



A360 Evaluation Findings Synthesis: No 1.

Adolescents 360 Evaluation

How might we better meet the needs of adolescent couples with contraceptive counseling and services through Ethiopia's Health Extension Program?



Introduction

How might we better meet the needs of adolescent couples with contraceptive counseling and services through Ethiopia's Health Extension Program?

This was the motivation behind the integration of Adolescents 360 (A360) into Ethiopia's Health Extension Program (HEP). The HEP is largely attributed with a 'significant and systematic' increase in the modern contraceptive prevalence rate and health equity improvements.¹ This includes for married, childbearing adolescents with no or little education or those living in rural areas. Despite these achievements, low utilization of and large unmet need for contraception remains among this population, alongside an increasing recognition of an overstretched HEP and overworked Health Extension Workers (HEWs), who are the 'backbone' of rural primary health care (PHC).

In the Ethiopian context, this has resulted in Smart Start, premised on the concept of joint financial planning as an entry point to discuss family planning with newly married couples. HEWs are central to the delivery of the program: each HEW is supported by a PSI Smart Start Navigator (SSN) to deliver couples counseling and family planning services ('catch up') but is subsequently left to continue the Start Smart program ('keep up') while the SSN moves to another location. Smart Start has been tasked with demonstrating its effectiveness to the HEP before the federal Ministry of Health (MoH) takes it over.



Smart Start focuses on what's relevant to married adolescent girls: their ability to set up a new home for the first time, to find a path to financial stability and to have healthy children. With Smart Start, contraception becomes a key tool to achieving these goals.

A360 Ethiopia
business case

Through a trans-disciplinary approach, A360 merges public health, human-centered design, adolescent developmental science, socio-cultural anthropology, youth engagement and social marketing to yield country-specific adolescent and youth sexual and reproductive health solutions. A360 is implemented by Population Services International (PSI) and works in partnership with IDEO.org, the Center on the Developing Adolescent at University of California at Berkeley and the Society for Family Health Nigeria. It is co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation.

Methodology

Itad is working in collaboration with the London School of Hygiene and Tropical Medicine and Avenir Health to independently evaluate and distil lessons from the A360 program.

As part of this evaluation, a process evaluation has been specifically designed to support A360 with 'uncovering' contextual enablers and barriers, and to guide adaptive management and course correction. The process evaluation, grounded in A360's theory of change, has four areas of inquiry: process, context, experience and solution. To date, the process evaluation has included four rounds of data collection over the period 2016–2017 in two regions of Ethiopia: Oromia and Amhara.

In early 2018, the process evaluation conducted participatory action research, which is the basis of this case study.² This involved co-development of the action research focus with A360 while the process evaluation team independently conducted data collection and analysis. In total, 28 key stakeholders from Oromia, Addis Ababa and Amhara were interviewed. Findings from the participatory action research were shared with A360 through a sounding workshop, which provided a safe space for team members to critically engage with process evaluation findings and reflect on what they mean for A360 learning and optimization of implemented solutions.

Key findings

Findings are presented using the three areas of inquiry for the action research: the HEP, the HEW and the solution – Smart Start. We present implications at the end of the case study to guide further investigation.

1. Health Extension Program

For the HEP, the intersection of family planning and adolescents is maternal and child health, when an adolescent girl becomes pregnant. Ethiopia has a high teenage pregnancy rate (18% of all females giving birth in rural areas) and high rates of child marriage remain prevalent in all regions (49% in rural areas).^{3,4} The MoH has made both a key priority and has defined a national adolescent and youth health strategy.⁵ To avoid teenage pregnancy, if not child marriage, some respondents noted that mothers sometimes brought their daughters for family planning in advance of marriage.

From HEWs through to MoH program managers, there is strong agreement that maternal and child health is the priority of the HEP. Family planning is also recognized as a priority, but relative to maternal and child health, and, in many instances, is viewed as being for mothers. Older and high parity mothers are reported as being prioritized. While the HEP includes adolescent health, this is viewed more as health promotion and less as service delivery.

