Health facilitator in family-planning guidelines

Purpose of the guidelines

The aim of this manual **is to accompany the health facilitator working with InterAide in his/her work.**

The health facilitator's work is divided in 3 moments:

- A first step of research on family planning services in the kebele[1] of work
- A second step of identification of the gaps and needs of the different health workers and community members
- A third step of action in order to enhance the quality of family planning services

The health facilitator's work is complex and requires flexibility. Indeed, as you work on field research, capacity-building, etc, your activities depend on the availability of people in the field, on the topography and the level of quality of the place of work (if it is very good, it will be quick and reversely).

The following are to be used not as rigid guidelines but as a helping manual in the conduct of health facilitator's work.

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[1] Kebele : smallest administrative unit

RESEARCHING: ANALYSING THE QUALITY OF THE HEALTH SERVICES IN FAMILY PLANNING

The aim of this chapter is to facilitate the research and analysis work of the health facilitator. The health facilitator is not indeed a research specialist. The following methodology was designed to conduct a field research in the best conditions.

Researching is a time for the health facilitator to learn about the health services, the way they are provided and finally, to judge if they are of good quality.

A good research is done while aiming for objectivity and neutrality:

- All quotes and observation shall aim to be **non-accommodating.**
  For example, if the situation observed show a poor involvement of the health worker, the idea is not to report that she is doing ok in order not to hurt her: this will neither help her nor the community.
- **Opinions shall be not reported as facts.**
  For example, if a health worker reports being in need of capacity-building, it should be reported as so 'the health worker wants a capacity-building training' not 'health worker needs capacity-building'.
- The health facilitator **should not aim to please** somebody in particular.
  For instance, if the situation observed will not please InterAide, this should not be hidden: the idea is to identify gaps and problems

A good research is based on solid and documented data and information.
All analysis, recommendations and conclusions shall be done on solid ground with clear explanations.
For example, if something is stated as 'good', this should be explained: good compare to what? What are the grounds to say that is it good, how is it measured?

This will be developed all along the manual.

1st step: Planning your research

The research moment should take between **2 weeks per kebele.**
This should be planned by the Health Facilitator with the supervisor but also with the concerned Health Extension Worker (HEW).

Approximation of days needed per research topics and places

- Discussion with HEW in health post and visit of the health centre: 2 days
- Visit of outreach sites: 2 days per outreach sites (observation in outreach site + visit of volunteers/ community members/ beneficiaries around) x by the number of outreach sites = 4 to 8 days
- Field visits in some ketena : 2-3 days

Visits in outreach sites shall be done while the HEWs are there; that is why it is very important to collect their programme and discuss with them the fact that you will accompany them.
Going to visit all outreach sites may therefore require that you extend your field research time.

Suggestion: in order to save time, you can decide to cover more than 1 kebele at the same time.

Remember:
Some field visits are better done alone: try to meet volunteers and community members alone in order to avoid biased answers from these persons if they are in presence of somebody they could be afraid to upset.

Don't forget:
HEWs are not part our project's team: they are independent and we are only there in support: be diplomatic, supportive and respect their huge work**.**

After the planning, we can see two moments in this research:

- **the data collection**
- **the information analysis**

2d step: The Data collection

Data and information

Data corresponds to 'raw input' that will after be arranged in a 'meaningful output'. We can say that **data is a piece of information that should be organized in a specific way to give proper information** with an unambiguous meaning in a specific context.

A basic example

A hospital nurse is visiting a patient. The data about the patient are put on a notice in front of his bed that the nurse can read:

- The patient is a male of 32 years old
- Temperature is 38, 7 °c,
- temperature on the last 24 hours never decreased below 38,5°c
- the patient was given 1 g of paracetamol 4 hours ago and 500 mg aspirin 16hours, 12 hours and 8 hours ago

These are data: they have no particular meaning for people who have no knowledge of health; these are only facts without interpretation.
These data will become information when they will be interpreted and confronted together by the nurse who has knowledge of health and knowledge of health indicators such as what should be the body temperature of a healthy person, what are the signs of health improvement when medicines are given…
As the nurse knows that temperature of a healthy person should be 37 °c, he can say that the temperature is too high for a human being. So he can say that a temperature of 38,7°c is not a healthy temperature in that case. This is information.

But this piece of information — the temperature — can be interpreted differently in another context and will therefore, provide another information.
For example, the temperature of 38,7°c can be interpreted differently in different contexts: if we are talking about an adult man temperature, it is not healthy but if we are talking about a cow, this is normal!

Example in the context of family-planning quality

The extension health worker reports 75% of family- planning coverage. 75% of family planning coverage is a data.
Another data can be Inter Aide reporting of 40% family-planning coverage.
If we confront these 2 data, we can interpret, and give different information:

- the 2 sources have a different way of counting
- as we know the field and the communities, we may suggest that 75% is not realistic

Of course, we always interpret directly the data we receive. The difference between data and information is theoretical. What is important to remember is that data are pieces of information that can be interpreted in different ways to have different meanings.

The methods to collect data

We collect data for a specific purpose, in a specific way and in a specific manner (why, what and how).

For InterAide in the field of Family-Planning quality:
Why? We collect data in order to answer a specific objective that is to obtain information on the quality of the family planning services
What? We observe a precise object (the family planning services) in a specific place (in a kebele of work, in places covered by Health Extension Workers) at a specific moment (after the animation work)
How? We follow a define procedure to collect these data
Interviews of health suppliers and beneficiaries and observations of services delivery were chosen as the best means to collect information in our context.

Remember that data, in order to be usable, must all be in written form.

Interviews
It is a formal discussion between the interviewer and a person chosen specifically for the discussion. The goal is to gather diverse points of view.
It takes place as a goal-oriented conversation with a questionnaire that is not limited: the questionnaire is there to guide the discussion: questions can be made outside the ones already written.

Be careful!

- never introduce your own bias or try to influence the interviewee: play the 'village idiot' and always ask 'why' without suggesting answers
- reassure the interviewee of the confidential nature of the interview: we are here to support people not to judge them

Remember:
Choose a good time and location with the interviewee
Always explain the purpose of the interview and present yourself
Take notes on the interview + notes in the margin on your own thinking

Observation
Observation is a qualitative method of collecting data which may be observed, such as gestures (how a person is welcomed), places (conditions in which new users are received), phrases or addresses (types of interaction between health workers and users), figures (number of people in the room), time (average waiting time for a service), etc.

Be careful!

- Participatory observation is a difficult technique because you must be able to understand your own impact when using this method.
  For example: if you participate in the welcoming of a new user, the HEW may be shyer in your presence or the contrary
- It is a method which often requires a lot of time: you have to follow people's activities during a long moment (in outreach sites, in houses…)

Observation is not always possible to plan: it is difficult to know for sure when a new user will come, for example. That is why it is good to plan with the HEW the best time for you to come. In case observation was not possible to do (for example, no new user came during the time you were collecting data), it should be compensated by the interviews of the beneficiaries in the field.

Remember:
Collection of data should be cross-checked. There can be a gap between what one says and what one does. Observation makes it possible to judge the gap between what people say and what people do in reality.

When a health worker tells you something, you should check with community members and volunteers: people can have different perceptions. Also, by observing you can see if what she says is what she does.

Example of cross-checking in the context of family-planning

The HEW can tell that she is good in welcoming new users
When you ask the new users, they report that they were not well informed
When you observed you saw that HEW forgot to ask some questions
Later, when you will confront these 3 data, your analysis will be that there is a gap between what the HEW does and what she says. Therefore there may be a need for action.

Data collection is a time for observation and asking, not a moment of action.

WATCH AND ASK

THE DATA COLLECTION TOOL

It is a time to ask and to watch. No time to judge or comment.
Before asking questions, don't forget to present yourself and your work, check with the person that it is an appropriate time and place for her/him, and make clear that you are making a collection of data and you will not be able to provide answers, solutions and materials for all.
Always ask for details, lot of details… **Always ask 'why?'**

Remember that the tool is only a guideline for your work: other questions which are not in the tool may seem important to ask for you and reversely.

