

# **Health facilitators in family planning: IEC<sup>1</sup> material and training IAF in Ethiopia, Reproductive Health programme Process report June 2011**

---

## **Context and rationale**

In the last 5 years, 2 reproductive health initiatives had been developed in parallel of food security programme in Kacha Bira and Damot Gale in order to promote population control. These initiatives were developed separately. Along with the TB reach programme, other Reproductive Health (RH) activities were developed. End of 2010, the RH initiatives were gathered into a full programme while beginning of 2011, a methodology for animation has been implemented (cf report: RH animators IEC & training March 2011).

In parallel, discussions were conducted on the way to reach sustainability by accompanying the Health Extension Workers (HEW) — ultimately responsible for promotion and access to family planning in the communities — and the need for a particular methodology to enhance the quality of family planning services with the above mentioned HEWs. This is how the health facilitator position was created in order to analyze the activities, formulate tailored recommendations, build health workers' capacities before the phasing-out of Inter Aide's team from the kebele of work.

## IEC material

As the material was non-existent, it was necessary to create tools. During the first three months of their contracts, the health facilitators were therefore encouraged to visit HEWs and analyze their activities in family planning: where they good or not?

From their difficulties in conducting field research, tools were created to help them overview the focus persons to meet and which questions were important to ask.

From their first analysis of the quality, a set of indicators was discussed and agreed upon.

Tools for capacity-building of HEWs were designed to encourage practicality and participation: indeed HEWs receive a large number of trainings which do not result in an increased involvement in the field, as there is a lack of practical follow-up.

## **Training design**

In order to optimize the use the IEC material and implement the methodology, a training was necessary as the majority of animators never had a training in their field of activities.

The context of health facilitator work, theory and discussion

- Aim and methodology of IA
- Working with a team that is independent
- Issues of the field: presence, motivation

---

## <sup>1</sup> **ACRONYMS :**

IEC : information Education and Communication

IAF : Inter Aide France

RH : Reproductive Health

HEW : Health Extension Worker

The health facilitators particularly shared their concerns regarding the HEWs' lack of motivation, their frequent absences and request for training per diem. The discussion was therefore on the difficulties and frustration that arise from working with a partner team and how to overcome the problem.

The data collection, theory and discussion

- Theory
- How to approach people in the field
- Difficulties encountered

The data collection tool was clear for the health facilitators. The issue of what to do when an event cannot be observed (ex: the arrival of a new users) was developed.

Case studies and role-plays on how to approach people in the field were conducted: the importance of being attentive, open and being able to stop a discussion when the person visited is not at ease was underlined.

The data analysis and recommendation making, theory and practice

- Theory
- Practice
- Sharing the outcomes

All participants analyzed the data collected on *kebeles*<sup>2</sup> they didn't know. The results were quite equivalent to the ones given by the health facilitator who did make analysis and recommendations originally, showing a good understanding of the way to manipulate data (from collection to recommendation making).

Tailoring recommendations seemed sometimes a bit difficult for the health facilitators.

Meeting with authorities, planning the work, discussion

- Why organizing with authorities?
- Who is responsible of what?

This part was a source of worry for health-facilitators: however, it is clear that this topic is more the responsibility of supervisors and PO.

Preparing the capacity-building of field workers, theory and practice

- Theory and aim: how to work in harmony
- How to organize
- Practice

The 1<sup>st</sup> step was about planning of capacity-building implementation. It was defined as follows:

- Analysis and recommendation making
- Small – informal presentation of outcomes to HEWs
- Small – informal presentation of the outcomes to the HEWs' supervisors if possible
- Meeting at health office with HEWs' supervisors for formal restitution
  - Discussion about necessary involvement of health office and workers
  - Authorization for capacity-building at Woreda<sup>3</sup> and field levels
- Capacity-building / 'common understanding meeting' (1 day) at Woreda office for all concerned HEWs
- Field support: 1 week (to adapt) capacity-building per Kebele

---

<sup>2</sup> Kebele : smallest administrative unit

<sup>3</sup> District

- 2-3 months follow-up (3 visits per kebele during 1-2 days per month with involvement of the HEWs' supervisor)
- Review-meeting with health workers and health office
- Switch kebele

The 2<sup>nd</sup> step was about practicing capacity-building activities. There is a real need to pursue the work there. The health facilitators were not completely at ease in running practical exercises; they tend to be 'teaching' rather than discussing or encouraging.

Emphasis on "5 Ps" was given: **P**repare your training, **P**ractise your topics and exercises, and make it **P**ractical for trainees as well as **P**articipatory. Never forget to **P**raise people in what they do: training adults is not like training young people. All trainees need recognition.

A close follow-up is planned when preparing the capacity-building activities and during the 1<sup>st</sup> rows of implementation of the field follow-up.

Sustainability, discussion

- How to make the follow-up
- Review meetings
- How to transfer the kebele and switch, the question of sustainability

The health facilitators are a bit reluctant to envision following-up only 2 to 3 months. They were encouraged to give particular attention in 'transferring' their knowledge and methodology of supervision of the quality to HEWs' supervisors.

### **First evaluation**

At the end of the training, the health facilitators seem more confident about the conduct of their activities and the difficulties they had already met in the field.

It is expected that they will work quicker from now on as the tools are understood and the planning set.

Monitoring will be conducted all along 2011 and evaluation will be implemented in 6-8 months.