# Health Workers for Choice

Working to Improve Quality of Abortion Services

Sanjani Jane Varkey, Sharon Fonn and Mpefe Ketlhapile
Women's Health Project

## Introduction

<table>
<thead>
<tr>
<th>What this workshop series is about</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>How the workshop series was developed</td>
<td>3</td>
</tr>
<tr>
<td>Who the workshops are for</td>
<td>3</td>
</tr>
<tr>
<td>Where to start</td>
<td>4</td>
</tr>
<tr>
<td>How to get the most from the workshops</td>
<td>4</td>
</tr>
<tr>
<td>Planning the workshops</td>
<td>5</td>
</tr>
<tr>
<td>Choosing facilitators</td>
<td>5</td>
</tr>
<tr>
<td>Choosing participants</td>
<td>6</td>
</tr>
<tr>
<td>Scheduling</td>
<td>6</td>
</tr>
<tr>
<td>A step-by-step guide through the process</td>
<td>6</td>
</tr>
<tr>
<td>For health service managers, researchers and activists</td>
<td>6</td>
</tr>
<tr>
<td>For facilitators</td>
<td>6</td>
</tr>
<tr>
<td>Impact of this workshop series</td>
<td>7</td>
</tr>
<tr>
<td>Adapting these workshops</td>
<td>7</td>
</tr>
</tbody>
</table>

## Facilitators' Guide

<table>
<thead>
<tr>
<th>Preparing the workshops</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introducing the series to participants</td>
<td>10</td>
</tr>
<tr>
<td>Writing up the workshop sessions</td>
<td>11</td>
</tr>
<tr>
<td>Workshop Process Chart</td>
<td>12</td>
</tr>
<tr>
<td>Things to keep in mind</td>
<td>12</td>
</tr>
<tr>
<td>Plan adequately</td>
<td>12</td>
</tr>
<tr>
<td>Focus on the objective</td>
<td>13</td>
</tr>
<tr>
<td>Establish rapport and build trust</td>
<td>13</td>
</tr>
<tr>
<td>Maintain good communication</td>
<td>13</td>
</tr>
<tr>
<td>Conclude each workshop carefully</td>
<td>14</td>
</tr>
<tr>
<td>Know yourself</td>
<td>14</td>
</tr>
</tbody>
</table>

## The Workshops

<table>
<thead>
<tr>
<th>My childhood</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>But why did Zanele die?</td>
<td>20</td>
</tr>
<tr>
<td>How do we see our clients and colleagues?</td>
<td>28</td>
</tr>
<tr>
<td>Rights and Responsibilities</td>
<td>35</td>
</tr>
<tr>
<td>Overcoming obstacles at work</td>
<td>41</td>
</tr>
<tr>
<td>Solutions</td>
<td>47</td>
</tr>
</tbody>
</table>

## Addendum

<table>
<thead>
<tr>
<th>Ice breakers</th>
<th>53</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energisers</td>
<td>54</td>
</tr>
</tbody>
</table>
Acknowledgment

The workshop series published in this manual is the outcome of several people's commitment to women's control over their bodies and women's health.

We salute Marian Loveday, the then health manager in the Northern Cape Province, who paved the way for a collaboration with the Women's Health Project, the health workers, community members and women requesting abortion for sharing their experiences with us.

Health Systems Trust, Public Welfare Foundation are gratefully acknowledged for financially supporting the formative research of the intervention.

Khin San Tint, Ellen Roberston, Ndivhuwo Masindi all from the Women's Health Project and Nonhlanhla Makhanya from Health Systems Trust, for their support during different stages of the project.

This method of training draws on experience from working with groups in other workshops and using existing training materials. This manual is an adaptation of Health Workers for Change: A manual to improve quality of care, by Sharon Fonn and Makhosazana Xaba (Women's Health Project, South Africa and UNDP/World Bank/WHO. Geneva: 1996). We also want to acknowledge the many other manuals that have not been referenced but which have built this methodology into the change agent it is - Training for Transformation by Anne Hope and Sally Timmel (Mambo Press: Zimbabwe, 1984), Gender and Health Working Manual by Makhosazana Xaba and Sanjani Jane Varkey (Women's Health Project: internal document) as well as other manuals not specifically referenced.
What this workshop series is about

"I was not at all keen to come to this workshop as I am against abortions. But I am so glad I did, as I can see a role for myself in preventing unwanted pregnancy and still not compromising my religious beliefs."