A- Data collection at health posts and health centres level

I- General questions

1) How many health centres and health posts in this kebele?
2) How many outreach posts exist in this kebele?
3) What is the coverage of family planning according to your data?
4) What is the number of eligible women?
5) How many extension health workers are working there? What are their names and their length of work here?
6) Are HEWs always present in the posts? Do they leave nearby?
7) How many times do they spend on Family Planning issues?

II- Questions at health centre level (if there is one)

1) What is the name of the centre?
2) How many users do you receive per month?
3) What is the average time you spend on Family Planning?
4) In average, how many implants/depo/pills?
5) What kind of information do you provide along with contraceptives?
6) How do you welcome new users?
7) How do you register people?
8) How do you follow-up people who missed their appointment and defaulters?
9) Do you think errors can occur in the registration system? Why? Can you give example of common errors?
10) Do you provide specific attention and services to new users during the 1st year? What kind?
11) What are according to you, the explanation for defaulting?
12) What are your difficulties?
13) What are your needs in terms of tools and capacity building in family-planning?

III- Questions on family planning in health post

The following questions should be asked for each health post

1) What is the name of the health post?
2) How many users do you receive per month?
3) In average, how many implants/depo/pills?
4) Do you provide information each time?
5) How do you welcome new users?
6) How do you register people?

7) How do you follow-up people who missed their appointment and defaulters?
8) Do you think you sometimes make errors in the registration book? Why? Can you give example of common errors?
9) What kind of attention and services do you provide to new users during the 1st year?
10) What are according to you, the explanation for defaulting?
11) What are your difficulties?
12) What are your needs in terms of tools ad capacity building in family-planning?

IV- Questions on the support provided to extension health workers in their work

1) What are your last trainings or capacity-building meetings (from any organization or government body) and on which topics? When was your last review meeting?
2) Who is your HEW supervisor? How often is he/she coming? What is your appreciation of his/her support?
3) Do you have support from other NGOs? On which topics?
4) What are your general needs (material, capacity-building…)

V- Questions on the relationships with volunteers

1) How many volunteers do you have here? What are the names of the ones really involved in Family Planning and for how long have they been working as volunteers?
2) How do you recruit and train volunteers?
3) How many times do you meet them all together and separately?
4) What do you expect from volunteers?
5) Does it happen that you have to change volunteers because the quality of their work is low?
6) What are according to you, the needs of the volunteers?
7) How the 1 in 5 leaders are invested in Family Planning?

VI- Observation

Observe directly family-planning activities in health centres and health posts:

1) observe the arrival of a new user,
2) observe when and how they use the registration book
3) observe if they note down people who have not come to their appointment and if they organize house to house visit
4) have a look at the registration book,
    - Choose a name, asks the health worker to find this person back in the book if they use the old registration system. Note the time necessary for this action
    - If they use the new HIMS system, choose a number and ask the worker to find back the name (from the file), and reversely choose a name and ask the health worker to find back the entry in the registration book. Note the time necessary for this action
5) if you see defaulters, ask health workers about their plan
6) Assist to a meeting with volunteers

As you will interview some users later in the field, in the registration book pick 3-4 names of new users and 3-4 names of defaulters from different ketena. You will visit these ketena later and interview these persons. These interviews shall be done without the presence of health workers or volunteers.

B- Data collection at outreach site level

I- Questions on family planning (FP) in outreach sites

The following questions should be asked for each outreach site

1) What is the name of the outreach site?
2) What is the distance (in km and in time) from the health centre/post?
3) How is the topography?
4) How many sessions in FP are you making per month?
5) In average, how many implants/depo/pills?
6) Do you provide information each time?
7) How do you plan the material to bring?
8) How do you welcome new users?
9) How do you register people?
10) How do you follow-up defaulters?
11) Do you give particular attention to new users during the 1st year?
12) What are according to you, the explanation for defaulting?
13) What are your difficulties?
14) What are your needs in terms of tools and capacity building in family-planning?
15) What are the other activities made during outreach sessions in parallel with family planning?
16) Do you have questions or comments?

II- Observation in outreach sites

You should follow session in the outreach posts.

1) observe the arrival of a new user,
2) have a look in the registration book,
3) if you see defaulters, ask health workers about their plan

C- Questions to community members at ketene level

The following questions should be asked to all concerned groups in 4 to 5 ketena. Choose very different ketena, ex: one close to the health post, one far from outreach site…

Don't forget to introduce yourself and your work, to make sure people are ok to answer questions. Tell people that you collect information that will stay anonymous and will only be used by the NGO in order to organize support to HEWs for a better work in family-planning. Always thank people for their time, ask them if they have comments or questions themselves.

If asked, remind people that we can't provide answers for all their demands as we are making an analysis of the situation.

I- Questions to community leaders

1) How is the topography of your ketena?
2) What is the closest health delivery place (outreach post, health post, centre…)? How long does it take to go there?
3) Do you have an outreach post in your ketena? Do you think it is needed?
4) What are the health services you receive? What do you think of their quality?
5) What is the acceptance of family planning here?
6) Do you think the coverage is good? Do you think the family planning services are good?
7) Who are the health volunteers here? Are they fully involved?
8) Do you have questions or comments?

II- Questions to volunteers

17) What is your work as volunteer?
18) How would you rate the training you received from the HEW?
19) How many times do you meet with HEW?
20) What is the acceptance of family planning here?
21) Do you think the coverage is good? Do you think the family planning services are good?
22) What is your participation in family planning activities?
23) What do you think is needed for better family planning coverage here?
24) Would you be interested to work more on family planning?
25) What are your needs?
26) Do you have questions or comments?

III- Questions to community members

Randomly choose 4 to 5 houses in the ketene to ask the following questions

1) What is the closest health delivery place (outreach post, health post, centre…)?
2) Do you have an outreach post in your ketena? Do you think it is needed?
3) What are the health services you receive? What do you think of their quality?
4) What do you think about the work of volunteers?
5) What do you know about family planning? From whom do you receive your information?
6) Do you receive good services in family planning here?
7) What do you think is needed for better family planning coverage here?
8) About family planning, what are your questions?
9) Do you have other questions or comments?

IV- Questions to new users

From the HEW register you have taken a few names of new users.

1) Why did you decide to start family planning?
2) What contraceptive did you choose and why?
3) From whom did you receive information about family planning?
4) Where did you go to have contraceptive?
5) Where you welcomed well?
6) Did you receive good information about the different methods? Were you asked about your health condition and contra-indications? Where you informed about side effects?
7) What kind of attention did you receive during this year?
8) Do you trust the health workers' work?
9) About family planning, what are your questions?
10) Do you have other questions or comments?

V- Questions to defaulters

From the HEW's register you have taken a few names of defaulters.

1) What contraceptive were you using and why?
2) Why did you stopped?
3) What do you think about health services here?
4) Did you receive a visit of a health worker?
5) If yes, what did you discussed?
6) If you didn't receive a visit from HEW, do you think that you will be ok to receive contraception again if you had the visit of HEW?
7) Do you have questions or comments?

3d step: The Data analysis

After collecting data, it is time to analyse: to think, to judge, to evaluate.

A good analysis relies on supportive data: Details and precisions are required.

A basic example

Coming back to our nurse (cf. example in the 'data collection' part, p.5). The analysis of the nurse is that the health of the patient is not good. If somebody asks him/her, s/he can explain that it is not good because the temperature is too high, for too long and the medicines are not effective.

Example in the context of family-planning quality

The analysis of the health facilitator is that there is a problem in the way the official data are reported as the coverage is too high. If asked, he can explain that from his knowledge of the field and the reporting and registration habits of the HEW, baseline data from InterAide exhaustive survey, the official coverage rate is too high.

How to rate the quality?

How can we say that something is good or poor?

For example, how can the nurse say that the health of the patients is not good from the information about the patient health?

To rate an information, you need to confront it with indicators.

