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PROGRESS
IN FAMILY PLANNING

the green belt movement

Integration of Family Planning Messages and Referrals into the Green Belt Movement Program in Kenya

Key Findings

- ***Acquisition of Knowledge:*** The Green Volunteers acquired the job knowledge needed to teach the community about the relationship between family size and the health of families, communities and the environment. They also mastered the skills for educating the community about the use of family planning for healthy timing and spacing of pregnancies.
- ***Accepting New Responsibilities:*** Green Volunteers viewed the promotion of family planning as an acceptable added responsibility, and they carried out their newly assigned tasks according to plan.
- ***Green Volunteers' Response:*** All of the Green Volunteers felt well prepared and sufficiently knowledgeable to carry out intervention activities after completing the training and stated a desire to continue conducting family planning promotion activities in the future.
- ***Community Response:*** Green Belt Movement (GBM) members and the larger community appreciated Green Volunteers' efforts to communicate messages about the links between environment, health and population and to promote family planning services. There was some evidence of improved knowledge, attitudes, and behaviors related to family planning use among community members.
- ***Health Sector Response:*** Health sector representatives appreciated GBM's work in strengthening ties between the community and family planning services. They expressed interest in continuing the collaboration and addressing logistical challenges to allow community health extension workers to play an even greater role in environmental, health and population activities.

Background

The Green Belt Movement (GBM) is a nongovernmental organization that has promoted environmental conservation and community empowerment in Kenya since 1977. Founded by the late Professor Wangari Maathai, winner of the 2004 Nobel Peace prize, GBM is best known for its environmental conservation achievements by tree nursery groups that have supported the planting of an estimated 51 million trees throughout Kenya through the work of volunteers. GBM is also dedicated to advancing women's status through initiatives that increase income generation potential, build self-sufficiency and leadership capacity, and promote healthier life choices.

With these priorities in mind, GBM agreed to test a strategy for incorporating family planning promotion into its activities. The goal of women and couples spacing their children for the health of mothers and children is consistent with GBM's ideals of promoting household well-being and conserving natural resources. In particular, a well-planned family can more easily sustain the well-being of its members, while using fewer natural resources, compared to a family that has more children than intended.

Study Objectives

GBM partnered with FHI 360 to conduct a study exploring whether its frontline environmental workers, known as Green Volunteers (GVs), could effectively promote use of family planning. Another key question was whether this new activity would be acceptable to GVs

and the communities they serve. FHI 360 worked with GBM in designing a study to assess the feasibility, acceptability and effectiveness of incorporating family planning messages and referrals into GVs' community outreach activities. The study examined GVs' capacity to incorporate promotion of healthy timing and spacing of pregnancy into their routine activities. The study team monitored the process of introducing this new service, noting the factors favoring and discouraging successful implementation. Finally, the study team sought evidence on the benefits of charging GVs with this new responsibility, as reflected in the community members' knowledge, attitudes and behaviors related to family planning.

Intervention

The project team first introduced the "Environment, Health and Population" (EHP) intervention in Nyeri, Tetu and Othaya in Central Province and in Nithi in Eastern Province. A total of 42 GVs participated in a 5-day course designed to increase their understanding of the inter-relations between population and family size and the health of individuals, households, communities and the environment. GVs learned about the importance of healthy timing and spacing of pregnancies for the health of women and children. GVs also learned how family planning use allows couples to have well-timed pregnancies, and they received information about the benefits and drawbacks of the range of family planning methods available in Kenya. They practiced using a flipbook developed by the project to guide group education. Finally, they were equipped with a booklet to inform the community about family planning methods available in Kenya and posters illustrating EHP themes to display in community spaces.

Trained GVs were charged with delivering EHP messages in their regular meetings with tree nursery groups and organizing public events through which to educate the community about EHP topics. They were also encouraged to invite government-supported community health extension workers (CHEWs) to attend these meetings to present more detailed information on family planning methods. Finally, GVs were expected to refer community members to health facilities to seek family planning services. The GBM extension workers already in place to support GVs' usual activities were responsible for providing supportive supervision of the new EHP activities.

Table 1: Percentage of GVs who responded correctly to various knowledge questions

Knows…	% correct
FP methods help achieve healthy timing and spacing of pregnancies	100
At least two natural resources affected by population growth	100
At least four FP methods (spontaneously mentioned)	98
At least two nonhealth benefits of healthy timing and spacing of pregnancies	98
Women should have birth to pregnancy intervals of at least two years	81
At least two health risks to mothers from poorly spaced births	81
Women should wait until 18 years of age before becoming pregnant	69
At least two health risks women face if becoming pregnant before 18 years of age	55
At least two health risks to children from poorly spaced births	48
Women should wait six months after a miscarriage before becoming pregnant	40
Mean number of correct responses to knowledge questions (above)	7.7
Proportion who got seven or more knowledge questions (above) correct	81

Study Approach

The research team collected data to assess the success of the intervention eight months after its full implementation. A survey was conducted with the 42 trained GVs to assess job knowledge and to explore their experiences conducting EHP activities. Interviews with 20 key informants representing the health sector, community leaders, and GBM explored the contributions made by GVs in conducting EHP work. Focus group discussions were completed with seven tree nursery groups and nine groups of community members to examine perceptions about GVs' capacity to conduct EHP activities and the effect of the messages on community perspectives regarding family planning. The study team also reviewed data from the following tools introduced by the project to monitor GVs' EHP activities: a one-page form added to

GBM's standard monthly activity reports; a log book for GVs to record referral of clients to health facilities; and a form to guide supervisors' monitoring visits.

