



Empowering Green Volunteers: Tools to Discuss Environment, Health and Population

Trainer's Guide

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CONTENTS

ACKNOWLEDGMENTS.....	ii
LIST OF ACRONYMS	iv
INTRODUCTION	1
COURSE DESCRIPTION	2
MONITORING AND EVALUATION OF TRAINING.....	6
TRAINING PREPARATION	6
USING THE TRAINER’S GUIDE	7
Green Volunteer Training Agenda	8
Day 1: Introduction to EHP and Family Planning.....	9
Day 2: Healthy Timing and Spacing of Pregnancies (HTSP)	28
Day 3: Skills-Building and Opportunities.....	41
Day 4: Demonstration on the EHP Flip-book.....	54
Day 5: Reporting on EHP	63
TRAINER HANDOUTS	76

LIST OF ACRONYMS

CHEW	Community Health Extension Worker
CHW	Community Health Worker
EO	Extension Officer
FP	Family Planning
GBM	Green Belt Movement
GV	Green Volunteer
KDHS	Kenya Demographic and Health Survey
HTSP	Healthy Timing and Spacing of Pregnancy
IUCD	Intrauterine Contraceptive Device
PHE/EHP	Population Health and Environment/Environment Health and Environment (used interchangeably in this manual)
PLHIV	People Living with HIV
PROGRESS	Program Research for Strengthening Services
TNG	Tree Nursery Group
USAID	United States Agency for International Development

INTRODUCTION

The Green Belt Movement (GBM) is a community-based development and environmental organization in Kenya. The mission of the GBM is to mobilize community consciousness, using tree planting as an entry point for environmental conservation; better household food security; and improved livelihoods, community, self-determination and equity.

A major element of GBM's tree-planting program is the rehabilitation of degraded forests. In 2008 alone, the GBM planted over 8.3 million trees in Kenya and reached over 5,000 community members through its civic and environmental education program. Over the past 30 years, the GBM has planted more than 40 million trees in Kenya. Working in 110 of the 220 political constituencies in Kenya, the GBM has succeeded in promoting environmental consciousness and conservation of local biodiversity.

The rights of women and female empowerment are especially emphasized in the GBM mission, and women's status is advanced through several GBM-supported initiatives. For example, the GBM provides education on small-scale farming and animal husbandry, which (when applied) allows women to ensure household food security and generate additional income. Through improved income and security, women become more self-sufficient and have a greater influence and impact on business, their communities and family decisions. Another GBM goal is to build the leadership capacity of women, which is achieved, in part, through leadership opportunities within the GBM. Women frequently serve as Green Volunteers (GVs), frontline workers who lead subgroups within the GBM. These subgroups are called Tree Nursery Groups (TNGs).

Another potential means of improving women's well-being and supporting the GBM's environmental conservation goals is to support women and couples in achieving their desired family size through the use of contraception (including natural family planning.) The healthy timing and spacing of pregnancies through family planning offers several of the same benefits embraced by the GBM mission. These include the following:

- Improved health and nutritional status of women and their families
- Increased economic self-sufficiency of women
- Improved household livelihoods
- Improved power on the part of individuals to control the direction of their lives
- Decreased depletion of natural resources and less pressure on the environment through decreased population

GBM and FHI 360

The GBM and FHI 360, a research and development organization, have united to study the potential of linking family and reproductive health programming within GBM's environmental and community empowerment work. The rationale for this approach is that the GBM will bolster its environmental and community work and women's empowerment work by addressing major threats to both — which are high population growth and poorly spaced and timed pregnancies. Programs that connect environment, health and population issues operate under the theory that addressing more than one of these inter-related issues will have a greater impact than single-focus programs that address only one set of issues.

This training manual is intended to prepare GVs to implement a new set of integrated activities that link concepts related to the environment, health and population (EHP). Because GVs are frontline volunteers and embedded within the GBM structure at the grass-roots level, they are thought to be in the best position to conduct community discussions on EHP topics and to facilitate service links between the community, the environmental sector and the health sector.

The GBM piloted EHP activities in four constituencies to determine the feasibility and value of an integrated approach. During this pilot phase, the GBM and FHI 360 examined the impact of the activities through several means. The GVs were surveyed post-implementation to gauge their experiences implementing the project and their knowledge regarding EHP concepts. Data from monthly reports, referral forms and performance reviews were analyzed, as well as information gleaned from TNGs, focus groups with community members and in-depth interviews with community leaders. The information was used to determine the effectiveness of an integrated EHP approach and to explore the potential for scaling up the project to the national level.

As part of the pilot, this training manual was developed to prepare GVs to implement the new activities. It was revised based on feedback from the trainings and research findings and will serve as the EHP curriculum that the GBM will use to expand the EHP work in other constituencies. The manual may be adopted or referenced by other projects with similar goals.

GBM Structure

The GBM is a grass-roots community organization and, as such, the administrative and programmatic structure begins at the bottom. Community members (usually at the village level) are members of the GBM. They are organized into TNGs at the sub-location level. These groups are led by Green Volunteers (GVs), who are appointed by the TNG members and later receive special training in leadership, community education and empowerment. The GVs are volunteers, but they are supervised and directed by an extension officer (EO). Often the EOs provide ongoing supportive education on TNG management, food security, water harvesting, advocacy, networking, women and girls' empowerment, health, livelihood improvement initiatives and records management. They also help direct GBM activities in a coordinated manner at the constituency level. The EOs typically hold degrees in Natural Resource Management, Agriculture, Animal husbandry, Forestry or Conservation. The EOs are managed by Project Officers who are responsible for implementing various GBM initiatives. For this project, a Project Officer and a Project Assistant were responsible for overseeing pilot activities. The Senior Project Officers and Senior Management Team ensure effective and efficient project delivery.

COURSE DESCRIPTION

Purpose of the Training

The purpose of this training is to prepare the GVS to conduct informal and formal EHP discussions about how the environment, health and population are related and influence one another, as well as how more Kenyan's practicing family planning can help bolster the GBM's efforts to conserve the environment and empower women. The GVs will also learn to take advantage of opportunities to better link their communities with health services and, when necessary, to create these linkages. Through this training, the GVs should acquire the skill and knowledge to accurately report on activities related to this initiative.

Tools for EHP Implementation

The EHP flip-book, participants' handouts, contraceptive booklets and reporting forms (provided here) are tools that are to be given to the GVs to assist in the communication and documentation necessary for project implementation.

Training Objectives

By the end of the training, participants will be able to:

- Identify and accurately describe the links between the environment, improved livelihoods, population and the health of families
- Explain these linkages to the TNG and community members to enable them to make informed choices
- Understand and explain the benefits of the healthy timing and spacing of pregnancies and the basics of family planning methods
- Lead a meeting for the TNG members or a community discussion using the EHP flip-book and facilitation skills learned in the training
- Complete simple reporting tools for documenting EHP activities
- Make referrals to health and family planning services
- Collaborate with health care providers to educate community members on available family planning commodities

Training Strategy and Trainers

Because the primary objective of the GV training is to prepare GVs to present and report EHP information in a uniform and standardized manner, this trainer's guide has been prepared to ensure uniformity in the content, accuracy and presentation of material.

We recommend that the core training team include one or more GBM technical support persons, a family planning expert/clinician and a public health trainer (optional if one of the other team members has strong training skills.) There should be a ratio of one training team to about 20 GVs. Remember to include GV EOs as part of the training program, as EOs oversee the GVs' work and will therefore be responsible for ensuring the proper implementation of the EHP activities.

The trainers should be present throughout the training to ensure the consistency and accuracy of information, to facilitate team fieldwork and to provide support to the GVs and EOs during and after the training event.

Training Methods

The training approach outlined in this manual is based on adult learning principles, which recognize that adults have a myriad of experiences, knowledge and beliefs. They are not “blank slates.” They have unique perspectives and may also have specialized knowledge from which other participants and trainers can learn. Therefore, this curriculum is designed to develop GVs’ knowledge and skills in an experiential and participatory environment. Trainees will learn from the trainers as well as from other trainees. Sufficient time must be allowed for the participants to process the information, engage in practical training exercises and provide feedback to and receive feedback from their fellow participants and the trainer.