A basic example

The nurse confronts the information of his patient with indicators he has in his head about what is a good health such as: temperature should be of 37°c, temperature above 38,5°c during more than 24 hours is dangerous for health, if aspirin and paracetamol are not efficient to lower the temperature, urgent action is required.
Confronting the information from his patient to these indicators, the nurse can say that the health condition of the patient is poor.

In family planning services quality, different fields of investigation were chosen to cover exhaustively the topics were quality is needed:

- How new users are taken care of
- How defaulters are taken care of
- How registration is conducted
- How outreach services are conducted
- How volunteers are supporting

All the data needed to have the information so as to reply these questions were collected previously. What is needed now, are indicators to confront the information on these different topics.

Indicators for measuring the quality in Family-planning services

Quality care of new users

1) The potential new users are welcomed warmly
2) Privacy is respected (the potential new users are asked if they feel comfortable to talk in front of other people for example)
3) The HEW questions the potential new users about their visit
4) The potential new users are given exhaustive information about the different methods, their advantages and disadvantages
5) The potential new users are asked about their health history and possible contra-indications and/or pregnancy (or a pregnancy test is done)
6) The potential new users are the one to choose the contraceptive, they are told to take time to think about it if necessary
7) The new users are encouraged to come visit the HEW anytime
8) The new users are given a card with a clear appointment that is also explained orally

Quality follow-up of new users

1) There is a minimum of one weekly check in the book to see if the new users especially didn't miss the appointment date
2) When HEW meet a new user (in health post, outreach, during information session, at home,…), she takes time to discuss with her about her health condition, possible side effects, benefits of family planning
3) if they missed their appointment, the new users receive home visit before a week's time after the missed appointment
4) The new users give positive feedback about their interaction with HEW and declare feeling at ease with them

Quality follow-up of defaulters

1) HEWs identify people who are 15 days late for their appointment as potential defaulters
2) HEWs check at least every 15 days potential defaulters in the registration book
3) Potential defaulters receive home visit
4) Potential defaulters are asked open question about their late coming
5) If the person is not willing to use contraceptive anymore, she is offered an alternative (other contraceptive, meeting to discuss with the husband...)
6) If the defaulter is not willing to use contraceptive after having been offered an alternative, the HEW plans to come back a 2nd time 1 month after

Quality of outreach services

1) HEWs makes a monthly plan for the visit of outreach sites
2) The maximum walking time to the outreach post from any household is 30 minutes one way
3) The HEWs give clear information about when they are coming
4) The HEWs are always punctual
5) The HEWs stay a minimum of 2 hours
6) Each outreach site is visited at least 2 times per month
7) The HEWs know the number of users that will come at the outreach site and take enough material in consequence
8) The HEWs' sessions in outreach are equivalent in quality with the sessions given in health post
9) The community members report that the family planning services in the outreach sites are good enough for them to avoid going to the health post directly

Quality of registration

1) The registration book has:
    a. Numbers without mistakes
    b. Clear names written
    c. Clear age and children number per woman
    d. Clear location
    e. Clear appointment date
2) The HEWs easily find back a person in the book (less than 15 minutes)
3) If they use the new HIMS system, the HEWs easily find back the file of a person (less than 15 minutes)
4) The HEWs check the registration book at least once a week
5) The HEWs can give 3 causes of errors in the registration system (critical analysis of the tool)

Quality of volunteers

1) There is a minimum of 4 volunteers identified per outreach site
2) A minimum of one volunteer is active on family planning (take the names)
3) The volunteers receive training or refresher at least once a year
4) The volunteers meet with HEW minimum twice a week
5) The volunteers are involved in identifying potential new users
6) The volunteers are involved in following-up on new-users and defaulters
7) The volunteers encourage users and non-users to go to the health services

The 1 in 5 programme is too recent to imagine inserting indicators about it before 1 year.

Remember:
Indicators correspond to what we would like to find in a perfect world.
We are trying to reach the level offered by the indicators but we know that they cannot always be reached.

Confronting the collected data with the indicators

To fill the information in the topics and confront them with the indicators you should have all the data collected in hand. Do a **first reading** of the transcribed interview to understand as a whole. Then a second reading is necessary to fix the data in mind.

Then you can finally start **filing the report format** (report below) in order to classify the data per theme and indicators and rate the quality.

THE DATA ANALYSIS TOOL

It is a time to rate and evaluate.

All the data previously collected should be organised, then rated and commented. You should gather all your data per theme (care of new users…). For each indicator, you should give a point when it is achieved and no point when it is not done (you can give half points).

A small conclusion can be formulated after.

Quality care of new users	**point**	**comment**
1) The potential new users are welcomed warmly		
2) Privacy is respected (the potential new users are asked if they feel comfortable to talk in front of other people for example)		
3) The HEW questions the potential new users about their visit		
4) The potential new users are given exhaustive information about the different methods, their advantages and disadvantages		
5) The potential new users are asked about their health history and possible contra-indications and/or pregnancy (or a pregnancy test is done)		
6) The potential new users are the one to choose the contraceptive; they are told to take time to think about it if necessary		
7) The new users are encouraged to come visit the HEW anytime		
8) The new users are given a card with a clear appointment that is also explained orally		
Conclusion		

Quality follow-up of new users	**point**	**comment**
1) There is a minimum of one weekly check in the book to see if the new users especially didn't miss the appointment date		
2) When HEW meets a new user (in health post, outreach, during information session, at home…), she takes time to discuss with her about her health condition, possible side effects, benefits of family planning		
3) if they missed their appointment, the new users receive home visit before a week time after the missed appointment		
4) The new users give positive feedback about		

their interaction with HEW and declare feeling at ease with them		
Conclusion		

Quality follow-up of defaulters	**point**	**comment**
1) HEWs identify people who are 15 days late for their appointment as potential defaulters		
2) The HEWs check at least every 15 days potential defaulters in the registration book		
3) Potential defaulters receive home visit		
4) Potential defaulters are asked open question about their late coming		
5) If the person is not willing to use contraceptive anymore, she is offered an alternative (other contraceptive, meeting to discuss with the husband...)		
6) If the defaulter is not willing to use contraceptive after having been offered an alternative, the HEW plan to come back a 2nd time 1 month after		
Conclusion		

Quality of outreach services	**point**	**comment**
1) HEW make a monthly plan for the visit of outreach sites		
2) The maximum walking time to the outreach post from any household is 30 minutes one way		
3) The HEW give clear information about when they are coming		
4) The HEW are always punctual		
5) The HEW stay a minimum of 2 hours		
6) Each outreach site is visited at least 2 times per month		
7) The HEW know the number of users that will come at the outreach site and take enough material in consequence		

8) The HEW sessions in outreach are equivalent in quality with the sessions given in health post		
9) The community members report that the family planning services in the outreach sites are good enough for them to avoid going to the health post directly		
Conclusion		

Quality of registration	**point**	**comment**
1) The registration book has: a. Numbers without mistakes b. Clear names written c. Clear age and children number per woman d. Clear location e. Clear appointment date		
2) The HEWs easily find back a person in the book (less than 15 minutes)		
3) If they use the new HIMS system, the HEWs easily find back the file of a person (less than 15 minutes)		
4) The HEWs have a check at least once a week in the registration book		
Conclusion		

Quality of volunteers	**point**	**comment**
1) There is a minimum of 4 volunteers identified per outreach site		
2) A minimum of one volunteer is active on family planning (take the names)		
3) The volunteers receive training or refresher at least once a year		
4) The volunteers meet with HEW minimum twice a week		
5) The volunteers are involved into identifying potential new users		

6) The volunteers are involved in following-up on new-users and defaulters		
7) The volunteers encourage users and non-users to go to the health services		
Conclusion		

Other comments

Don't forget to join the map of the kebele to your report

Example of the report format use

In the part about care of new users, for the indicator 'the potential new user is welcomed warmly', all your data concerning this indicator shall be found there. Maybe all the new users you saw were welcomed

well, or maybe one out of 5 you saw or visited, reported being not well welcomed. This should be written in comment.