— FEEDBACK TO THE FACILITATOR FROM A WORKSHOP PARTICIPANT

"Our management does not put their foot down. People are allowed to do anything they want. Take the issue of ostracising health workers. It is complete nonsense. If management sent a message saying that such behaviour would not be tolerated, then it would all stop......

A QUOTATION FROM A WORKSHOP PARTICIPANT

The comments quoted above give you an idea of what this workshop series is about. It is about health workers looking at their involvement in dealing with unwanted pregnancy. It is about the quality of care of abortion services that women receive. It is about health workers exploring some of the reasons for the frequently poor quality of abortion services, and them identifying solutions to improve the quality.

However, we also look at factors that are essential to good health care for everyone - men, women, adults and youth. Basic problems within the health system make it difficult for any service to succeed - be it abortion or treatment of chronic diseases. These problems include poor management and referral systems, badly trained and demoralized staff, too little equipment and too few supplies. So if you are interested in better health care, this workshop series is also for you.

"I was steady with this guy. I told him "What if I become pregnant?" He said "Fine, I will stand by you all the way." So it (the pregnancy) did happen. I told him and he disappeared from the face of this earth. No one can find him."

A QUOTATION FROM AN INTERVIEW WITH A CLIENT REQUESTING AN ABORTION

"When I told him he slapped me. I fell on the couch, but I could not get up again. He slapped me again. And he said "Who is the father?" I said "You are the father". He started to break his CDs and slamming the chairs. I wanted to get out of his house. He pulled me back and slapped me again. I ran off."

A QUOTATION FROM AN INTERVIEW WITH A CLIENT WHO HAD AN ABORTION

This workshop series focuses on women. We focus on women because as the comments quoted above indicate that in many situations women are forced to bear the consequences of unwanted pregnancy on their own.

Reviews of health services show that the relationship between health workers and women who come to them for treatment - their clients - affects how women feel about the health services that they use. When health worker-client relations are poor, women's use of abortion services decreases. This is at times at great risk to themselves, resulting in their death from unsafe abortions.

"Anyway it is your child which you want to go and be crushed." She was talking like that. So when I was sitting I was thinking: But this child is innocent and did not do any wrong that I should come and make it to be killed in such a
violent manner. I felt that she did not want me to do the abortion. I was thinking that she wants me to make her needs happy and those of my boyfriend. They did not think of what I myself was feeling.”

A QUOTATION FROM AN INTERVIEW WITH A CLIENT WANTING AN ABORTION, BUT WHO LEFT THE HOSPITAL WITHOUT DOING THE PROCEDURE DUE TO THE PRESSURES FROM HER BOYFRIEND AND HEALTH WORKER.

Studies have documented that the overt and subtle harassment of health workers by community members and by their own colleagues have a negative impact on access to services. "Their attitude affects me. At times I tell myself that they are ignorant, why should I be offended. However at times they break you".

A QUOTATION FROM AN INTERVIEW WITH A NURSE INVOLVED IN ABORTION SERVICES

Of course there are other factors that influence access to and acceptability of abortion services. These can include legal procedures to be followed, the skills of providers, geographical distance to the health facility etc. But because providing abortion services in a caring manner is so important, this workshop series has a big focus on health worker-client relations, and health worker-health worker relations.

Health workers frequently mention power differences between men and women as a reason for unwanted pregnancy. Yet, they sometimes obstruct women's access to emergency contraception or to abortion services, or are judgmental of women using abortion services or of health workers who perform abortion. These are the very services that are needed to redress the impact of unequal power relations. This workshop series creates opportunities for health workers to link the impact of unequal power relations on reproductive health choices and their own actions. We have presented the workshops in the form of a manual, so that you can run them in your own hospitals, health centres and clinics.
How the workshop series was developed

The workshop series is an adaptation of Health Workers for Change: A Manual to Improve Quality of Care that was developed by the Women's Health Project in South Africa. It was then tested in four African countries to assess its applicability to different settings. Subsequently, a study in another four African countries and one South American country evaluated the intervention as being successful in allowing health workers to examine and change their attitudes to clients.

Although South Africa passed a progressive abortion law that guarantees equitable access to services and women's sole right to control their bodies, access for women to abortion services remain a problem. This manual which was developed to support abortion policy implementation, is based on the understanding that women have the right to choose when, how and with whom to have sex and whether and when to have children. In collaboration with the Department of Health in one South African province, Women's Health Project documented the opinions and experiences of 80 health workers, 407 community members and 29 women who were requesting or had undergone an abortion. The data were collected at four health facilities from two districts, which represented an urban and peri-urban setting. The facilities included two hospitals designated to provide abortion services, of which one hospital was providing the service, one community health care centre and one clinic that referred clients for abortion services. Based on this research, the workshop series was developed in partnership with 26 health workers in two separate workshops. The immediate impact of the workshops was tested with a further 36 health workers from two provinces. The results demonstrated that the workshops increased support for women's right to choose in relation to abortion and increased health workers' willingness to support service provision and to support staff working in abortion.