This curriculum’s training activities include a wide variety of interactive methods that allow for instruction, skill building and feedback. Methods of training used in this curriculum include short presentations, practical exercises, skills-building exercises, role-playing, participant presentations, energizers, case studies, storytelling, small group discussions, brainstorming, demonstration, practice and a review game. Full participation is expected.

Energizers

Energizers are short breaks between training sessions. They can be different structures or activities that will allow the group to unwind, perk up, absorb what was learned in one session and transition to the next session. Here are some suggestions:

- **Unique Characteristics:** Even if the participants already know each other, the facilitator must get to know them. Instead of asking participants to say their names, the facilitator can divide the group into pairs and give participants a few minutes to interview each other. Then each participant should introduce their partners by name and share at least two unique characteristics about the person.
- **Ball Toss:** Participants and the facilitator form a circle and toss a soft ball around the circle. Participants state their adjectival names as they catch the ball and say the most important learning concept of the training. Examples of adjectival names are “Funny Fred” and “Kind Katherine.” This activity can also be used throughout the course for quick information exchange. For example, the facilitator may ask, “Name two family planning methods. Define EHP.” The ball is tossed around the circle and participants call out a different answer as they catch the ball. This should be done until everyone has caught the ball at least once.
- **Three Questions:** Participants write down three questions asked by the facilitator and find someone in the room they do not know well. Each participant then asks questions of the other. The participant that finishes first is the winner, who then introduces his or her partners to the group by sharing both the questions and the answers. Eventually everyone does the introduction.
- **Marooned:** Divide the participants into teams. Ask the participants to pretend they are marooned on an island. Have the teams choose five items they would have brought with them if they knew there was a chance that they might be stranded. Note that they are allowed only five items per team, not per person. (The facilitator can use a different number, such as seven, depending upon the size of each team.) Ask each team to write their items on a flip chart and discuss and defend their choices with the whole group. This activity

helps them to learn about each other's values and problem-solving styles and promotes teamwork.

- **Name Chain:** You can play "Name Chain" using their adjectival names. Instruct participants to sit in a circle. They introduce themselves and the person to their right: *"I'm kooky Katherine. This is darling Dorothy."* The person to the right repeats previous introductions and introduces the person to their right: *"She's kooky Katherine. I'm darling Dorothy. He's generous George."* Continue with the next person to the right, until all names have been repeated. Challenge volunteers to rhyme off all names quickly.
- **What Do You Have?** Divide the participants into teams of four to six people. The facilitator should make a list of six to eight items that they would probably have with them. Make one or two items less common things. The team gets points for each person who has these items. Only one of each item per person can be counted and the team with the most points wins. The list could include a photograph, a calculator, pencil, photograph of a family member, an unusual key chain, something red, etc.
- **Boom!** All participants should sit in a circle. They are instructed to count out loud around the circle. Each person whose number is a multiple of 3 (3, 6, 9, 12, etc.) or a number that ends with 3 (13, 23, 33, etc.) must say BOOM! instead of the number. The next person continues the normal sequence of numbers. Anyone who fails to say BOOM! or who makes a mistake with the number that follows BOOM! is disqualified. The numbers must be said rapidly (5 seconds maximum). If a participant takes too long to say her/his number, she or he is disqualified. The last two participants left are the winners.

🗨 **Note to trainer:** *You can have the participants clap once instead of saying BOOM!*

🗨 **Note to trainer:** *To make this energizer more interesting, when a specific number is reached — for example, 30 — have the participants count backwards towards zero. You can make the game more complex by using multiples of bigger numbers, or by combining multiples of three with multiples of five.*

Intended Participants

The training program is designed for established GVs who are already working with TNGs in communities in various regions across Kenya. Participants in the training program should already be able to:

- Facilitate a TNG meeting
- Use new materials and discuss topics connected to the environment with TNGs and community groups
- Demonstrate a literacy level that is sufficient to complete simple reporting forms

Optimum Group Size

The course is designed for groups ranging from 15 to 25 in number. A smaller group size allows for greater participation and the practice of new skills. It also allows trainers to better assess and aid the participants' skills development.

Language

Depending on the literacy levels of the participants, the training can be conducted in English, Kiswahili or other local languages. The EHP flip-book, supporting materials and reporting tools may be translated as well.

MONITORING AND EVALUATION OF TRAINING

Evaluation is an opportunity to assess participants' level of understanding, competence and reactions to training. Trainees are evaluated on a number of levels:

- Attendance and participation in the training
- Pre- and post-training test scores derived from comparing Day 1 to Day 5
- Ability to lead an EHP flip-book discussion through demonstration in front of participants
- Ability to complete the reporting tool effectively and efficiently

A certificate should be presented to participants who successfully complete the training program.

TRAINING PREPARATION

Trainers should prepare for each training course in advance by:

- Reserving a venue suitable for training
- Inviting and confirming the attendance of training participants
- Arranging for lunches and refreshments
- Determining per diems and payment for lodging expenses for trainees in advance and determining how to distribute them without disrupting the training program
- Arranging travel for trainees (to get to the training and for the field activities)
- Identifying and arranging for guest speakers and honoraria, if appropriate
- Identifying and confirming attendance of trainers and training support staff
- Holding a planning meeting to assign responsibilities and sessions, ensuring adequate preparation prior to training
- Coordinating with the relevant authorities to purchase or acquire all the equipment and materials required for the training program:
 - Flip charts and stand
 - Markers, masking tape and post-its
 - Paper
 - Printing/copying expenses
 - Notepads for participants
 - Nametags
 - Pens
 - Copies of EHP Flip-books, contraceptive booklets, posters and reporting and referral forms from the GBM

- Identifying and preparing sites for community demonstration on Day 2
- Preparing materials, such as flip charts, for each session. There will usually be a model or other resource provided for creating flip charts in the Trainer Notes following the session in which the flip chart is used. Flip charts followed by (titled) means that trainers should simply write the indicated title on the top of the sheet; these flip charts will be filled out throughout the session.

Trainers should also gather the following materials for use during the sessions:

- Cards
- Scissors
- Clock or watch
- Handouts (Photocopied)
- GV Certificates
- Daily training plan (who is facilitating which sessions, room set up, etc.)
- Materials for each participant (pens, notebooks, folders, etc.)
- Materials for all outside speakers or guests

Breaks and session times are flexible and should be determined by the trainers and participants as appropriate, although a recommended agenda is included as a part of this guide. Games and energizers should be a part of the agenda and interspersed throughout the training course.

USING THE TRAINER'S GUIDE

This guide includes session plans for four and half days of training. Each session plan includes session objectives, an estimate of the amount of time needed, a list of materials and trainer's notes — which usually contain copies of supporting materials and where they can be found, such as handouts, case studies and flip chart examples. **It is important that the training team review and adapt the session plans and related materials, and establish training roles before leading the sessions.** Key materials should be distributed during the sessions as indicated. This includes participant handouts, the EHP flip-book and reporting tools.

The handouts for the training sessions are found in the back of this guide.

Green Volunteer Training Agenda

A four-and-a-half-day training schedule is recommended for this EHP training, but it can be adapted according to need. Below is the agenda for the sessions that are provided in the training guide.