In a kebele, you observed that the HEW is reporting to have great care of new users, but in the reality she missed some points. The report can look as below:

Quality care of new users	**point**	**comment**
9) The potential new users are welcomed warmly	1/1	4 new users visited, 3 observed in health post or outreach. 1 visited reported not being welcomed well
10) Privacy is respected (the potential new users are asked if they feel comfortable to talk in front of other people for example)	0/1	Not asked and a lot of people are in the Health post most of the time
11) The HEW questions the potential new users about their visit	1/1	
12) The potential new users are given exhaustive information about the different methods, their advantages and disadvantages	1/1	
13) The potential new users are asked about their health history and possible contra-indications and/or pregnancy (or a pregnancy test is done)	0,5/1	Questions are asked but one time, no pregnancy test when the new user is not menstruating
14) The potential new users are the one to choose the contraceptive, they are told to take time to think about it if necessary	0/1	The new users are often pushed to decide to choose quickly, the HEW often advice implant strongly even if the woman wants another method
15) The new users are encouraged to come visit the HEW anytime	1/1	
16) The new users are given a card with a clear appointment that is also explained orally	1/1	
Conclusion The mark can be of 5,5/8 which is good. The new users interviewed in the field all reported that they appreciate the HEW care. Some improvement can be made regarding privacy, room for choice and strong checking of health state of the potential new user. Even if one new user reported not receiving a good welcome, this is a small number and from observation, the HEWs were very nice and welcoming.		

We just rated the quality with precise indicators and therefore identified gaps.
For example here, we identified what is to be improved

Be Careful:
What was established at one time T does not necessarily apply at a time T+1. That is why, following the analysis of the quality at this time T, quick action should be organised as the context can change.

4th step: Recommendations making

After the analysis, it is time to organise the different ideas and possible solutions into recommendations. **From the analysis, different problems or gaps are highlighted; solutions shall be sought to answer these problems.**

Different solutions can be offered: **a good recommendation is feasible, relevant** (tailored to the context and the beneficiaries, adapted to the strategy followed by the organisation), **cost-effective.**

A basic example

Coming back to our nurse (cf. example in the 'data collection' part, p.5).
From his analysis, he can suggest different things:

- To run other tests on his patient
- To refer him to another hospital
- To directly give him malaria medicines

According to the context, the nurse will choose the most appropriate answer:

- If the patient seems in bad condition and present other malaria symptoms while being in a place with no lab facilities, it would be better to directly give him malaria medicines.
- If the patient is in a good hospital with good lab facilities, it will be preferable to run tests first.

Example in the context of family-planning quality

From the previous report on the care of new users in a given kebele, we see that the HEW is giving quite a good care for the new users but some aspects of it can be enhanced.

- One thing that can be done is to recommend some theoretical capacity-building in general on care of new users
- Another suggestion can be to make small, on-the-field, capacity-building on the importance of giving space for choice and privacy to the users

The second recommendation is the more adapted to the particular case we are studying: indeed the HEW doesn't need a lot of training but more precise information on particular cases. This is also cost-effective as it will not be too long and too taxing for both HEW and the health facilitator as it will be one to one capacity-building onsite where practical examples can be made directly.

The recommendations making should be done in close partnership with the supervisor in order to ensure the relevance and cost-efficiency of the recommendation(s) chosen. We should be careful in the recommendations we choose: as **InterAide is working <u>in support</u>, all our activities shall be written and implemented in that way.**

5th step: Planning making

When your recommendations are made, it is time to start planning their implementation.

It is a time of reflexion within the team as the action can take several forms. Of course, capacity-building of the HEWs and volunteers is the most obvious. Then, advocacy can also be a part of your recommendations, for example if one outreach site is not frequented.

From your recommendations, the best is to list in between:

- **Capacity-building for HEWs**
- **Capacity building for volunteers** } **Tools**
- **Advocacy towards field workers (HEWs and volunteers)**
- **Advocacy towards Health authorities** } **Motivation**

For each of these topics, you should plan with the supervisor the time needed according to the needs.
Then your recommendations and your planning should be presented and discussed with its target beneficiaries. In the first hand, you should present your results, recommendations and planning to the HEWs: they are our main partners in the field and we aim to be supportive and transparent with them.

From these discussions with both HEW and Health office, you will be able to **plan your capacity-building programme: it is better to involve HEW in the planning to be sure that they will be available**.

Capacity-building should be short and practical: refer to the tools prepared. Refer to the next chapter.

Even if you are not planning to make advocacy at the Health Authorities level, a meeting to expose your results, recommendations and planning is more than necessary. If the meeting part is more a concern for the supervisor, don't hesitate to discuss it with the HEWs as they may have expectations in terms of support that you can provide and capacities that you can transfer.
The Health authorities will guarantee the programme's sustainability and we have to involve them: they have to feel concerned about the activities and get involve as we are slowly stepping-out of places. The aim will be to have a moral contract with them in terms of following-up HEWs and raised issues about the quality of family-planning services.

Your responsibility is to try to involve the HEW supervisors in your work: they should see what capacity-building you have made and what impact it has.

Following the capacity-building, you will have **2 months minimum to follow-up the activities of the HEWs. Try again to involve the HEWs' supervisors in visiting HEWs** and while on site, they should check the registration books, ask questions about the work as a minimum.
A review-meeting can be organised at the end of the period in the bunch of kebele involved in the quality work: it should be a time for sharing experiences, discussing worries, making recommendations and official hand-over to health office in presence of nurse supervisors and health office representative.
Again, it is more of the supervisor's responsibility to organise this meeting but you should be involved.
One idea can be a field visit with the health head representative and a report and recommendations giving.

Reminder

Remember
Data collection should be complete and cross-checked
Analysis should be neutral and objective
Recommendations should be justified and feasible
Action should be tailored and cost-effective

Again, don't forget that HEWs are not part of our team**.**

Your field work will have to be adapted according to the situations.

Remember always that **we aim for sustainability**: Inter Aide will leave the kebele at the end of the health facilitator's work and we should ensure that we invest in activities that will be sustained. For example, we should give capacity-building to motivate people, ensure the involvement of the HEWs' supervisors and the follow-up of the health office.

We cannot expect that the level will remain exactly as good as when you left: you were exclusively working on family planning when HEWs have to take care of 16 to 17 themes. You cannot expect them to put all their energy into family planning. This is also why we insist on making tools and capacity-building user-friendly, quick and simple: we cannot overload them.

ACTION: TOOLS FOR BUILDING THE CAPACITIES OF HEWs AND VOLUNTEERS

Following the analysis of the quality and the recommendation, some capacity-building activities can be organised.

The followings are tools for you to organise capacity-building: your activities have to be organised according to the needs of the HEW.
Your capacity-building shall always be tailored and carefully planned.

The capacity-building has to be practical and run in the field: HEWs have been trained before a number of times, there is no need for them to participate again in theoretical training at Woreda (District) level when they need onsite follow-up and tailored capacity-building.
It is possible to organise a **small theory meeting** (half a day to one day) with the different HEWs before **practical training**. However, never organise a training that is not **field-based and practical.**

Quality of the registration system

Theory

Filling the registration book

The registration book allows us to record all the contraceptive users, track their absence and the potential defaulters. **Without this book, the family-planning follow up will only fail.**
However, this book is not perfect. Even if it has been simplified with the time, it is still fastidious to check every line regularly when there is a work overload.

The first step is to facilitate the reading of this book by ensuring that all information are clear, easy to read and always given in the same way.

For example if on the 1st page the columns order can be:
Number of user/ name of user/ address/ number of children/ age/ date of the last contraceptive intake,
it is better to keep this order on the next pages.

It is better to take some time to make columns and to fill the columns' topics properly: if it takes more time now, it will be very useful when consulting the book.

Another really good initiative is to separate the users according to the contraceptive taken: somebody who needs the pill will come very often, depo users need to come every month while implant users come every 3 to 5 years. If they are in different part of the book, tracking them is easier as you don't need to think too much about what should be her next appointment date.