'The [health extension] program has a problem in addressing health access for adolescents.'
Ministry of Health respondent



Delay marriage, if possible. If they are married, delay pregnancy: delay pregnancy at least to 19 years and if possible delay the second pregnancy once they have the first 'child'.

Ministry of Health respondent

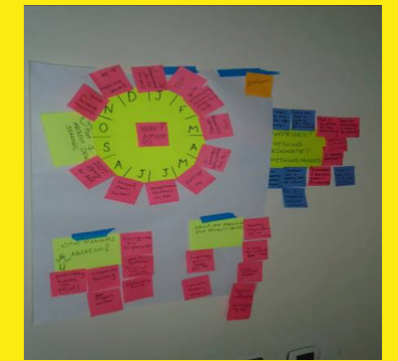


Figure 1: Seasonal calendar prepared during the workshop. Groups identified that HEWs performed a number of non-health-related activities that involve husbands, such as seasonal distribution of fertilizer, suggesting there may be other touch points for introducing family planning as part of household financial planning.

2. Health Extension Workers

HEWs reported an extensive list of tasks that they performed, with most citing maternal and child health activities as their priority. In most instances, HEWs expressed satisfaction at making children well and saving mothers' lives. Satisfaction was reported to come from seeing a visible change, such as a healthy child, a clean environment, a happy mother, etc. Similar to MoH respondents, HEWs noted seasonal variation in their priorities and workload. These varied by region, informed by HEP plans and priorities and influenced by topography and demography.



If you are a mother I think you would understand what a mother feels when her child gets sick and what she feels when he gets better. So, I am very satisfied when I see a mother's happy face.

Health Extension Worker

Dry season

Workloads increase during the dry season as the HEWs do outreach to households.

'The mode of life in our community is mobile so it is difficult to access community during dry seasons. However, HEWs provide family planning services to the community either before they leave or where they settle through outreach programs. And thus, workload increases during dry season for we have frequent outreaches.'

Ministry of Health respondent

Rainy season

The rainy season is associated with discontinuation of short-term family planning methods and unintended pregnancy. While family planning does not have a 'season', adoption and continuation are seasonally affected and is one of the main reasons that the MoH is promoting long-acting reversible contraception.

'During rainy seasons the workload becomes less because it is very challenging to come to the health post because of the overflow of water. Even the number of pregnancies increases during the rainy seasons since most women discontinue using family planning.' Health Extension Worker

Wedding season

While Smart Start has identified the wedding season⁶ as a key period for promoting adolescent contraception, weddings are associated with demonstrating fertility. Some respondents further acknowledged that adolescents had already engaged in sex before the wedding and this was 'just a formality'.

'The official wedding is just for the formality, I can say most of them have already started sex or they are living together before the wedding. Some of the adolescents are pregnant at their wedding.' Health Extension Worker

Adolescents without children have not been the main 'target audience' of HEWs. Smart Start is associated with having changed this for married adolescents but this may not be the case for unmarried adolescents.

'So, if they use family planning, they get time to think about their future life. Early marriage is common in our surroundings.' Health Extension Worker



photo credit: A360

3. Smart Start solution

Financial planning for couples was viewed as part of Smart Start's unique selling point. A counseling manual was developed to support HEWs to deliver Smart Start. Both HEWs and couples being counseled considered the manual attractive, engaging and a source of dialogue. However, at times couples ask questions during counseling which the HEWs still cannot address through the manual.

'These manuals make the Smart Start program out of the ordinary.' Health Extension Worker

Despite the manual's attraction, counseling with it is reported to take a long time – one hour approximately. While HEWs reported that they were comfortable with counseling on financial planning, where SSNs have been working the division of labor has seen SSNs provide the financial counseling while HEWs focus on family planning. This is likely because of the size of the HEWs' workload and their greater comfort with family planning.

Couples counseling is also viewed as part of Smart Start's unique selling point. While this resonated with MoH respondents, in practice it is difficult to implement. Husbands' lack of availability features as part of the challenge. The heavy workload of married adolescent girls was also reported to limit their availability.

'In the absence of husbands, we provide counseling to the wives and ask them to come back with their husbands. In so doing, we go half a way.' PSI Ethiopia respondent

HEWs reported being satisfied when couples agreed to be counseled and took up a family planning method. When they did not, HEWs reported feeling frustrated, feeling they had wasted time visiting the household and carrying out the counseling.