	Day 1: Introduction to EHP and Family Planning	Day 2: Healthy Timing and Spacing of Pregnancies	Day 3: Skills Building and Opportunities	Day 4: Demonstration on the EHP Flip-Book	Day 5: Reporting on EHP
8:30	Session 1: Daily Opening Session 2: Pre-Training Test	Session 1: Daily Opening Session 2: Analysis: Too Young, Too Many, Too Close, Too Late Session 3: Attitudes Toward Family Planning	Session 1: Daily Opening Session 2: Processing of Community-Based Activity Session 3: Real and Challenging Situations	Session 1: Daily Opening Session 2: Skills-Building to Lead EHP Discussions Session 3: Preparation for Demonstration of EHP Discussion	Session 1: Daily opening Reporting on EHP Activities, continued from Day 4 Session 2: Next Steps
10:30	Tea/Coffee Break	Tea/Coffee Break	Tea/Coffee Break	Tea/Coffee Break	Tea/Coffee Break
11:00	Session 3: Green Volunteer Tasks Session 4: Linking Environment, Health and Population	Session 4: Benefits of Family Planning Session 5: Myths and Facts on Family Planning	Session 4: Community Mapping Session 5: Providing Referrals	Preparation for Demonstration of EHP Discussions, continued Session 4: Demonstration by Green Volunteers	Session 3: Review Game, Post-Training Test, Certification and Training Evaluation Session 4: Training Closure and Certification
1:00	Lunch	Lunch	Lunch	Lunch	Lunch and Departure
2:00	Session 5: Health Provider Talk on Family Planning Session 6: Daily Closing Tea and Departure	Session 6: Community-Based Demonstration of an EHP Discussion Session 7: Daily Closing Tea and departure	Session 6: Opportunities for Expanded Messaging and Partnerships Session 7: Giving and Receiving Feedback Session 8: Daily Closing Tea and departure	Demonstration by Green Volunteers, continued Session 5: Processing of EHP Demonstrations by GVs Session 6: Reporting on EHP Activities Session 7: Daily Closing Tea and departure	

Day 1: Introduction to EHP and Family Planning

Day 1 Agenda

Time	Session Number	Topic
8:30 – 10:30	1	Daily Opening
	2	Pre-Training Test
10:30 – 11:00		Tea Break
11:00 – 11:30	3	Green Volunteer Asks
11:30 – 1:00	4	Linking Environment, Health and Population
1:00 – 2:00		Lunch
2:00 – 4:45	5	Health Provider Talk on Family Planning
4:45 – 5.00	6	Daily Closing

Session 1: Daily Opening

Time: 1.5 hours

Session Objectives: By the end of this session participants will have:

- Introduced themselves, shared a personal strength with other participants and explained how they could use their strength during the workshop
- Shared their expectations of the GV Training in EHP
- Learned about the GBM and its EHP activities and collaboration with FHI 360
- Reviewed the objectives and agenda for the GV EHP workshop
- Analyzed EHP's effects, impacts and solutions, using a problem tree analysis
- Agreed upon group norms (for example, cell phones switched off) and assigned support roles for a successful training

Preparations and Materials:

- Flip chart, markers and tape
- Sticky notes
- *Daily Agenda Flip Chart*
- Prepared flip charts on:
 - Expectations (title only)
 - Training objectives

- Agenda
- *Parking Lot Flip Chart* (title only)
- Group norms

Time	Session 1: Agenda	Trainer
20 minutes	A. Welcome, Opening Prayer and Introductions	
10 minutes	B. Group Norms and Support Roles	
15 minutes	C. Expectations, Objectives and Agenda	
45 minutes	D. Problem Tree Analysis	

A. Welcome, Opening Prayer and Introductions

Time: 20 minutes

Preparations and Materials:

- *Introductions Flip Chart*
- *Proverb Flip Chart*
- Session objectives on flip chart

Instructions:

1. Welcome participants to the *Empowering Green Volunteers: Tools to Discuss Environment, Health and Population Training*.
2. Introduce yourself and then each co-trainer and support staff. Each should give information about their background, role in the workshop and any experience in EHP education and training. Give this information about yourself as well.
3. Invite a participant to help open the workshop with a prayer.
4. Share GBM's history and the contribution of the late Professor Wangari Maathai.
5. Post a flip chart to review all session objectives together.
6. Share the following proverb on flip chart: ***Ukilima-lima uinuke, ni vitu vya walaji wengi*** (loosely translated as, "When you farm, farm to improve your livelihood. It will also improve the livelihood of your community.")

Ask participants what they think this means for our training.

After they have replied, tell them that it means, *If you want to go quickly, go alone. If you want to go far, go together.*

Inform participants that during the workshop they will learn about the linkages between the environment, health and population so they can educate people in their communities; and they will learn how to better connect communities to health services.

The training will prepare them to share information in community meetings, social visits and in their TNGs.

7. Post a flip chart with the introduction instructions below. Inform participants that they will pass an object around the circle. When a participant has the object, he or she should share:
 - His or her name
 - What he or she likes best about being a Green Volunteer
 - A personal strength or skill
 - How he or she will use this strength during the workshops
8. Thank participants for helping the group to get to know them all and for sharing their strengths. Inform them that they may be called upon during the training program to share their strength.

✎ **Note to trainer:** *Be creative in the way you use the strengths of your participants throughout the workshops. For example if someone has a good singing voice, ask him or her to lead the group in a song as an energizer.*

B. Group Norms and Supportive Roles

Time: 15 minutes

Materials: *Group Norms Flip Chart* (title only)

Instructions:

1. Introduce the next portion of the session by asking participants the following questions:
 - *How will we keep on track during our workshop?*
 - *What do we need to guide us?*
2. Acknowledge their responses and post the *Group Norms Flip Chart*.
3. Invite participants to brainstorm norms they think the group should use during the workshop. Address concerns with the group to discuss options and make decisions together. Write agreed norms on the flip chart.

If not mentioned by the group, ask them if they think there should be a punishment if norms are not followed.
4. Then add supportive roles on the flip chart. These roles could include the following:
 - Participant welfare
 - Timekeeper
 - Prayer leader

- Appreciation support
 - Workshop prefect/monitor (if applicable for punishment)
5. Lastly, ask participants:
 - *How will you know if you have successfully completed the workshop?*
 6. Close the entire session by reviewing all session objectives posted and informing participants that in Session 2 they will be taking a pre-training test and discussing their roles as GVs.

C. Training Expectations and Objectives

Time: 20 minutes

Materials: Photocopies of the daily agenda to handout, plus the following flip charts:

- *Expectations Flip Chart* (title only)
- *Training Objectives Flip Chart*
- *Parking Lot Flip Chart*
- *Day 1 Agenda*

Instructions:

1. Introduce the next session by learning about participants' thoughts. Ask participants:
 - *Why are we here today?*
 - *What did you think would happen this week when you received your invitation?*
 - *What are your expectations, hopes or concerns for the workshop?*
2. Let participants know that you are interested in their expectations. Give each participant a sticky note on which to write his or her answers. These will be posted on the *Expectations Flip Chart*.
3. Review responses together, combining repetitive responses. Thank them for their participation.
4. Post the *Training Objectives Flip Chart*, and review the objectives. Compare them with participants' expectations. Be sure to explain that this training and the activities they will be expected to do are part of a study.

Note that one of the objectives of the project is to link community members to family planning services; but participants are *not* being trained to provide family planning methods or even provide specific information about each method. In the workshop, participants will learn to raise awareness and direct TNG members and community members to professional health services.
5. If an expectation will not be met during this training program, explain why not.
6. Introduce the *Parking Lot Flip Chart* and inform participants that this is a place where they can write questions or concerns that we can't address immediately, but will follow up on when they come up in sessions or discussions during the week. Every morning

facilitators will visit the Parking Lot during the opening to see if there are new topics to discuss.

- 🦋 **Note to trainer:** *Participants may expect or wish to provide others with detailed information about different health-related topics such as different family planning methods or HIV/AIDS. Inform participants that this training program is not designed to provide detailed information about particular health-related topics — it is to help the GVs provide linkages so that community members know where to go for services or more information. Make note of the requests in your report, however, so that the GBM can facilitate other resource persons to provide information in areas of interest.*
- 7. Review the *Day 1 Agenda*. Let them know that every day you will start with a summary of the day to guide the group.
- 8. Go over the agenda for the rest of the week using the detailed handout. Inform participants that the training objectives will be met using these activities. Inform them that the agenda is a flexible tool to keep them on track to meet the goals, but that adjustments will probably be made during the training program. Ask participants if they have any questions about the agenda.
- 9. Let participants know they will continue to refer to the training objectives and check them off as they are met. Both the *Training Objectives Flip Chart* and *Day 1 Agenda Flip Chart* should remain posted throughout the training.