A perfect example will be the following:

Page of the registration book for Depo users

N°	Name	Address	Age	N° of children	injection	injection	injection	injection	injection

1	*Abebesh Kassa*	*Lasho*	*24*	*2*	*15/05/02*	*15/08/02*	*15/11/02*	*8/02/03*	*8/05/03*
2									
3									

Page of the registration book for Implant users

N°	Name	Address	Age	N° of children	implant	implant	implant
1	*Bezunesh Yilma*	*Zogoba*	*31*	*3*	*21/08/02 Patch number…*		
2							
3							

Why not do the same with pill and condoms if relevant?

One other very important point is to record carefully when people are switching to another contraceptive: these persons cannot be recorded as new users.

One possibility is the following with the example of a woman switching from Depo to implant:

Page of registration for Depo users will therefore be:

N°	Name	Address	Age	N° of children	injection	injection	injection	injection
1	*Almaz Binyam*	*Lasho*	*26*	*3*	*02/04/03 1 strip*	*02/05/03 3 strips*	***SWITCH TO IMPLANT***	
2								
3								

Page of the registration book for Implant users will be completed:

N°	Name	Address	Age	N° of children	implant	implant	implant
1	*Bezunesh Yilma*	*Zogoba*	*31*	*3*	*21/08/02 Patch number…*		
2	*Almaz Binyam* ***REPEATER***	*Lasho*	*26*	*3*	*10/07/03 Patch number…*		
3							

The ‘switch’ and the ‘repeating’ events shall be very clear in order to report correctly.

It happens sometimes that some users change of post or even go to health centre: it is important to write it in the book: if the line is left empty, it can be interpreted as defaulting.

Of course, if the registration method used is with the new system (numbers and no names), the referral system can be longer and it is less easy to make different pages per type of contraceptive.

Quality is about:

The registration book has:

- Numbering without mistakes
- Clear names written
- Clear age and children number per woman
- Clear location
- Clear date for the last appointment
- Clear switch and defaulting reason if relevant

Identifying users expected for the coming days

The best way to ensure that users are not late or not defaulting and in order to prepare for the week and the family-planning continuous users to come is to **make appointment lists.**
It means to identify all the users who are supposed to come in the week to come.

The best would be to make the exercise on Mondays and to make one list per type of contraceptive. Marking who will be seen during outreach visits is also a good option to plan materials for outreach visits.

An example on how to identify Depo users expected for the week:

- if today we are the 12 Miaza 2003, the people who should come to renew their Depo intake this week are the users whose last appointment was between the 12th and 17th of Tir 2003. Then if in the registration book you identify users whose last visit was before the 5 of Tir you can also record as these persons are late and potential defaulters (cf. part on defaulter)

Quality is about:

The HEWs easily find users and expected users in the book

About the new registration system

Of course if HEWs are using the new registration system, they will have a collection of numbers: it will take more time to find the relevant files.
In that case, we suggest having **a good archiving system**. If the files are not organized, they can spend a long time looking for one and if they have more than 500 files, this can correspond to hours of searching!

HEWs shall try to keep all the files in order or even a list of number and corresponding names in the archives: if it takes time at first, it will ease their future work a lot.

Example:

N°	Name
00046-0503	*Bezunesh Yilma*
00145-0603	*Abebesh Kassa*
00201-0903	*Almaz Binyam*

HEWs can choose to have your files classified by alphabetic order or by numerical order: what is important is to have an organization and make everybody respect it.
The list will help them finding back the file.

Quality is about:

If they use the new HIMS system, the HEWs easily find the user from the number in the book, and the number in the book from the user name.

The regularity

The best way to enhance registration skills and quality is to regularly practice and to check the book: once a week seems often but then, with experience it will be quick.

Quality is about:

The HEWs have a check at least once a week in the registration book

What to do when both HEWs need the book?

To have 2 books can be difficult to manage and to check. If this is in use the book shall be used for a specific geographic area as otherwise you may duplicate info (have the same woman registered as new user if registered in the other book for another appointment).
One possibility is also to use only one book and for the other HEW to use a paper with data that will be copied in the book after.

Exercises

Make the HEWs organise appointment lists for the week to come (calculate the time necessary).

Make them prepare some book pages for future appointments.

Have a look with them in the book in order to identify discrepancies (such as missing info, defaulters with no reason...) and ask them how to improve this kind of problems in the future.

Make them do a planning of action for defaulters with no reason, and clarify if some data are incorrectly recorded.

If they use the new system, **check or make them organise their users' personal files and make a list of files.**
Make them look for users: from the registration book, take a number and ask the HEWs to look for the file. From a file name, ask the HEWs to look for the entry in the registration book. The time should be shorter than when you evaluate the quality the first time. Debrief with HEWs about it: Is it better or not? Why?

On-site practice

Try to check 2 weeks after the capacity-building meeting if appointment lists are made and if the registration book is getting better.
Calculate the time it takes them to make appointment lists: this should be decreasing and you should encourage the HEWs.
Debrief with them about the registration quality: what does it mean for them to work now? Is it better or not? Why?

Care of new users

Theory

The first contact

The relation between the user and the HEW should be immediately of good quality: if there is trust, the user will easily come back if she has problems of questions. The most important moment is therefore, the first time the woman arrives, meaning when she is a potential new user.

New users need the more attention. They don't know a lot about contraceptives, they maybe a bit shy and scared. They need special time and privacy in order to receive exhaustive information and to have room for any questions they can have. Don't hesitate to ask them if they want to speak in a quiet room.

Quality is about:

- The potential new users are welcomed warmly
- Privacy is respected (the potential new users are asked if they feel comfortable to talk in front of other people for example)
- The HEW questions the potential new users about their visit

The information to give

Exhaustive information about contraceptive is essential: what is important is that the woman is under a contraceptive not that she is under a specific one. It should always be for the woman to choose what is best for her.
For example: if a woman is given implant when she didn't really had time to think and to choose, if she starts having side-effects, she will easily feel like stopping and will not easily trust the HEW again.

Information about side-effects is also essential even if sometimes a bit negative: HEWs can be reluctant to tell negative things that will scare the potential new users, however, if they don't know about side-effects and start having some, they will be scared and stop completely and it will be really hard to make them accept family-planning again. On the contrary, if they are informed that some side-effects can happen and they start undergoing some, they will worry less and will be less tempted to stop the contraceptive.

Quality is about:

The potential new users are given exhaustive information about the different methods, their advantages and disadvantages

The information to receive

It is very important to have the maximum and relevant information about users in order to prevent some side-effects or more dangerous consequences of contraceptive use if the woman has contra-indications.
HEWs shall never fail to take time to record all: **HEWs are responsible for the health of the user.**

Also, HEWs shall **check that the woman is menstruating when she start her contraceptive**. In case the potential new user is not menstruating, the best is to either tell her to wait few weeks to see her menstruation coming back, either advise her to start with a short-term contraceptive (condom or pill).
HEWs shouldn't be afraid to offer that! They may fear that the woman will not come back but in fact, they are building a trustful and respectful relation.

Then, HEWs should record the user's name well and check upon her after 1 month.

Quality is about:

The potential new user are asked about their health history and possible contra-indications and/or pregnancy (or a pregnancy test is done)

Space for the user to choose

As said, **the potential user is the one to choose.** She should not be under a contraceptive that is chosen by the HEW. Often the HEW tends to recommend one contraceptive she has recently be trained about, or one that allows an easy follow-up. If those are advantages the HEW can expose to the user, all information should be given on other contraceptive for the potential new user to choose.
If the potential new user is unsure or hesitant about what to choose, the HEW should advise her to take time and if necessary, come back later. The HEW can advise her to start with a short-term contraceptive such as condom.
Again: HEW shouldn't be afraid to offer that! They may fear that the woman will not come back but in fact, they are building a trustful and respectful relation.

HEW should record her name well and check upon her after 15 days if she doesn't come back.

Quality is about:

The potential new users are the one to choose the contraceptive, they are told to take time to think about it if necessary

Finishing the first meeting with the new user

If it is important to start the meeting with a potential new user, it is as important to close it with a good attitude. The **HEW has to remind the woman that she is welcome anytime for questions and discussion**. If the woman is now a new user, the HEW has to make sure that she understands her appointment and have a clear appointment card. In case she cannot read, she can ask somebody to help her.