Who the workshops series is for

We designed the workshop series primarily as a tool for managers of health services who want to improve the quality of abortion services. The workshops can be run with staff at primary care centres as well as at hospitals, and with all categories of personnel. The results of the workshops can assist managers in deciding what needs to be done to make it possible for health care workers to improve quality of care.

A second group who may find the workshops useful are researchers who want to gather detailed information about how health workers and clients, and health workers themselves relate to each other on the issue of abortion. The findings will help researchers understand how poor health worker-client relation and health worker-health worker relations can create barriers to good health care for women. These workshops locate unwanted pregnancy within the social milieu in which it occurs and illustrates that women do not always have control over when and if they fall pregnant. Building this understanding is important to
increase support for women's right to control their bodies. Activists working towards abortion reform is the third group of people who can use these workshops. For those engaged in building a lobby for legislation change can use the workshop series to create greater support amongst health workers. On the other hand, activists aiming for better implementation, similar to health service managers can also use it to improve the quality of abortion services.

Facilitators are the people who actually conduct the workshops, although they usually join the process only after the decision to run the workshops has been made. In some cases, managers and researchers can also act as facilitators.

**Where to start**

For anyone planning to run the workshops or to participate in running them, a good way to start is to read the manual from beginning to end. But depending on your level of involvement, certain sections of the manual will be more important to you than others.

If you are a health service manager, part 1 of the manual is especially aimed at helping you to decide if the workshops are appropriate for your goals. It explains what is involved in planning the workshop series, and talks about the kinds of people who are qualified to lead the workshops and where you can find them.

If you are a facilitator, activist or researcher, parts 2 and 3 give detailed instructions for organizing and conducting the workshops, and for keeping a record of the results. You can also use the manual to train others to run the workshops.

**How to get the most from the workshops**

In addition to examining the needs of women clients, the workshops allow health workers to identify needs of their own. Some of the workers will want better training or information, some improved conditions of service, some provisions for equipment and some greater support from management. These are real problems for health workers that affect their ability to provide good abortion care. We cannot expect health workers to change if the system they work in does not support their efforts. So this workshop series works best in an environment where change within the health system is possible.

In asking health workers to analyse their own problems, the workshops build confidence and encourage problem solving. Health workers feel their problems and concerns are being taken seriously, and we have found that this trust inspires renewed commitment from them. The workshop creates expectations and by not responding to these expectations it is possible to increase apathy and resentment on the part of health care providers. However, it is also possible to capitalise on the renewed commitment that this workshop series can generate by taking providers seriously and responding to their needs. This is an issue that should be addressed prior to embarking on the workshops.

Of course, some health systems will be more open to change than others. Not everyone will see the need for change, or have the will or resources to do something about existing problems. In these cases, the workshops can be used to gather information to show the appropriate authorities the benefits of changing.
Planning the workshop

Choosing Facilitators

A good facilitator is essential for the success of the workshops in this manual. A facilitator is someone who allows people to discover their own knowledge and find their own solutions. Facilitation is a skill that is learnt through training and mostly through experience. Some people have a talent for facilitation, others have not. The attitude of the facilitator is essential, she or he has to have respect for and an interest in people's opinions and feelings, be a good listener, and be able to get people in a group to interact and express themselves without feeling judged. The facilitator needs to support women's right to control their bodies and be informed about the legislation, programmes and conflicting opinions on abortion.

Health service managers themselves are not usually the best people to run these workshops. It may be hard for them to be impartial, and health workers may be shy about talking freely if their superiors are present. However, if this is not likely to be a problem in your health service, then health service managers can run these workshops provided they have the necessary skills.