D. Problem Tree Analysis

Time: 45 minutes

Preparations and Materials:

- *Problem Tree Flip Chart* (see Trainer Notes)
- *Solution Tree Flip Chart* (see Trainer Notes)
- *GBM's 10 Steps to Tree Planting Flip Chart* (see Trainer Notes)

Instructions:

- 🦋 **Note to trainer:** *Use the Problem and Solution Tree images from the Trainer Notes as a guide for this activity.*
- 1. Introduce the session. Remind participants of the objective that will be completed now.
- 2. Begin by asking participants to describe their role as Green Volunteers.
 - *What do GVs do?*
 - *How do GVs make a difference?*

Remind GVs of the GBM mission statement: *The mission of the GBM is to mobilize community consciousness, using tree planting as an entry point for self-determination, equity, improved livelihoods and security and environmental conservation.*

3. Explain that Professor Wangari Maathai saw a problem and created a solution that helps to address the root causes of the problem. The Greenbelt Movement is about linking individual responsibility and community action to change the trend of environmental degradation in Kenya. Tree nursery groups are central to that mission.
4. Remind participants that most solutions are not found unless a problem is identified and understood. Ask the group:
 - *Have you heard the term “environmental degradation”?*
 - *If yes, what does it mean?*
5. Then share a flip chart with the image of a dying tree (*Problem Tree Flip Chart*) with the problem “Environmental Degradation” written in the middle of the tree. Explain that the roots of the tree represent the causes of the problem.
6. Ask participants to brainstorm on causes of environmental degradation.

Provide an example, such as poverty, if needed. Try to dig more deeply into underlying causes behind responses by asking why. For example, “*Why are poor people destroying the environment?*” A possible response is, “*They are ignorant.*” “*Why are they ignorant?*” “*Because they dropped out of school early.*” And so on.
7. Write all responses at the base of the tree under the roots and label “Root causes.” (Use the *Problem Tree* in the Trainer Notes as a guide and add root causes that participants do not give.)
8. Ask participants to name some consequences or results of environmental degradation.

Provide an example, such as soil erosion and poor soil quality. Write responses at the top of the tree and label “Negative Impact.”
9. Review the tree now completed. Process the activity, asking:
 - *What do you feel when you look at the tree?*
 - *What do we learn from the analysis?*
 - *What can GVs do to help solve the problems?*
10. Now share a new flip chart with the image of a healthy tree (*Solution Tree Flip Chart*) with the solution “Environmental Conservation” written in the middle. (Use the *Solution Tree* image in the Trainer Notes as a guide throughout.)
11. Ask participants to brainstorm out loud how the TNGs provide solutions. Responses should include unity, working as a group to achieve their goals, sharing ideas and learning from each other.
12. Ask participants to brainstorm TNG activities that are beneficial to the community.

Write responses at the base of the tree and label “GBM Activities.” Responses should include tree planting, food security, kitchen gardens, water harvesting and IGAs, to name a few.
13. Next ask participants to brainstorm how these activities result in positive results.

Write responses at the top of the tree and label “Positive Impact.” Responses should include: improved livelihoods, food security and improved nutrition, improved water quality and quantity, afforestation and strong communities, to name a few.

14. Review the *Solution Tree* now completed. Process the activity, asking:

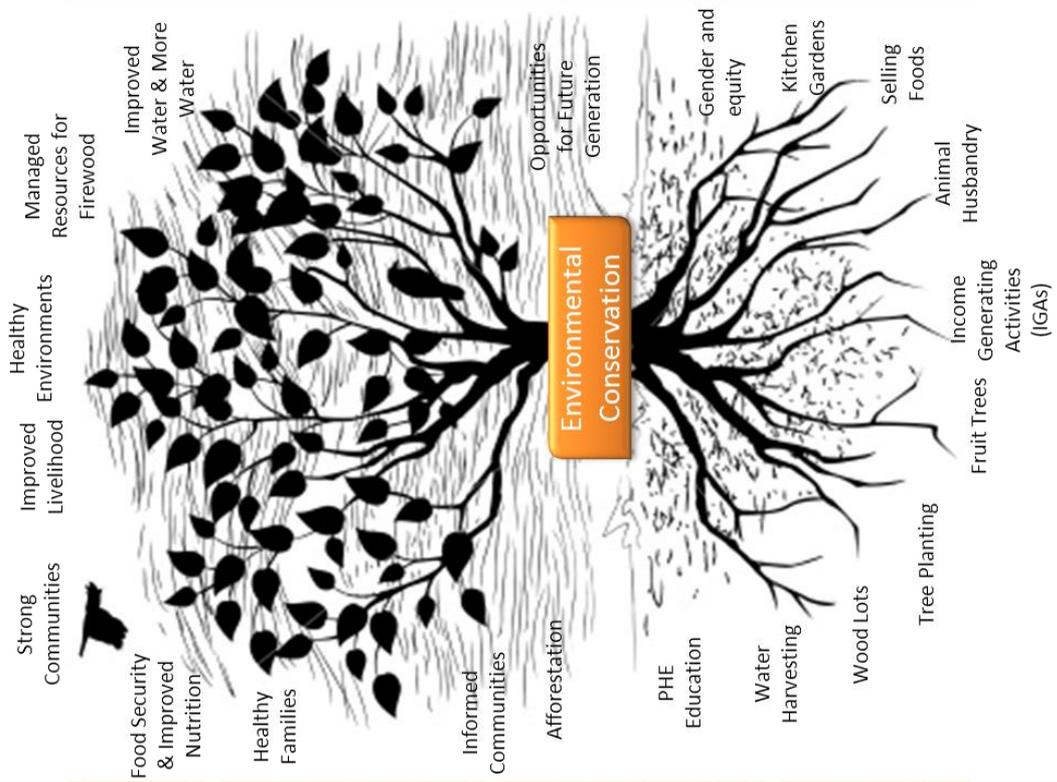
- *What do you feel when you look at the tree?*
- *What do we learn from the analysis?*

15. Lastly, add “EHP” to the base of the *Solution Tree* and “Healthy Families” to the top of the tree. Let participants see that the purpose of this training is to introduce a new GBM activity, EHP education, and to link it to their work as GVs.

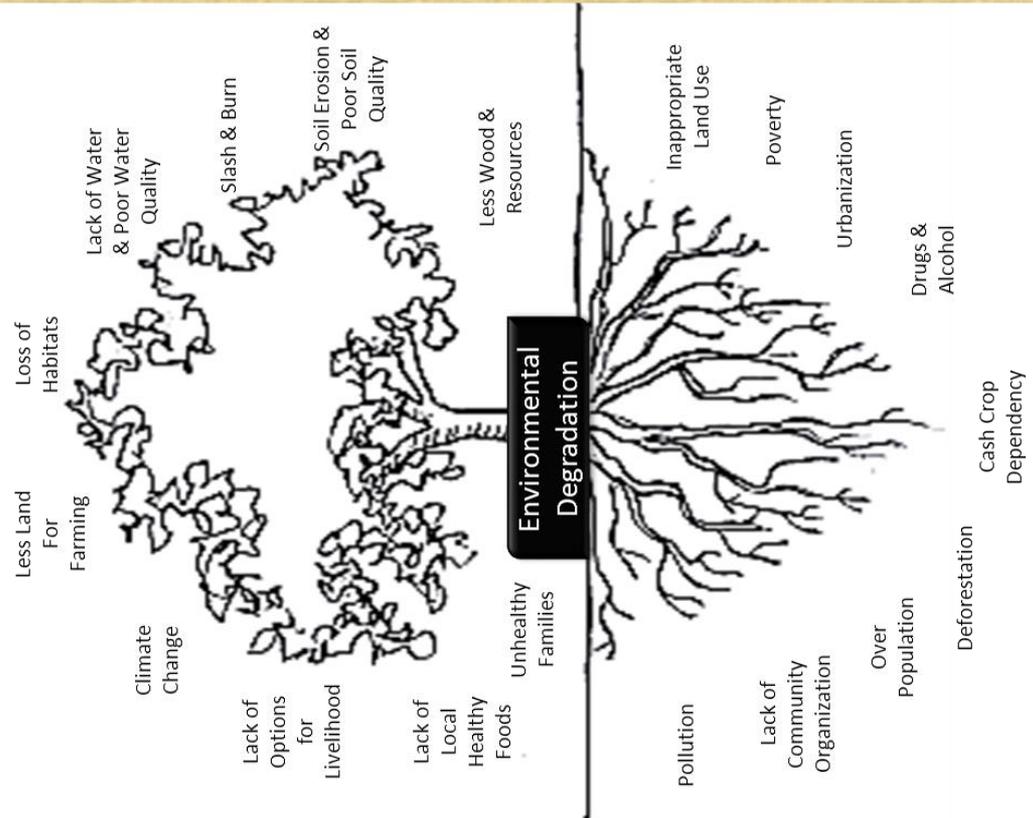
16. Invite the GBM Project Officer or staff member to talk about the relationship between the GBM and FHI 360 in this current activity and study.