Quality is about:

- The new users are encouraged to come visit the HEW anytime
- The new users are given a card with a clear appointment that is also explained orally

Quality follow-up of new users

New users are the more at risk of defaulting for many reasons: side-effects that worry them, unused to remember appointments, information that are completely new and that are easy to forget, particularly sensitive on stories and rumours about contraceptive… They should be closely followed-up during the first year.

This starts with the checking of the registration book: **regular check should be ensured to record people who forgot their appointment**. It is particularly important for new users and it is also very easy to check the last pages. HEW should try to do it at least once per week and for all users recorded in the last 12 months.

For example:

- if today we are the 12 Miaza 2003, you should check all users who came for the 1st time after the 12 Miaza 2002.
- if today we are the 10 Nehasse 2003, you should check all users who came for the 1st time after the 10 Nehasse 2002.

The easiest way to check quickly if users missed their appointment is to count from today the date of the time the user came and to take again 7 days out.

For example:

- if today we are the 12 Miaza 2003, the people who should come to renew their contraceptive intake should be the 12 of Tir 2003, then if people have been late it means that their last visit is dated of before the 5 of Tir: these persons are the one to identify as late
- if today we are the 10 Meskerem 2004, the people who should come to renew their contraceptive intake should be the 17 of Sene 2003 (remember Pagume has only 6 days: it s better to count 90 days in that case from the 10th of Meskerem backward), then if people have been late it means that their last visit is dated of before the 10th of Tir 2003: these persons are the one to identify as late

HEWs should take every opportunity to discuss with the new user: in health post, outreach, during information session, at home… Each time, they should take a few minutes to greet her and ask her about her health condition. If she is happy perfect! If she has questions, HEWs have to take time to discuss or give her an appointment for a small informal meeting (in health post or at home).

The most important in the follow-up is to react quickly when new users miss their appointment. If the reasons can be very diverse, this should be assessed as soon as possible. A new user who missed her appointment shall receive a home visit within a week.

Quality is about:

- There is a minimum of one weekly check in the book to see if the new users especially didn't miss the appointment date
- When HEW meets a new user, she takes time to discuss with her about her health condition, possible side effects, benefits of family planning
- if they missed their appointment, the new users receive a home visit before a week time after the missed appointment

Exercise

The best is to practice with small case-studies or role-plays. Ask the HEW to act as she was receiving a potential new user (you will play this role).

Explore different situation where you will play the role of the potential new user:

- **You are a potential new user who is really afraid of side effects**
- **You are a potential new user who is not menstruating and not sure about being pregnant or not**
- **You are a very shy new user and you have a history of goitre**

Play each role-play till the end of the 'meeting' (welcome, discussion, finish), don't hesitate to make it difficult, don't give information easily: wait for the HEW to ask.

Debrief with the HEW at the end of each:

- What does she think about her performance?
- What needs to be improved according to her?
- What does she think will be the next step with this person (home visit? She will come back?…)

Then make her a quick evaluation of her performance/ always balance good points and points to improve! Don't say only negative or positive things.

Make one exercise about the follow-up:

- **Check in the registration book for appointment dates and possible late users** (taking reference date of today) and ask the HEW how she will react in case of absence.

One site practice

Try in the following weeks and months to attend to **3 potential new users meetings.**
Try also to attend **a home visit with a new user** and as for the quality analysis, **try to meet some new users** to know about the expected improvement of the HEWs' work.

Quality follow-up of defaulters

Theory

Defaulter is a very sensitive issue; it is linked with identification and reporting. Most of the time, HEWs report that tracing defaulters is difficult because of the tools available (registration book), the workload, the remoteness of some beneficiaries that are therefore difficult to meet.

However, the **care of defaulter is the key point to achieve good family planning coverage**. Indeed, it is good to have new users but if at the end we have more defaulters than new users, we miss an important point!

Identification of defaulters

The first step is to identify the users who have missed their appointment.

HEWs should identify the late users according to the range: minimum 1 week (7 days) and maximum 2 weeks late (15 days). If they check every week, they will always be able to identify late users during their 1st week of 'defaulting': which is aiming for a better follow-up.

In order to identify these persons, it is of utterly importance to have a regular check in the registration book. A good advice would be to check every week for both new and continuous users. The easiest way to check quickly if users missed their appointment is to count from today the date of the time the user came and to take again 7 days out.

For example:

- if today we are the 12 Miaza 2003, the people who should come to renew their contraceptive intake should be the 12 of Tir 2003, then if people have been late it means that their last visit is dated of before the 5 of Tir: these persons are the one to identify as late
- if today we are the 10 Meskerem 2004, the people who should come to renew their contraceptive intake should be the 17 of Sene 2003 (remember Pagume has only 6 days: it s better to count 90 days in that case from the 10th of Meskerem backward), then if people have been late it means that their last visit dates before the 3rd of Tir 2003: these persons should be identified as late.

Quality is about:

- HEWs identify people who are 15 days late for their appointment as potential defaulters
- The HEWs check at least every week potential defaulters in the registration book

Visiting potential defaulters

From the identification, **home visits shall be organized**: these should be planed according to the outreach visits in order to save time.

During the visit, you should stay open: the idea is to take information and understand the reasons of her late coming. The best is to **ask an open question**: a question that is not leading to an answer that For example instead of asking 'did you forget your appointment?' ask 'why didn't you come on time?' Indeed people may be tempted to answer to please you and can say 'yes' to a question just to avoid a further discussion.
HEWs should always respect the answer of the user.

If the user is only late because she didn't have time to come, remind her about the consequences of not renewing contraceptive on time.

Be careful. HEWs shall not advertise that they will make home visits for each late user and give contraceptive each time or all the users will end not coming to the health post or outreach post.

This visit can also be done by a volunteer, the HEW coming only in case of complex situation or real defaulter.

Quality is about:

- Potential defaulters receive home visit
- Potential defaulters are asked open question about their late coming

Addressing real defaulters

A late user is an easy situation but discussing with defaulter can be difficult. **Remember that a defaulting user can feel embarrassed** about her situation so you should be friendly and attentionate.

HEWs should ask open question to women who decided to stop contraceptive: just ask her 'why'? Then they should **offer support**:

- If the user has side-effect problems or use difficulties, suggest another contraceptive
- If she feels a social pressure reassure her about the benefits of family planning
- If she feels family pressure, offer to discuss with her husband or her family

HEW should not force anything or make judgment.

If after the discussion the woman agrees to either change contraceptive, the HEW has to give her a precise appointment to come back (at this occasion they have to take care of her as she was a new user).
In case she is willing to discuss again with you and her husband, HEW can make an appointment for that.

If after all, the defaulter refuses to take contraceptives again, it is better not to insist, the HEW can make it clear that she will always be available if the defaulter wants to discuss, and then leave. Then, the HEW can also plan to come back one month later to check the situation.

Quality is about:

- If the person is not willing to use contraceptive anymore, she is offered an alternative (other contraceptive, meeting to discuss with the husband...)
- If the defaulter is not willing to use contraceptive after having been offered an alternative, the HEW plan to come back a 2nd time 1 month after

Exercises

The first exercise should be about **identification of late users**. Ask the HEWs to identify late users in the registration book and to make a plan of visits according to their current weekly or monthly planning.

Then it is time for small **case-studies or role-plays**. Ask the HEW to act as she was visiting a potential defaulter (you will play this role).
Explore different situations in which you will play the role of the potential defaulter:

- You are a **potential new defaulter that is too busy** to come to the health post (you will even insist for the HEW to always come at home during the role-play)
- You are **a potential defaulter who has side effects** (you don't want to try another methods: you are also very scared about rumours)
- You stopped because **your husband threatened to leave you.**

Play each role-play till the end of the 'meeting' (welcome, discussion, finish), don't hesitate to make it difficult, don't give information easily: wait for the HEW to ask.
Debrief with the HEW at the end of each:

- What does she think about her performance?
- What needs to be improved according to her?
- What does she think will be the next step with this person (home visit? She will come back?…)

Then make her a quick evaluation of her performance/ always balance good points and points to improve! Don't say only negative or positive things.

