

Animators in family planning: IEC¹ material and training IAF in Ethiopia, Reproductive Health programme Process report March 2011

Context and rationale

In the last 5 years, 2 reproductive health (RH) 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 RH activities were developed.

The methodologies followed in the different places were not systematized. Some animators stayed in one area during as long as 4 or 5 years.

In 2010, a capitalization mission was organized to build on transversality: gather information on different methodologies and tools used and build a common line of action. It was assessed that there was a need for training the animators (most of whom had no background in animation), to design relevant tools to communicate with the community (existing tools being culturally inappropriate), to follow a new type of methodology which will allow to cover a large area with a limited team.

In November 2011, as the new RH programme started to work officially, it was necessary to develop the IEC material already drafted and to organize a relevant training for the animators in order to efficiently use the tools while following the sliding methodology recommended by the previous mission.

IEC design

In 2010, the team started to develop some new IEC material to help the animators in facilitating information sessions. These materials needed to be updated.

From the team experience and the on-going animation sessions, it was possible to quickly analyze what was relevant in the IEC material and what was missing to address the beliefs and interrogations of the communities.

IEC material

The images used (from government IEC) were not relevant for the communities: the people represented were urban, a 'bit fat', wearing clothes of the north of Ethiopia.

The main concern of communities was the side effects of contraceptives: the communities have many false beliefs concerning contraceptives and it was important to concentrate on those as most of the time, people have information about family planning and know how to access to contraceptives but are reluctant because of the side effects.

Therefore, the material designed emphasized the benefits of family planning, the issue of false beliefs, and the issue of side effects being sometimes not a threat for health. The materials designed insisted on giving transparent and genuine information, on the importance for people to make their own choice and the need to discuss with health professional in case of problem.

The media used are:

¹ **ACRONYMS :**

IEC : information Education and Communication

IAF : Inter Aide France

RH : Reproductive Health

HEW : Health Extension Worker

- Images
- Story-telling and drama to involve the communities
- Discussions, true or false games...

Drawings are a support widely used and understood, so the main supports were designed in that sense.

Then the idea was to multiply the types of IEC support in order for the animator to feel comfortable using one or the other, to ensure the attention of the community by giving the information through different interactive approaches.

The images were designed to be culturally relevant: rural settings, clothes and life situations in accordance to the area where the activities are conducted.

The IEC method

The method was set up by the work done in 2010:

- one house to house visit to invite people to the information sessions,
- a first session on the benefits of family planning
- a second session on the different contraceptives (advantages and disadvantages)
- a selective house to house visit to people who were absent, and to those who seemed reluctant to use contraceptives

A 3rd session was added in order to make room for more discussions about false beliefs and fear of side-effects as the issue was the one of main importance.

The animator work with group of 120 households approximately divided for information sessions in sub-groups of 30 households. When the animator finishes the work in one group, he moves to another. This sliding methodology will therefore allow one animator to cover a large area in a controlled time.

The final animator kit consists in:

- 18 laminated color images in A4
- A manual with a summary of the role of the animator and the different animation sessions.

Training design

In order to optimally use the IEC material and implement the new animation methodology, a training was even more necessary than the majority of animators had never received a complete training in their field of activities.

Therefore the topics that needed to be covered were:

- Family planning
- Reproductive health in general
- Inter Aide's new RH tools and methodology
- What are the role and responsibilities of a good animator

The whole training needed to be practical and therefore, apart from the reproductive health and family planning topics, all sessions included discussions, role plays and exchange of experience.

1st day on animation theory

What is a good animator, a good animation, how to apply the theory in the field. The animators appreciated this 'introduction' as a way to improve their attitude.

2nd day on refreshing the subject of reproductive health and family planning

Animators asked a lot of technical details which were luckily limited from the trainers who kept it practical and try to advice animators on how to reply and refer to HEW² for technical issues.

The part on STIs³, HIV/AIDS and abortion was interesting as it was sometimes quite a new topic for animators who took it as good information in case they face a difficulty in the field.

3rd day on IA methodology:

- The house to house visit
- The 1st group session

4th day on IA methodology:

- The 2d group session
- The 3d group session

The use of drama and role-play was a difficult one and will need some refreshing.

5th day on IA methodology:

- The selective house to house visit
- How to handle difficult field situations

6th day on IA methodology:

- Discussion on how to enhance knowledge, attitudes and skills of the community
- Evaluation of the training

The training was design and organized with the direct supervisors of the animators. The supervisors were the main trainers as they had a better knowledge of the field situation and of the animators' needs. Training the animators is also a part of their job description

Then, as they would be the ones to evaluate the animators in the field, they are quite concerned by the quality of their training.

First evaluation

After one month in the field, the animators seemed to own the method. They feel the sessions are regular and holistic, the material relevant. The sessions are in general very interactive and participatory.

² HEW : Health Extension Worker

³ STIs : Sexually Transmitted Infections

Dramas and role-plays are only used by few animators; however, this media is very appreciated by women. A small workshop will be done in each Woreda⁴ in order to encourage the use of this support which has great impact: the idea will be to encourage a maximum but not to force animators into doing dramas if they don't feel comfortable.

The new methodology allows planning in advance which Kebele⁵ can be covered; this also serves good field supervision and control as supervisors know in advance where the animators are supposed to be.

Evaluation should be run after 6 months in each Kebele where the methodology was implemented. As after the work of the animators, the Kebele is covered by another Inter Aide's project worker: the field facilitator who works on strengthening the capacities of health workers into providing quality services. This team member who will get in contact also with community members can provide good information about the acceptance of Inter Aide animation and information: did the community feel that they receive relevant and sufficient information?

This will be particularly significant in order to assess if the new materials conceived to reduce false beliefs, fears and misconceptions about family planning is efficient.

⁴ District

⁵ [Kebele : smallest administrative unit](#)