Trainer Notes: Problem/Solution Tree

SOLUTION TREE



PROBLEM TREE



Session 2: Pre-Training Test

Time: 30 minutes

Session Objective: During this session participants will take a pre-training test.

Preparations and Materials:

- Flip chart, markers and tape
- *Handout 1: Pre-Training Test* (enough for each participant)
- *Training Test: Answer Key* (see Trainer Notes)

Instructions:

1. Refer participants to the *Training Objectives Flip Chart* and explain the following:
 - As a part of the first training objective, everyone will take the same test at the beginning and the end of the training program.
 - If you do not know the answer to a question, leave it blank.
 - After completing the test, we'll score them together and keep them to compare to the test at the end of the workshop.
 - Over the course of the training, everyone will have a chance to learn more.
2. Distribute the pre-training tests and review the instructions. Ask them if they have any questions and respond as needed.
3. Read (or have a participant read) each question aloud and allow participants some time to write their response. (There may be a variety of literacy levels in the group, which is why it is recommended to read each question aloud.)
4. Check in with participants, to ensure they understand how to answer the questions. Answer questions as needed.
5. When the test is completed, ask participants to exchange papers with their neighbor so we can score them together. Emphasize that participants are not expected to score 100 percent.
6. Then read all questions aloud again and invite participants to share their answers.
7. Review the correct answers as a group and answer participants' questions using the *Training Test: Answer Key* on the next page.
8. Ask participants to tally the score of the test they scored and give it back to the participant.
9. Collect the pre-training tests and keep them for Day 5.
10. Inform participants that the information from this test will not change. The rest of the week will be spent doing sessions to be sure they learn and understand the information on the test and the skills to prepare them for community discussions on EHP.

Trainer Notes: Training Test Answer Key

1. Population growth (the growing number of people in Kenya) affects the availability of natural resources, such as forests, good land for farming and water. **True**
2. For the health of the mother and the baby, a woman should wait at least four years before trying to become pregnant again. **False, a woman should wait two years before trying again.**
3. Talking about sex and family planning with young people will encourage them to have early sex. **False, research shows that talking about sex with young people will not promote early sex. In fact, it helps them to make better decisions when they are ready to have sex.**
4. For the health of the mother and the baby, a young woman should wait until she is at least 16 years of age before trying to become pregnant. **False, she should wait until she is 18. Because a girl is physically able to become pregnant does not mean it is advisable. Girls under the age of 18 often have more complications and need more medical attention than women older than 18.**
5. The number of children people have in Kenya has declined (gone down) in recent years, but it is still higher than other places in the world. **True**
6. Hormonal family planning methods, such as the pill or injectables, can cause infertility. **False, fertility returns after stopping a method.**
7. EHP stands for:
 - a. **Environment, Health and Population**
 - b. Education and Health for People
8. Every individual is different, so a person interested in starting a family planning method should:
 - a. Use the same method as a friend
 - b. **See a provider and get counseling to ensure he/she selects the best method for his/her needs and situation**
9. When people use _____, they are more likely to make poor decisions about their health and their family's health.
 - a. **drugs and alcohol**
 - b. family planning methods
10. What is EHP education?

An acceptable answer is:

EHP education refers to providing education and information about the links between environment, health (family health) and population (family size).

Session 3: Green Volunteer Tasks

Time: 30 minutes

Session Objectives: During this session, participants will learn and discuss expectations of GVs following the training.

Preparations and Materials: *GV Tasks Flip Chart*, markers and tape

Instructions:

1. Introduce the session objective.
2. Remind participants that earlier they provided expectations for the workshop. Ask them to share a few examples.
3. Explain that the GBM has expectations of GVs, too, both during and after the workshop. Summarize points from group norms and participation that were relevant during the training, such as full participation, daily attendance and demonstration of skills.
4. Ask participants:
 - *What do you think will be your tasks as GVs after the workshop?*
 - *What will you be expected to do in your GV work after the workshop?*
5. Post the *GV Tasks Flip Chart* to list their responses. If not mentioned, be sure to include:
 - Conducting discussions on EHP within TNGs
 - Conducting discussions on EHP with community members
 - Using any opportunity to pass EHP messages and information, including posters and booklets, to those interested and in need
 - Collaborating with the Ministry of Health and local partners to raise awareness and promote health services, especially family planning by meeting with Community Health Extension Workers (CHEWs) and visiting health facilities.
6. Then ask about successful completion:
 - *Who should get a certificate?*
 - *When will the GBM know you have successfully completed the course and expectations?*

Explain that the GBM will provide certificates at the first monitoring visit to those who have begun working and reporting. All volunteers will be working towards incentives such as Volunteer of the Month (the volunteer with the most completed referrals) and participating in exchange visits.
7. Review the session objective together.

Session 4: Linking Environment, Health and Population

Time: 1.5 hours

Session Objectives: By the end of this session participants will have:

- Discussed the different causes of environmental problems and how they are interrelated
- Understood the definition of population and facts about population growth in Kenya
- Quantified the resources used (water, wood and food) by an average family
- Identified linkages between environment, population and health

Preparation and Materials:

- Flip chart, markers and tape
- *Handout 3: Environmental Problem Cards* (photocopied)
- Prepared flip chart for population growth in Kenya
- Resources flip charts — water, food, wood (title only for each)
- Linkages flip charts (title only)

Time	Session Agenda	Trainer
30 minutes	A. Environmental Degradation	
15 minutes	B. Population Growth in Kenya	
30 minutes	C. Resources Used per Family	
15 minutes	D. Linkages of E, H and P	

A. Environmental Degradation

Time: 30 minutes

Preparations and Materials:

- Session objectives on flip chart
- Environmental problem scenarios from Handout 3.

Instructions:

1. Introduce the four session objectives, posted on the flip chart.
2. Remind participants that in the opening session they used the problem tree to understand root causes and their impact on the environment. Inform participants that

they will begin this session by discussing different environmental problems and how they are related to a growing population and their families' health.

3. Ask participants to discuss some environmental problems that humans have caused. Possible responses include: deforestation, water shortages, poor water quality, pollution and soil erosion. Acknowledge their responses and knowledge as GVs.
4. Explain that for the next activity participants will be split into four groups. Each group will receive a number (1 – 4) that corresponds to an environmental scenario in their handout. They should get in their groups, read the environmental scenario, make sure everyone has understood it and then answer the questions. Before starting, they should assign a note taker to document responses to questions. They will have 10 minutes before coming back together to discuss the scenarios as a whole.
5. Divide participants into groups of four and assign each group an environmental problem scenario (found in *Handout 3: Environmental Problem Cards*).
6. After 10 minutes, ask each group to share highlights of what they discussed and their strategies for addressing the problem. They will probably not have completed all the questions and this is okay.
7. To close, ask participants to process the activity by considering the following questions:
 - *What did you learn from the exercise?*
 - *What can we apply in our work as GVs?*

Allow for some discussion to begin highlighting the links between the different areas of environment, health and population, such as livelihoods, poverty, land use and abuse and health (lack of family planning, nutrition).