Onsite practice

Try in the following weeks and months to check **3 times minimum about the potential defaulter identification and planning of visits.**
Try also to attend to some **home visits of defaulters** (or discuss after you know some home visits happened, if it is too difficult to accompany the HEW), **try to meet some defaulters** to know about the expected improvement of the HEWs' work.

Small advocacy in the field: working with volunteers, outreach involvement

Theory

Working with volunteers

Volunteers are very precious: they know the communities and are committed to them; they can support HEWs in their daily work. Praising them is important as they work for free.
It is very important to have a minimum of one volunteer per ketena in order to keep a good link with the communities.
Volunteers are of course chosen by the HEWs who will train them: review meetings or trainings shall be given at least once a year: it is the HEWs' responsibility to ensure that the volunteers' knowledge is up-to-date.
Regular meetings are also essential to give this link: meeting twice per month is a minimum. During visit in outreach sites is a good time to organise meetings.

Volunteers can be of great help in family-planning: **they know the potential new users, the potential or actual defaulters. They should be encouraged to participate in the family-planning follow-up and should be encourage to work as a link between communities and the HEWs.**

Quality is about:

- There is a minimum of 4 volunteers identified per outreach site
- A minimum of one volunteer is active on family planning
- The volunteers receive training or refresher at least once a year
- The volunteers meet with HEWs twice a month minimum
- The volunteers are involved into identifying potential new users
- The volunteers are involved in following-up on new-users and defaulters

InterAide can make small review meeting with volunteers to refresh their skills regarding family planning. If it is planned in this kebele, the HEWs shall be invited to participate. In case this is not planned (for example if the work of volunteers is extra-good), you should share with the HEWs some of the tools prepared for volunteers.

The outreach work

The Health EXTENSION worker's work is to be an extension of the health centres: they are **the ones to reach the further and remote communities**. In that regard, outreach work is essential.
We should aim to give as good services in outreach sites as we give in health posts. It means that all the improvement of the quality in health posts shall be reproduce in outreach posts.

The good steps in conducting outreach work are:

- **Making a planning** on a monthly basis to ensure that all outreach sites are visited at least twice a month (even not by the same HEW)

- **Planning the material** you will need in order not to have a shortage while on site: in family-planning, it means evaluating the number of users and new users who will come. This can be done with the registration book also.
- Give clear information about the venue enough time in advance: community members should know which day at what time you will come. This information can also be reinforced by volunteers
- Ensuring to **stay at least 2 hours** in the outreach post to make sure that people have time to come: community members have busy schedule.

The outreach visit is of course, the **best time to go house to house visits** for the persons who need one!

Quality is about:

- HEWs make a monthly plan for the visit of outreach sites
- The HEWs give clear information about when they are coming
- The HEWs are always punctual
- The HEWs stay a minimum of 2 hours
- Each outreach site is visited at least 2 times per month
- The HEWs know the number of users that will come at the outreach site and take enough material in consequence
- The HEWs sessions in outreach are equivalent in quality with the sessions given in health post

If HEWs are not responsible for the attribution of the outreach posts per ketena, they are the link between the communities and the health office at Woreda level.

It seems important to make health services available for the maximum of people and if people indeed need to walk, access to health should not become a privilege. Community members are very busy and health is not always their priority. In that matter, they should not need to walk much to reach such services. In case people need to walk too long what shall be done? **It is also the HEW s responsibility to report the community's needs to the Woreda level.**

Quality is about:

The maximum walking time to the outreach post from any household is 30 minutes one way

Onsite practice

Here, it is about encouraging commitment and involvement toward volunteers and communities available only in outreach sites.

For volunteers:

- the frequency of the meeting
- the exchanges about family planning situation with the volunteers
- how volunteers are participating in identifying potential users and defaulters

For outreach:

- how is it organised and planned
- the quality of services given on outreach sites compare with services given in health posts

You should debrief with the HEWs: what do they think about their work? What can they improve? Do they apply the different steps in order to enhance quality? Do they feel concerned by the community health?

Training for volunteers

The volunteers to be trained should be carefully chosen: only the ones that are already involved in family-planning and showing autonomy in the field (already going to discuss with defaulters and new users...) should be targeted.

Theory

Refreshing on Family-planning

It is necessary to assess the level of knowledge of the volunteers. **You can choose to organise one hour refreshing on family planning with an animator and make a session about benefits of family planning and the different contraceptives.**
As for animators and HEWs, the volunteers mostly receive complaints about side effects and hear a lot about rumours: it is important to organise a discussion about it. You can also involve one animator into it as they have the training and the tools.

See the document in annex for some leads for discussion.

How to give information and referal

Volunteers' involvement in family planning is very important: they are the ones who know the community, to live with them.
They can help the HEWs follow-up defaulters, identify new users, discuss problems, inform about information sessions.
How can they do this? Discuss this topic with volunteers

About new users:

Volunteers can identify newly married women, women who have just give birth as potential new users or repeaters. They should not hesitate to visit them and discuss about family planning with them.
Then, they will refer these persons to the HEW when you will meet. It will be the role of the HEW to follow-up after.

For defaulters:

Volunteers can hear some information about some persons who stopped using contraceptives. They can decide to visit them first or discuss the case with the HEWs.
Also, the HEWs may come to the volunteer to tell her/him about defaulters or late users and ask her/him to contact them.

Information shall be given respecting privacy. It means that when talking to a woman, volunteers should first ask her where and when she wants to discuss: she may be willing to discuss in private.
If the volunteers talk with a HEW about some users, do it in a place where only you and the HEW are present: you should not discuss private cases in front of other users or community members.

As the bridge between the community and the HEWs, volunteers are there to facilitate in both ways.
Some tasks can also be:

- **Informing about an information session**
  Or also to inform if a planned outreach visit is changed
- **Discussing needs of the community to HEW** in terms of family planning: types of contraception, fears, needs for information...
- **Reporting discontents** from the communities to the HEW: the HEW is working for the community. In case she fails in that task, you have the right and the responsibility to discuss this problem with the HEWs.

Volunteer have duties (field work and voluntary investment) **but also rights**. They should be ensured to have regular meetings with the HEWs (minimum twice a month) and also regular refresher trainings in order to ensure they are trained and have the tools to make a good work. They can ask for those if it is not done.

Quality is about:

- A minimum of one volunteer is active on family planning
- The volunteers receive training or refresher at least once a year
- The volunteers meet with HEWs minimum twice a week
- The volunteers are involved into identifying potential new users
- The volunteers are involved in following-up on new-users and defaulters
- The volunteers encourage users and non-users to go to the health services

Exercises

With volunteers, you should keep the theory small and simple. **The best is to organise discussion about family-planning, difficulties, etc., and to facilitate with your notes.**
Then, organise **role-plays** about:

- **Discussing with a potential new user**
- **Discussing with a defaulter**
- **Discussing with a HEW who is not punctual in outreach sites**
- **Discussing with a religious leader.**

For each role play, you will play the role of the person the volunteer is talking too. Chose a different volunteer each time and as for the HEWs' exercise, make it difficult!
After the role-play, first ask the 'player':

- What does she/he thinks about her performance?
- What needs to be improved according to her/him?

Then, ask the same questions to the audience and **ask for testimonies**, offering solutions if people have negative testimonies and don't know how to improve
Then make her/him a quick evaluation of her performance/ always balance good points and points to improve! Don't say only negative or positive things.

On site practice

After the meeting, you should organise meeting with volunteers while on **field visits** to see what their involvement is. As for the quality analysis, **meet some community members to see the effective improvement.**

Follow-up and evaluation

Following on-site capacity-building of HEWs and volunteers, you should allow 2-4 months of field follow-up on the HEWs and volunteers and evaluate **the impact of the capacity-building and the expected improvement of the health workers.**

It is a time to check with beneficiaries and community members if this improvement is also effective for them.
You can use the analysis tool and the indicators used for the quality analysis to do so.

