Where ? _____

No _____

(At this point, hand the booklet to the client so she can leaf through it.)

19) Should any drawings or messages in the booklet be made more clear ?

Yes _____

No _____, If no, what are the drawings or messages that should be clarified.

Indicate Page No. and Explain _____

_____

_____

.../..

20) If we were to reprint this booklet, what suggestions would you make for changes that would make the booklet clear or additions that would answer other questions you might have ?

_____

_____

_____

None _____

QUESTIONNAIRE FOR HEALTH WORKERS ABOUT _____ BOOKLET

Note: Be sure to write in blank space above the name of the booklet you are discussing.

1) Are you using the booklet when you explain method use to your clients?

Always _____

Often _____

Sometimes _____

Seldom _____

Never _____

2) If you are not using the booklet or using it only occasionally, explain why?

_____

_____

3) Do you go through the booklet page by page with your client?

Yes _____

No _____ If not, why? _____

_____

4) Is the booklet helpful to you in explaining proper use of the method to clients?

Yes _____, If yes, how? _____

_____

No _____, If no, why not? _____

_____

5) Does it take more or less time to explain proper use of the method when you are using the booklet?

More _____, If more, why? _____

Less _____ _____

No Difference _____

6) Which pages (messages) generate the most questions from your clients?

_____

_____

7) Do any drawings seem unclear to them?

Yes _____, If yes, which ones? _____

_____

No _____

8) After using these materials, are there any drawings or messages in the booklet which you think should be improved?

Yes _____

No _____

9) If some drawings or messages should be improved, please state which ones.

_____

10) What suggestions, if any, do you have to improve the drawings or messages?

_____

11) Does use of booklets like this one make your job of explaining and providing instructions any easier than it was before you had a booklet to use?

Yes _____, If yes, why? _____

_____

No _____, If no, Why? _____

_____

12) Do you think the booklet is useful to your clients?

Yes _____, In what way ? _____

_____

No _____, Why not? _____

_____

13) Would you find similar booklets on other topics useful?

Yes _____ No _____

If yes, which topics? _____

_____

SV

PRINT MATERIALS PROJECT SCHEDULE

Appendix E - Workplan

DURATION	PILL/CONDOM BOOKLETS	MOTIVATIONAL BOOKLET ORS CARD
Feb 1. - Feb 15	- Produce handouts - Distribute handouts, booklets to Dharan RTO - Send supplies and forms to Biratnagar FPO(Lata Dhakal) - Orient other RTOs; distribute materials - Send letters and samples to FPOs - Orient Training Division; coordinate activities - RTOs begin PBH, CHL training.	MB: Finalize Select printer - Make color, format, cover decisions - Send for printing ORS:- If decision reached by NDDCPC, develop materials for pretesting
Feb 16 - Feb 28	- Monitor trainings Compile lists of trainees, monitor distribution & resupply - Coordinate with Population Year to work with mother's groups - Field visits, training	MB - Printing - Develop handout and cover letter for RTOs (how to use booklet) ORS - Pretesting
March 1 - March 15	-Present booklets at regional Seminars; include motivational booklet prototype.	MB: - Printing - Produce handouts, letter ORS - Pretesting
Mar 16 - Mar 31	- Monitoring & resupply - Plan evaluation SUBMIT FOURTH QUARTERLY REPORTS	MB - Printing finished. ORS - Pretesting - Investigate printing
Apr 1 - Apr 15	- As above	MB - Distribute booklets, handouts, and cover letters ORS - Finalize - Send copies to Margot + Scott - Send copy to JHU/PCS for approval - Investigate printing

DURATEION	PILL/CONDOM BOOKETS	MOTIVATIONAL BOOKLET ORS CARD
Apr 16 - Apr 30	- Prepare for follow-up visit (Organize evaluation activities in Biratnagar and Dhankuta)	MB - Monitor distribution & resupply ORS - Finalize - Make printing decision
May 1 - May 15	- Evaluation in Field - Follow-up visit by MCZ & SW - Develop new project - Begin final report	MB - as above ORS - Get approval - Send for printing - Develop handout, cover letters
May 16 - May 31	- Continue final report - Submit new proposal	MB - As above ORS - Produce handout, cover letters - Printing
June - June 15	- Continue final report	MB - as above ORS - Printing - Distribution
June 16 - June 30	- Plan for reprinting	MB - as above ORS - as above

SUBMIT FINAL REPORTS