8. Review the 1st session objective.
9. Thank participants for their good work and informative discussions. Let them know in the next session more about the population of Kenya over time will be discussed.

B. Population Growth in Kenya

Time: 15 minutes

Preparations and Materials:

- *Population Growth in Kenya Flip Chart* and dot stickers
- Blank flip chart, markers and tape

Instructions:

1. Ask participants, *“When you hear the word population what do you think it means?”*
2. After listening to a few responses, share the following definition on the flip chart:
Population is the number of people living in a country or a defined place at a given time.

3. Inform participants that many countries have population problems where the population is growing too fast.
4. Post the blank *Population Growth in Kenya Flip Chart* with the bottom axis showing years (1948, 1969, 1989 and 2009) and the side axis showing number in millions of people rising from 1 to 50. Explain that we will now put our data into the chart based on the population growth in Kenya over the years.
5. Ask for a volunteer participant. Give the participant five green dots (or a marker) to place in a line above the year 1948. Inform the group that each dot represents one million people. Tell the group that this was the population in 1948.
6. Ask the group, *“What do you think the population was about 20 years later, in 1969?”*
Invite another participant to help. Give the participant 11 green dots to place above the year 1969. Inform the group that in about 20 years the population more than doubled.
7. Ask the group, *“What do you think the population was 20 years later, in 1989?”*
Invite another participant to help. Give the participant 21 green dots to place above the year 1989. Ask for participants to reflect on the change. What happened?
8. Ask the group, *“What do you think the population was 20 years later, in 2009?”*
Invite another participant to help. Give the participant 39 green dots to place above the year 2009. Ask for participants to reflect on the change. What happened?
9. Lastly, ask participants, *“Can you predict the population in 20 more years?”*
Let participants respond and tell them that if nothing is done, it could reach almost 80 million people. Kenya Vision 2030 is committed, however, to reducing population growth so that the available resources can be best utilized for this generation.
10. Invite participants to process the activity by asking:
 - *How do you feel now? What are you thinking about?*
 - *What do we learn from the exercise?*
 - *What can we apply/take to our TNGs?*
11. If there is more time, share some facts about population growth in Kenya. Refer to *Handout 4: Facts about Population Growth, Family Planning and Health* to read a few aloud or invite a participant to read.
12. Thank participants for their help and let them know we will talk about resource use next.

C. Resources Used per Family

Time: 30 minutes

Preparations and Materials: Food, Wood and Water flip charts (title only)

Instructions:

1. Before introducing the session, ask participants:
 - *Why is population size so important to Kenya?*
 - *What does Kenya risk if the population becomes too large?*
 - *What will people compete for?*
 - *What are basic resources that families need for survival?*

Explain that this next section will help us to understand the level of resources (water, wood and food) that typical families use in a week.

2. Tell participants that in this exercise three groups will each determine the consumption and cost of one of the items for a family of four compared to eight. Then they will discuss. Divide the participants into groups and give each group a flip chart and clarify these instructions:
 - Group 1 will identify how much wood (for firewood and construction) is used by a family of four and a family of eight in a week, then determine the cost of each quantity in local prices.
 - Group 2 will identify how much water (for drinking, cooking, washing, farms and livestock) is used by a family of four and a family of eight in a week, then determine the cost of each quantity in local prices.
 - Group 3 will list basic food items per household used every week by a family of four and a family of eight, then determine the cost of each quantity in local prices.
3. When complete, ask the groups to present their findings. After each group's presentation, invite comments or questions.
4. Process the activity by asking:
 - *What are your thoughts?*
 - *Are there any lessons learned from this activity?*
 - *How can we apply/take these lessons to our TNGs?*
5. Thank the group for listening and tell them we will list the linkages between environment, health and population in the next session.

D. Linkages of Environment, Health and Population

Time: 15 minutes

Materials: Three flip charts, each with the following titles: *E-H-P*, *P-E-H* and *H-E-P*

Instructions:

1. Tell participants that now that are going to connect the dots and identify the linkages between environment, health and population using the previous sessions.
2. Post three flip charts around the room with the headings: *E-H-P*, *P-E-H* and *H-E-P*
3. Explain to participants that they are going to fill these flip charts with their own examples that they have been talking about in the sessions. Invite participants to share examples before going to flip charts. If challenging, use these examples to help.
 - E-H-P, for example: healthy forests -> lots of indigenous fruits that are nutritious-> people are healthier from eating them -> healthy people are better able to care for their environment by planting trees.
 - P-E-H, for example: too many people -> shortage of clean water -> shortage of clean water means some people may drink filthy water -> people get sick
 - H-P-E, for example: Kenyans practice family planning -> fewer children and at times when the family can care for them optimally -> decreased strain on resources such as wood and water
4. After five minutes, have participants stop where they are and read examples on the paper nearest to them.
5. Ask the group to confirm that each linkage is true after reading each one by asking, *“Could this happen in our community?”*
Acknowledge often and in various ways their ability to see the linkages so clearly.
6. Inform participants that next they will be discussing population and stories from their own communities.

Close the session by reviewing all the session objectives.

Session 5: Health Provider Talk on Family Planning

Time: 2.45 hours

Session Objectives: During this session participants will:

- Learn about menstruation, fertilization and how pregnancy happens
- Learn the basics of family planning
- Learn how different family planning methods prevent pregnancy
- Discuss the link between family planning and the healthy spacing and timing of pregnancies (HTSP)
- Learn about the different family planning methods available in their region
- See a condom demonstration
- Learn what happens in a counseling appointment at a clinic

Preparation and Materials:

- Flip chart, markers and tape
- Photocopied PPT presentation on HTSP
- Photocopies of *Handout 5: Presentation on Healthy Timing and Spacing of Pregnancies*
- Samples of family planning methods kit
- Penile model and condoms

Instructions:

1. Tell participants that in the next activity they will learn from a professional (speaker) about the different methods individuals and couples use for family planning.
2. Ask participants to note down their questions on a piece of paper. Questions will be answered at the end of the talk.
3. Introduce the speaker and invite him or her to:
 - Explain what happens when a couple comes for family planning, including the cost and counseling process
 - Emphasize that all clients have the right to access family planning services, including young women, unmarried women, people with disabilities and women living with HIV
4. In addition, the speaker should:
 - Highlight the different methods of family planning available at the clinic
 - Show examples of methods for participants to look at and touch (pass them around)
 - Explain briefly how each method works in or with the body
5. Remind participants that condoms need community support to facilitate uptake and use. It is a method that can be promoted without a provider's guidance and started immediately.
6. Distribute *Handout 5: Presentation on Healthy Timing and Spacing of Pregnancies*, which includes instructions for using a male condom. Conduct a condom demonstration for the group and invite a few participants to try and follow the steps. Participants will receive a kit that includes a model and condoms, which they can use to build the skills of community and TNG members.
7. Invite participants to ask questions. If someone has a question that is still unanswered, ask participants to write it on the *Parking Lot Flip Chart* for follow-up during the course of the workshop.
8. Thank the guest speaker and ask if he or she would be willing to be a resource to participants in the future.
9. Encourage participants to remember and share the following closing messages:

- Family planning is safe.
- Family planning is good for the health of the mother and baby.
- Families should have the number of children they can care for and support.

Session 6. Daily Closing

Time: 15 minutes

Session Objectives: During this session participants will provide feedback on the day.

Preparations and Materials:

- Flip chart, markers and tape
- Sticky notes
- *Daily Evaluation Flip Chart*

Instructions:

1. Congratulate participants on completing the day. Let them know they have done well and are one day closer to successfully completing the training.
2. Post the *Daily Evaluation Flip Chart*, using a traffic-light analogy. Draw or color a red circle and a green circle. Provide space for participants to post their sticky notes with responses in each area on the flip chart.
3. Explain that participants should write honest, anonymous (without a name) feedback on their sticky notes, using the colors to guide their thinking.
 - Green is for things they learned, like and want to continue.
 - Red is for things that they disliked and do not want to continue.
4. They should bring their responses up to the flip chart and post them in the correct area. Tomorrow they will be reviewed in the morning.
5. Provide any other administrative announcements from the training team as needed.
6. Lastly, invite all participants to stand in a circle to close the day. The closing circle is a time to reflect with a short feeling or impression of the day. Invite participants to share how they feel at the end of Day 1. Start with the training team and move around.
7. When finished, thank the group again and ask for the prayer leader to end the session with a prayer.