Findings

The GVs demonstrated clear capacity to conduct EHP activities. Among the 42 GVs who were trained and completed the survey, all but two reported feeling well prepared and equipped with sufficient knowledge to carry out intervention activities, and over 80% answered correctly at least 7 of 10 questions reflecting essential family planning knowledge. (See Table 1.) GVs indicated they had a good understanding of the EHP activities they were expected to conduct. The activity most frequently mentioned by GVs (76%) as easy to conduct was educating their tree nursery groups. The single activity most frequently mentioned as difficult, cited by 38% of GVs, was organizing community meetings to deliver EHP messages. Two-thirds of GVs interviewed reported that it was completely acceptable to discuss family planning in a public meeting, and another third said it was acceptable, depending on the message. A few GVs reported difficulties coordinating activities with CHEWs, most commonly because the health workers faced constraints that made it hard to travel to communities. For the GVs who reported difficulties referring community members to family planning services, the most common reason was that GVs did not encounter people in need of this service, in some cases because they were already using a method. Finally, all GVs interviewed said they were interested in continuing to conduct EHP activities.

Supervisors' reports showed that all 42 GVs who completed the training went on to conduct EHP activities in their communities. Yet activity reporting was incomplete. Over the 8-month project period, only 30 of the 42 GVs submitted a report documenting their EHP activities. A total of 100 reporting forms were submitted, indicating that EHP topics were discussed in 154 educational sessions with tree nursery groups, 9 specially organized community meetings,

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Community health extension worker using a flipbook to provide information about family planning methods

and 78 instances where a GV spoke at community meetings known as barazas. Supervisors were expected to complete a performance monitoring form every time they observed a community meeting convened by a GV to discuss EHP topics. In 47 completed forms, supervisors noted evidence of good preparation for meetings (scores of 98% or higher), widespread use of flipbooks (87%), effective presentation skills (93%), and clear and simple answers to questions (96%). In a few cases the supervisor noted that the GV needed practice in presenting the EHP material. The study team also found under-use of the form introduced by the study to track GVs' referrals of community members to family planning services. A total of 66 referral forms were issued to clients, returned to the GVs, and retrieved by the study team. The 66 forms were submitted by 15 of the 42 GVs. Of clients with documented referrals, 64% received family planning information, 22% initiated or restarted a method, 34% received a method resupply, 22% were provided help regarding their current use of the method, and 31% were offered assistance with another health issue. GVs reported that even when referral forms were issued, some clients forgot to take the form to the health facility, some

health workers failed to fill it in, and some clients failed to return it to the GV once the visit was completed.

Key informants expressed strong support for GVs conducting EHP activities. Sixteen of twenty of those interviewed reported confidence in GVs' ability to conduct community education on EHP topics. They based their opinion on first-hand experience observing GVs conducting community education with groups ranging in size from 20 to 150 participants. Respondents commonly noted that GVs were well trained and well supported by GBM. Several key informants mentioned that effectiveness was increased by the way that extension officers paired less skillful GVs with others who were strong in conducting community education. A few key informants reported that GVs' knowledge about family planning methods is limited and that they should continue to be supported by a nurse to ensure that the community receives complete information. One unintended benefit noted by 15 of the 20 key informants was that the EHP activities served as a way to deliver family planning messages to men who otherwise would have no exposure to this information. Four key informants mentioned that they appreciated the way that GBM's EHP activities facilitated CHEWs in conducting the outreach activities they are intended to do, but often struggle to complete due to inadequate ties to communities. In speaking about challenges, some key informants mentioned that more consistent logistical support should be offered to CHEWs to allow them to travel to communities. Seven key informants also mentioned that support for GVs' transport would allow them to move more effectively across communities. Every key informant interviewed advocated for GBM to continue conducting EHP activities and to spread them to new areas.

Results from the focus group discussions further supported the feasibility and acceptability of GVs engaging in EHP activities. Participants in all 16 groups spontaneously mentioned that GVs promote healthy timing and spacing of pregnancies, and in all but one group, participants thought GVs were credible in discussing family planning. All 16 were generally positive about GVs conducting EHP activities, noting that the community regarded this work favorably as well. The focus groups confirmed the idea expressed by key informants that an important benefit of EHP community education is to expose men to family planning messages. This exposure reportedly allowed couples to talk more freely about their family planning choices, and it motivated some women and men to seek family planning services as a couple. The focus groups indicated that the EHP activities had a positive impact on family-planning-related knowledge and behaviors. In all 16 groups, participants reported that they shared with others the family planning information they received from GVs. In all but one group, participants spoke of knowing someone who sought family planning services as result of GVs' discussion of EHP matters.

Next Steps

GBM leadership is currently reviewing the findings and considering implications for future programming. These managers are encouraged by the results and see the value in developing a strategy for incorporating the EHP intervention more broadly in GBM's activities throughout Kenya. Results of this successful experience are further being shared with a global audience interested in EHP interventions. The results will be relevant to program planners interested in novel strategies for reaching men; promoting family planning in remote, rural areas; and integrating family planning into the nonhealth sector.

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