'It is a difficult task but I feel happy when they accept my advice. Contrary to this I feel more tired when they ignore me.' Health Extension Worker



It takes you more than 30 minutes in order to bring a mother to family planning. So, the short hand of this manual would be important. The current manual differs from the previous manuals in that it focuses more on economic aspect while the previous ones focuses on explaining about the medicines.

Health Extension Worker



Poster campaign highlighting benefits of birth spacing, educating mothers, and delayed age of first birth





4. Smart Start support

A360 has introduced SSNs (Oromia only) and woreda (district) Adolescent Health Officers (Oromia and Amhara) to support Smart Start implementation. SSNs were viewed as an extra pair of hands, working closely with and sharing the workload of HEWs. Smart Start staff based at woreda level trouble-shoot supply-side constraints in the health system. HEWs expressed a need for more ‘morale and technical support’ after the after SSN has left the kebele (village).



We support the Smart Start implementer in the Smart Start program and she also supports us in other health extension activity. We have very good relationship with her... If they provide the Smart Start counseling to the married adolescents, I can stay in the health post to perform other health extension activities.

Health Extension Worker

HEW support for Smart Start has ranged from resistance, to bargaining, to acceptance. Resistance was reported initially at the time of the Smart Start training and mainly emanated from HEW concerns about workload. Bargaining is also evident in the way some HEWs have agreed a division of labor with SSNs, whereby HEWs focus on family planning while SSNs focus on the financial counseling. Finally, in some instances, there is acceptance, underpinned by intrinsic motivation to address adolescents’ wellbeing.

‘On the training we were resistant to accept and implement the Smart Start program, we mentioned that we were very busy, and we had very much work loaded in other HEP activity, but later we believed that it was our responsibility to serve the community... I will consider Smart Start as part of my routine job so that I can get mental satisfaction, I will do it not to be judged by my conscience.’ Health Extension Worker

The community plays a critical but under-recognized role (in terms of support) for Smart Start. In particular, kebele and women’s development army leaders were considered as playing a brokerage role within their communities. In many instances, women’s development army leaders actively support the identification of newly married couples and mediate with husbands to get them to attend counseling.

‘We should empower the community, particularly the grassroots-level stakeholders, for example women groups, in terms of skills, attitudes, so that the community produces its own health.’ Ministry of Health respondent

5. Smart Start future

There are a number of potential sources of support for Smart Start as it looks to the future and optimization.

Community leading

There was a feeling that the community did not need to be pursued by Smart Start, but rather should be the pursuers of Smart Start. This suggests that, rather than ‘pushing’ Smart Start through door-to-door visits, Smart Start should ‘pull’ the community using existing community structures and natural touch points. Using existing community structures may make it easier to engage with husbands, considered a unique selling point of the Smart Start solution. In particular, the kebele leadership was viewed as being potentially highly influential with husbands if they themselves are convinced. Not to be under-estimated, women’s development army leaders were also viewed as being able to convince husbands about the merits of Smart Start. A rough heat map of the importance of community structures is included in Figure 1 based on respondent feedback.

‘Once awareness is created effectively the community asks the service by itself.’ Ministry of Health respondent



More influential for ‘husbands’ is the kebele leader. So, if we use the kebele leader to talk to the husband, it would be better and more influential.

Ministry of Health respondent

Entry point

If HEWs can integrate financial planning into family planning, can family planning be included in financial planning? Using a broader community structure, and being led by the community, may open more possibilities for integration and leverage. There is precedent for this within resilience programs that Smart Start may wish to explore.

‘In our community, when people meet, they ask each other about their health, finances or businesses next to greeting. Therefore, there is no problem in discussing financial planning and then family planning simultaneously.’ Ministry of Health respondent

‘The kebele administration structure is supposed to work on transforming the livelihood of households. Part of that is family spacing and working on a planned manner.’ Ministry of Health respondent

Health system

Smart Start requires greater integration into the health system if it is to be absorbed into the HEP. Greater integration may facilitate adoption in other kebeles (within clusters) without the need for additional Smart Start human resources, as is currently the case. With communities leading and more communal touch points for Smart Start, the solution may be less vulnerable to weaknesses in the health system. At the moment, Smart Start is highly reliant on the HEW, whose role is seen as ‘decisive’ to its future.