Day 2: Healthy Timing and Spacing of Pregnancies (HTSP)

Day 2 Agenda

Time	Session Number	Topic
8:30 – 8:45	1	Daily Opening
8:45 – 9:45	2	Analysis: Too Young, Too Many, Too Close, Too Late
9:45 – 10:30	3	Attitudes toward Family Planning
10:30 – 11:00		Tea Break
11:00 – 12:00	4	Benefits of Family Planning
12:00 – 1:00	5	Myths and Facts on Family Planning
1:00 – 2:00		Lunch
2:00 – 4:30	6	Community-Based Demonstration of an EHP Discussion
4:30 – 4:45	7	Daily Closing

Session 1. Daily Opening

Time: 15 minutes

Session Objectives: During this session participants will:

- Learn about the daily evaluation feedback from participants' and trainers' responses
- Identify any outstanding issues in the parking lot
- Conduct a review game for the previous day
- Learn the daily agenda and sessions for the day

Preparations and Materials:

- Flip chart, markers and tape
- A ball to toss around (make or bring one)
- *Daily Agenda Flip Chart*

Instructions:

1. Welcome participants to Day 2.
2. Invite the prayer leader to start the day with a prayer.

3. Post the Day 1 evaluation comments and provide a summary to the group. Identify any areas where actions have happened or items that need further discussion.
4. Visit the parking lot and respond to any listed items.
5. Conduct a review-game ball toss. Invite participants to stand in a circle. Show them a ball and explain that you will toss the ball to a participant who will then share something he or she learned yesterday. Everyone should receive the ball at least once.
6. Share the *Daily Agenda Flip Chart* for Day 2.
7. Invite any questions or comments before moving to the next session of the day.

Session 2: Analysis: Too Young, Too Many, Too Close, Too Late

Time: 1 hour

Session Objectives: During this session participants will identify potential social, emotional and physical results of having:

- Children when one is too young, before 18 years old
- Too many children, more than the family can provide for
- Children too close together, not waiting until a child is at least 2 years old to become pregnant again
- Children too late in life, after the age of 35 years

Materials:

- Blank flip-chart paper, markers and tape
- Four story grids
- Four follow-up work flip charts

Instructions:

1. Introduce the objective of the session.
2. Let participants know that you will be creating stories together that depict realistic situations in their communities. Explain that they will go through an example together as a large group and then divide into four smaller groups to create narratives on their own. On the flip chart, draw a sequence of events (such as a bike accident or robbery) in six progressive pictorials (such as in a cartoon). Assign names to the characters in the sequence and create a story around the pictures. Ask a volunteer to tell the whole story again as if he/she were reading a book.
3. Ask participants to form four groups. Give each group a flip chart with a grid of six boxes (“frames”) and a small card with a scenario. Explain that they will have 20 minutes to create a story — which they will draw within the 6 frames — based on their scenario. The outcome will look something like a cartoon. Clarify that they can invent any story

they want, with characters and dialogue as they choose, but their story must begin in frame 1 with the scenario they were assigned, The four scenarios are as follows:

- Scenario 1 – Too early: A 16-year old learns she is pregnant.
- Scenario 2 – Too many: A woman is pregnant with her seventh child.
- Scenario 3 – Too close: A woman with an 18-month old learns she is pregnant again.
- Scenario 4 – Too late: A 39-year old woman learns she is pregnant.

In giving guidance to the groups, explain that frame 2 depicts the action that follows immediately after the scenario to be depicted in frame 1, and frame 3 depicts the action after frame 2, and so on. As facilitators, you should refrain from giving ideas to them or leading them; instead, challenge them to come up with something realistic, something they might have seen in their communities.

1 – draw scenario from your group card	2
3	4
5	6

4. At the end of 20 minutes, post the stories at the front of the room and ask each group to present its story. They should assign one person to share the story with the rest of the group and answer questions about the stories. Participants should remain seated in their groups, as there will be another follow-up portion.
5. After hearing the stories, process each by asking:
 - *Could this happen in real life?*
 - *Was the woman empowered in her life? Why or why not?*
 - *What is the role of the community in the story?*
 - *What information could have helped the woman make better choices?*
6. Let the groups know that they will continue to do more analysis on the stories in their groups.

7. Explain that a baby is almost always seen as a blessing in Kenyan culture, but the baby influences mothers and families emotionally, socially and physically. In this next step, each group will brainstorm possibilities for the specific situation (too young, too many, too close or too old).
8. Post a flip chart with the following guide for each group to discuss:
 - *Possible emotional results of too* _____
 - *Possible social results of too* _____
 - *Possible physical results of too* _____

Give each group a flip chart to record their answers for their scenario (too young, too many, too close or too old).

9. When complete, ask each group to read some of their responses to the rest of the group. (Do not post them and read them all, so you can proceed to the next step.)
10. Lastly, ask each group to now take one more step by circling all the negative (poor) outcomes with a different-colored marker.
11. Invite groups to post their flip charts for others to see. Note the proportion of negative to positive outcomes.
12. Let the groups reflect on the exercise:
 - *What are you thinking about now?*
 - *What did we learn from the analysis?*
 - *What will we apply in our communities?*

Thank the group for participating and thinking so carefully about each scenario. Let them know as you followed their groups and could see how hard they were working.

Closing message: Family planning is healthy for the mother, baby, family and community.

Session 3: Attitudes toward Family Planning

Time: 45 minutes

Session Objective: During this session participants will explore their individual beliefs and attitudes that may affect how they provide information about family planning.

Preparation and Materials:

- Select statements from Trainer Notes to discuss.
- Make cards titled *Agree* and *Disagree*.
- Select an area for the group to be able to move from one space to another, even outside.

Instructions:

1. Inform participants that for this activity they will explore their feelings about family planning.
2. Introduce the *Agree-Disagree Continuum* placed on the floor. (Place a sign on one side of the space that says *Agree* and a sign on the other side that says *Disagree*).
3. Explain that you will be reading a series of statements. As the statements are read, participants should think about whether they agree or disagree with the statement, or are in between; and then move to the position in the room that best reflects their opinion about the statement.

For example, if a participant agrees strongly with the statement, the participant should stand directly next to the *Agree* sign. If the participant disagrees strongly, he or she should stand next to the *Disagree* sign. Undecided participants should stand under the *In the Middle* sign.

4. Before reading the first statement, ask if participants have any questions. Provide answers and clarifications to ensure that everyone understands the task.
5. Read the first statement from the statements in the Trainer Notes. (Choose four or five in advance.)
6. Allow participants to arrange themselves on the agree/disagree continuum. After each statement, process the participants' responses briefly, using the following questions:
 - *What are some reasons why you have chosen to agree, disagree or remain in the middle?*
 - *Based on your responses, how do you think your views and understanding might affect any education or information you provide on family planning?*
 - *What are ways you can manage your feelings so that they don't influence how provide information?*
7. Repeat the process for each statement.
8. After you have read each statement, ask the participants to join the larger group. Ask the following questions to facilitate discussion:
 - *How are you feeling now after participating?*
 - *What did you learn from participating in the session?*
 - *What will you take back and apply in your communities as GVs?*

Closing Message: It's important to be aware of our own beliefs and attitudes and how they may influence how we provide information to others.