It is also a moment to involve **a maximum the supervisors of the HEWs in field visits** in order to get them used to check the quality of their team work. This is to be organised with the supervisor.

This is the time, before a possible review-meeting with the HEWs of the Woreda, to advocate for a field visit of the health office.

ANNEX: SOME KEYS TO APPROACH FAMILY PLANNING IN THE COMMUNITIES

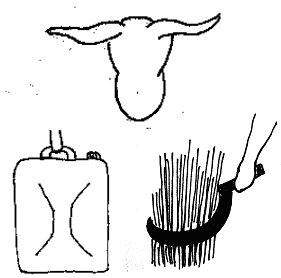
Family planning is a part of health care which can be difficult to talk about. Family planning can be an embarrassing issue to discuss and is also surrounded by many misconceptions and secrecy.

The communities are not using contraceptives for several reasons: lack of information, children considered as an investment, fears and misconceptions about contraceptives, religious reasons or personnel convictions.

The main goal is not to change the communities but to help them gain understanding and skills that will allow them to change some of the conditions that can contribute to poverty and poor health.

CHILDREN: SEEN AS A BURDEN OR A BENEFIT ?

The communities are often made to feel guilty or irresponsible for having many children. Some planners say that the small family lives better, and advise them to have only the number of children they can afford. Yet for many poor families, to have many children is an economic necessity.



As they take care for cattle, cut fodders, fetch water... children are considered as a valuable source of help. By age 10 or 12, boys and girls produce more than they cost. By age 15, most boys already have produced as much as they have cost to their families (in food, clothes, etc.) since birth.

Especially as parents grow old, become ill, and can no longer work hard themselves, having many children may be their best guarantee for getting enough to eat. Most people will choose to have small families only when they have a basic amount of economic security.

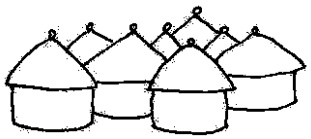
This economic consideration is a fact that we cannot and should not ignore. In this way, it is not relevant to tell the communities “family planning is a way to improve your economic situation”. The number of children is a choice that belongs to the family.

Although many families feel that they want and need as many as 4, 5, or 6 children, most also agree that a very large number of children can create hardships. They want a family that is neither too small nor too large, and welcome family planning on their terms.

ECONOMIC BENEFITS OF FAMILY PLANNING

Today, with modern medicine and health services, fewer children die, therefore families are larger, and populations grow rapidly. In some countries the population doubles every 20 years. Although population growth is not the main cause of poverty and hunger, in some areas it is a contributing factor.

As the number of population increases, the available land will become more scarce and costly. Even in some parts of Africa that seem 'under populated', the growing number of people implies that too many trees are being cut for firewood. As a result, forests and farmland are being turned into deserts. Overpopulation contributes to endangering the balance between man and nature.



The population problem is not usually discussed with the communities because planners generally say that they think only of their immediate needs and are not concerned with the future needs of society. But isn't this because there is so little opportunity for the farmers to take part in the decisions that shape the society?

History has shown, however, that when the community begins to organize and gain control, they often become deeply concerned with planning ahead for a healthier society. Thus, if the communities cooperate with goals to limit population growth, they must also have a strong role in policy and decision making for the future.

WOMEN AND FAMILY PLANNING

The family planning contributes to avoid serious illness and deaths occurrence during delivery. The use of contraceptive reduces abortions and also prevents complications from unhealthy conditions of abortion.

Some pregnancies are dangerous for women and their children. Pregnancy is especially risky if one of the four "too's" applies:

- Too Young (Early) — Mother under age 18
- Too Old (Late) — Mother over age 35
- Too Many Births — More than 4 births
- Too Close Together — 2 years or less between births

For many women, the constant cycle of pregnancy, birth, and infant care drains their energy and health. Child spacing can not only help protect the health of mothers and children, it can free women to do other things: to work, study, organize, and eventually gain greater equality with men. It is women's right to control their own bodies.

MEN AND FAMILY PLANNING

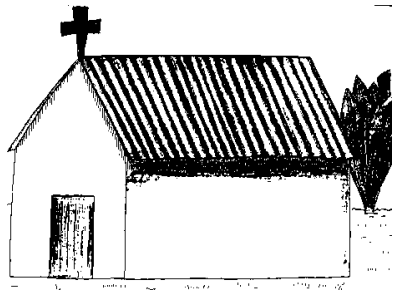
In the communities, male domination is strong. Some men do not let their wives use contraceptives. The animators may ask, “What do I do when a woman wants or needs to avoid another pregnancy, but her husband will not agree to let her use contraceptives?”

Husbands are usually more considerate if an effort is made to discuss the issues with them at first. When possible, include men as well as women in discussions about family planning. Family planning is far more likely to be successful when both parents make the decision together and share the responsibility. There are many ways that a man can share the responsibility for family planning. He can remind his wife to take the pill each day, or remember her the appointment date for the injection.

Nevertheless, sometimes a man may refuse to let his wife take measures to avoid pregnancy. The woman may come to the health worker asking that her use of contraceptives be kept secret from her husband. In some parts of the world, this problem provides one of the strongest arguments in favor of injectable contraceptives like Depo-Provera, in spite of some side effects. Many women insist that the injection, given once every 3 months, is the form of birth control that is easiest to keep secret from their husbands.

There are no easy answers. But it is easy to make mistakes. For example, an animator might try to talk a husband into cooperating, but by revealing the wife’s intention to use birth control. These situations must be handled with sensitivity.

RELIGION



Religion influences people’s attitudes about family planning, and may dictate which methods (if any) are acceptable. It is important that animators respect people's religious beliefs.

Within the same religion, some leaders may be rigid and resistant to change, while others may be more open and flexible. Some may believe in doing things just the way they have always been done.

Others consider the people’s present needs, and interpret the scriptures so as to best serve modern reality. Others argue that if family planning can help protect health or improve the quality of life for a family, the choice should be left to each family’s conscience. They point out that the high failure (pregnancy) rate with the rhythm and mucus methods makes the teaching of these methods only unrealistic and-in some cases-harmful.

Most religious leaders support family planning on the grounds that it helps prevent unwanted pregnancies. The religion strongly influences attitudes toward family planning; these matters can be discussed among animators and community people. But the animators will need skill in facilitating such discussions and in raising delicate questions without causing great offense. After a preliminary meeting, it also may help to invite a religious leader to a birth control program to take part in, or participate in the discussion.

BELIEFS AND FEARS

Side effects:

Some contraceptives can have side effects and discomfort. If the women are not informed that some side effects can occur and that it is normal in the first taking months, they will be afraid and stop the contraceptives. Most of the women stop the contraceptive because of side effects in the first months (particularly because of irregular menstruation). To avoid this problem, the new users must know the side effects of the contraceptive methods they use and in this way be confident. If side effects persist after some months, the woman should go and inform the health extension workers. The side effects differ from one woman to the other, because our bodies are different and do not react in the same way to the same method.

Misconceptions: special food: It is common to hear from the communities that when taking contraceptives, women need to eat special food. It is understandable that if the women have long bleeding period, they think it needs compensation with special food. But from these fact, it seems that the communities create a strong belief that "it is not possible to take contraceptive if you can't eat meat, eggs and milk." And they add that they don't have money to buy this special food so they cannot be user. This point should be raised by the animators to inform them that taking contraceptive don't necessarily require special food.

Women who are using pills, depo injection or implant can continue to eat as usual and are healthy.

Misconceptions: Sterility:

It is also a community's fear that contraceptive may make the women become unfertile. They should well understand that when a woman stops taking contraceptives, the chance of becoming pregnant is the same as before. For Depo Provera, it takes few months to become fertile once the injection is stopped.

Some others beliefs may be heard from the communities like:

- contraceptive may cause health problems: cancer, goiter, hyper tension
- contraceptive decreases sexual feelings;
- contraceptive may cause birth of twins;
- if you take contraceptive for a long time, you grow old earlier.

INTER AIDE 2011.
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