It is not always easy to find good facilitators. As a guide, it helps to find people with an educational background:

- training, especially trainers in counseling, health education, management communication
- research (usually social science or qualitative research)

Such people can be found in:
- NGOs
- Universities, teaching colleges, social work institutes, schools of management

Specialist skills can be found in:
- Persons trained by NGOs, for example in community development, gender, participatory research
- Persons trained in Training of Trainers methodology

Often watching someone run a session will give you an idea if they are good or not. Some of the things you should look out for in good facilitators are:
- establishing a good physical environment
- establishing a good atmosphere in the group as an introduction to a session
- encouraging all members to participate by limiting domination by one person and encouraging silent people to contribute
- following up on people’s contribution to get to the bottom of an issue
- listening to what people say and checking for understanding
- being aware of non-verbal communication
- having a non-judgmental attitude
- allowing full participation and not interrupting contributions
- using open-ended questions
- being comfortable with silence.

We found that doing these workshops with a pair of facilitators worked well, and suggest that you may want to do the same.
Choosing participants

The number and mix of participants is an important aspect to the outcome of the workshops. We find running a workshop with 12-15 participants works the best. These workshops are meant for participants of all professional categories. This includes nursing staff, general assistants, doctors or administrative staff. Try and get representatives of the different professional categories of your health services. These workshops can be run with staff from different levels of health care - hospital, health centres and clinics.

Scheduling

The six workshops take about 2 hours each. You could aim to do one workshop per week. This allows the workshops to be conducted during working hours and 2 hours per week is what the health workers need to spare from their work. Also, this gives facilitators time between workshops to reflect on the sessions and write up the workshops. It also gives the participants time to think about what they did during the workshops, and what it means for them.

Another alternative is to run two workshops a day for 3 days. This may be necessary if you have brought many people to a central site who do not normally work together (for instance, if you are training people to be trainers in the use of the manual or if you are running the workshops with participants from hospitals and clinics). As there is little time to write up the workshops properly when you are doing two a day, make sure that there are two facilitators, with one facilitator taking detailed notes. A tape-recorder could also be used.

A step-by-step guide through the process

For health service managers, researchers and activists

1. Decide why you want to run this workshop series. What is your goal? What behaviors do you hope to influence? Having done this thoughtfully will assist you in deciding who the participants should be.
2. Choose the health centres, clinic or hospital where you would like to hold the workshops.
3. Obtain permission from the relevant authorities to run the workshop series.
4. Meet with the individual participants. After explaining to them what is involved, let them know that they are free to participate or not, but that you would like to encourage everyone to take part.
5. Select the facilitators using the guidelines spelled out under "Choosing Facilitators" (page 5). If there is no one readily available, you should find someone you think would do a good job and arrange for that person to get training.
6. Decide with the facilitators how you want the report of the findings prepared and how you will use the results.

For facilitators

7. Read the whole manual thoroughly in order to prepare yourself adequately with the principles and practical aspects of running the workshops.
8. Plan a meeting with the workshop participants. See the section 'Introducing the series to participants' (page 10) which guides you on how to run this first meeting.
9. Plan for and run each workshop as described in the manual.

10. Write up.

11. Present your report to the relevant people: workshop participants, health service managers, researchers, activists and policy makers. Some or all of these may be appropriate in your country. This will depend on the initial reason for running the workshops.

The amount of time each of these steps takes depends on a number of factors, for instance, how long it takes to find a good facilitator, or how long it takes to get permission to hold the workshops. The workshops themselves, once begun, take no more than six weeks. The entire process, however, from planning to write-up, can take anywhere from 3-6 months.

**Impact of this workshop series**

After we ran the workshops, one of the participants presented the workshop report along with us to the manager in charge of the hospital. Based on this, the manager proceeded to get the necessary permission to start abortion services at the hospital. The workshop participants for the first time called a meeting of staff from the hospital and referring clinics, to discuss how they could ensure that management support is available in order to deliver the service. In another workshop, most participants who had not been to the unit where abortions were conducted visited it. As one participant noted "When I went there I realised that the women were from different age groups. It was wrong for me to have thought that young girls are misusing abortion services as a means of contraception."

We also presented the results of the workshop series at conferences. After one such presentation, people from another province asked if we could come and run these workshops with them. The findings of the workshop series have also been published. These are all examples of how the findings can be used.

**Adapting these workshops**

Once you have read this manual you will see that while specific methods are presented, what the role play is about, or what story is created, is determined by the facilitator. The idea is that the workshops should be adapted so that they fit the local situation, needs and legal framework. For example, if in a country abortions are only allowed when women are raped, then the character in the role play would need to be adapted.
These workshops can also be adapted to address the quality of other services. For example, the workshop series has been adapted to look at the relationship between providers and clients. The workshop series is currently being adapted to improve the role of health services in preventing violence against women and people infected with HIV. Thus, the content of the various methods focuses the series on the issue that is being addressed.