‘It may continue in some kebeles. You cannot predict at this early stage. It depends on what HEWs do mainly with regard to finding and convincing the newly married couple to bring them to family planning services. In other words, the role of HEWs is decisive.’ Ministry of Health respondent



Figure 1: Heat map of community structures



photo credit: A360

Conclusion and implications

Despite challenges associated with the HEP, Ethiopia Family Planning 2020 plans to support the ‘next generation’ of HEWs and ensure long-acting reversible contraception capacity at primary health care levels. This includes a focus on adolescents and youth. A360 experience and learning from the Itad process evaluation can be brought to bear on this ‘next-gen’ aspiration. To gain deeper insight and put the HEW at the center of design, A360 will work with the process evaluation and directly with the HEWs to understand contextual barriers and enablers from their perspective.

Based on the findings from this action research and the sounding workshop, PSI Ethiopia will work with IDEO.org to explore a number of questions through a human-centered design process, with the HEW at the center. As such, the conclusions are framed as questions in order to guide the HCD process. These may also have wider application for the HEP.

- Should Smart Start broaden its focus from recently married adolescents to those who have been married for some time and have had a child/children already? Should Smart Start also address unmarried adolescents, given that they may already be having pre-marital sex?
- Seasons matter to the HEW workload. How can we plan around seasonal variation to optimize Smart Start and make it easier for HEWs to perform their tasks?
- How to position family planning relative to maternal and child health – what brings HEWs job satisfaction? Is it found in the absence of an event, such as an unplanned pregnancy?
- How can Smart Start capitalize upon its unique selling point of engaging men in family planning through financial planning? Are there other touch points with men that Smart Start can mobilize?
- What motivates mothers to bring their daughters for family planning in advance of marriage? How can we learn from these early adopters without revealing their secret?
- What is the cost-benefit of Smart Start to the MoH? How can both integration into the HEP and cost-effectiveness be improved?
- What is the cost-benefit of Smart Start to communities? How can both integration into other community-based activities and cost-effectiveness be improved? How can communities ‘pull’ on Smart Start, so that it requires less ‘push’ from A360?

footnotes

1 Hounton, S, Barros, A, Amouzou, A, Shiferaw, S, Maiga, A, Akinyemi, A, Friedman, H, Koroma, D, 2015. Patterns and trends of contraceptive use among sexually active adolescents in Burkina Faso, Ethiopia, and Nigeria: evidence from cross-sectional studies. *Global Health Action*. doi: 10.3402/gha.v8.29737

2 PAR is ‘a set of principles and practices for originating, designing, conducting, analysing and acting on a piece of research... Within PAR projects, many different methods may be used’ (<http://www.aral.com.au/resources/guide.html>).

3 MoH and Population Council, May 2018. National Adolescent and Youth Strategy: Baseline Statistics 2017. Addis Ababa: Population Council.

4,5 Ibid.

6 The months of January and April are wedding ‘seasons’ for Christians; there is no season for Muslims.

7 Where the intensity of the colour on the heat scale (blue/cool through to red/hot) is indicative of the level of importance of the community structures.

8 Partnership with a microfinance institution: In India, PROGRESS partnered with the Network of Entrepreneurship & Economic Development (NEED) to test an intervention through which village health guides provided FP messages and referrals. FP services through agricultural field days: Pilot research to integrate health services into field days sponsored by Land O’Lakes dairy cooperatives in Kenya successfully linked underserved populations with health services, including resupply of family planning methods. Partnership with the Green Belt Movement: Staff of the Greenbelt Movement’s population, health and environment project in Kenya were trained to teach volunteers how to integrate FP discussions into their routine environmental activities.

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Disclaimer: The views expressed in this report are those of the evaluators. They do not represent those of the Bill and Melinda Gates Foundation, the Children's Investment Fund Foundation, Population Services International or of any of the individuals and organizations referred to in the report.