Trainer Notes: Statements on Family Planning

1. Women should wait to have sex until they are married.
Yafaa wanawake wasubiri kufanya mapenzi hadi watakapolewa.
2. Men should wait to have sex until they are married.
Yafaa wanaume wasubiri kufanya mapenzi hadi watakapooa.
3. Family planning encourages infidelity.
Upangaji wa uzazi huchangiauzinzi.
4. Parents should encourage sexually active children to use family planning.
Wazazi wanapaswa kuhimiza watoto wanaofanya ngono kutumia mbinu za kupanga uzazi.
5. It is a woman's responsibility to use family planning.
Ni jukumu la mwanamke kutumia mbinu za kupanga uzazi.
6. Family planning goes against my religion's/community's beliefs.
Kupanga uzazi ni kinyume na imani yangu ya kidini/kijamii.
7. Vasectomy or female sterilization should not be considered by a man or woman who has only one or two children or who is under the age of 35.
Mwanamume au mwanamke aliye na mtoto mmoja au wawili pekee, au aliye na umri chini ya miaka 35 asifikiri kufunga mirija.
8. Easy availability of family planning encourages sexual activity, especially among young people.
Upatikanaji wa mbinu rahisi za kuzuia mimba huchangia ngono haswa miongoni mwa vijana.
9. Using family planning methods is not a good idea before the wife has had her first child.
Utumizi wa mbinu za kupanga uzazi sio jambo nzuri kwa mke ambaye hajapata kifungua mimba/mtoto wa kwanza.
10. A child should not be taught about family planning, it is inappropriate.
Mtoto anapaswa kufunzwa mavunzo ya kijinsia shuleni.
11. A child should be given sex education at home by parents.
Mtoto anapaswa kufunzwa mavunzo ya kijinsia nyumbani.
12. Couples should have only two or three children.
Yafaa mume na mke kuwa na watoto wawili au watatu peke yake.
13. There is no good reason for an unintended pregnancy, effective family planning methods exist.
Hakuna sababu hakiki ya kupata mimba isiyopangiwa kwa sababu kuna mbinu zifaazo za kupanga uzazi.

Session 4: Benefits of Family Planning

Time: 60 minutes

Session Objectives: During this session participants will identify some benefits of family planning.

Materials:

- Flip chart and marker
- Five flip charts titled for step 1
- Photocopies of *Handout 6: The Benefits of Family Planning*

Instructions:

1. Divide participants into five groups. Inform them that they will discuss the benefits of family planning. Assign each group one of the following topics:
 - *Benefits of family planning to the mother*
 - *Benefits of family planning to the father*
 - *Benefits of family planning to the baby*
 - *Benefits of family planning to the siblings*
 - *Benefits of family planning to the community*
2. Encourage the participants to use the healthy spacing and timing messages (discussed in Session 2 above) as a resource for determining the benefits of family planning.
3. Inform groups they have seven minutes to come up with their list of benefits. Give each group a blank flip chart and marker and ask them to appoint a speaker for their group.
4. At the end of seven minutes ask participants to share their lists.
5. Refer to *Handout 6: The Benefits of Family Planning* and add those not mentioned by the groups.
6. Highlight common themes and share that family planning affects the health and well-being of not just the mother and the baby, but the whole family and community.

Session 5: Myths and Facts about Family Planning

Time: 60 minutes

Session Objectives: During this session, participants will:

- Learn to distinguish between a myth and a fact

- Practice questioning skills to challenge misinformation in the community

Preparation and Materials:

- *Questions Flip Chart*, markers and tape
- *Myths* and *facts* definitions on flip chart
- Trainer Handout photocopied and cut into statements for practice
- Photocopies of *Handout 8: Answers to Common Questions about Family Planning*

Instructions:

1. Share the session objectives.
2. Invite participants to explain the difference between a myth and a fact. Acknowledge correct responses.
3. Post the following definitions on a flip chart:
 - *Myths* are opinions, beliefs, and traditional stories that are thought to be fact, but are not true even though many people may even believe in them very strongly.
 - *Facts* are events that actually occurred, have been proven, or can be shown physically. Facts relate to objective reality.
4. Remind participants of the common questions (Handout 8). Ask the group the following question:
 - *What is more common in communities: asking questions or repeating something they have heard?*
5. Explain that a question is often hidden behind a rumor or story that has been passed from one person to another. Because someone believed it to be true, he or she may not question the validity. As a facilitator, your role will be to try to help discussion groups talk about misinformation in a non-threatening way. Asking questions is a way to help do this.
6. Invite the group to share some common myths about family planning. List them on flip chart.
7. Then invite a participant to tell the group how he or she would handle one of the situations in a community. Ask the group: *Would this work?*
8. Listen to the various responses. Can participants who think it wouldn't work provide another option?
9. Explain that not all people can be convinced when they hear a fact. In some cases, it may require an expert with a respected position to come and share the truth; but in other cases, a questioning skill can be applied and a myth corrected.
10. Explain that questioning is a skill that helps to probe more deeply into the thoughts behind the myth. Questioning should not be used to challenge a particular participant's views, but instead provide something for the group to explore together. After questioning, the truth should be stated.

11. Display the *Questions Flip Chart*, showing the following:
 - *Frequency: How often does this happen? How many cases are there?*
 - *Constituency: Whom else does this apply to? Who does this not apply to?*
 - *Validity: Who said this? What is the source? Is it credible? Is the statement logical?*
 - *Definition: What do we understand by the word or term? Define what you mean.*
12. Then provide common myths as examples to show how to use each type of questioning:
 - Frequency: Drinking alcohol prevents pregnancy.
 - Constituency: Condoms encourage early sex for youth.
 - Validity: My pastor says that family planning is not Christian.
 - Definition: Permanent contraceptive methods are reversible.
13. Explain that you will now provide more sample myths to work with in pairs. Each pair will receive a few myths and be given time to think about how to question them.
14. Invite a few examples from pairs.
15. Ask if any group could not come up with a question to challenge the statement.
16. Distribute *Handout 8: Answers to Common Questions on Family Planning*. Identify answers to the myths just discussed. Invite participants to study common questions they might get asked and always refer to providers when details about each method are requested.
17. Thank them for their good work and encourage them to keep practicing and reviewing common questions.

Closing message: Correct information is necessary for people to make informed decisions about their health, especially family planning. It is the GVs' responsibility to help communities get correct information and, if necessary, talk to experts.

Trainer Notes: Myths and Facts on Family Planning

Print out enough statements so each group has three different ones to answer. (Each pair can have the same three.)

- *The church says that we should give birth and fill the world.*
- *Family planning is only for women.*
- *Family planning is not for young people or single women.*
- *Family planning causes cancer.*
- *Children are born with deformities as a result of their mothers using family planning.*
- *Family planning makes you sterile. If you have never had a baby, you shouldn't use it.*
- *Women using family planning don't want sex anymore.*
- *Women hide family planning from their husbands.*
- *Family planning makes women cheat on their husbands.*
- *Telling girls about family planning encourages them to have sex early.*
- *Family planning will make women unhealthy.*
- *If women use contraception, men will have back pain.*
- *IUCDs move around in a woman's body and stick to her organs.*

Session 6: Community-Based Demonstration of an EHP Discussion

Time: 2.30 hours

Session Objectives: During this session participants will:

- Participate in a community-based EHP discussion
- Identify the elements of a community-based EHP discussion

✂ **Note to trainer:** *Prepare the visit well in advance. It is important to consider the distance between the community and the training site — sites that are closer to the community are better, because less travel time allows more time for training activities.*

Preparation and Materials:

The following is a list of preparation activities:

- Coordinate with the contact person/GV and EO linked with the community.
- Identify the CHEW for the community and ensure his or her availability for the visit.
- Explain their role to them (the CHEWs). Provide them with a letter of explanation and ask who should be contacted to request permission for their participation in this training and other EHP education activities with the GBM. The CHEW should be able to remain after the EHP discussion to provide family planning counseling and answer questions. They may need separate transportation if they are remaining.
- Secure transportation for the entire training group to and from the community.
- Ask the contact GV and EO to prepare a meeting place in advance with sufficient seating for the community or the TNG group and GV training group.
- Write additional letters of introduction as determined by the contact GV and EO.

Time	Session Agenda	Trainer
30 minutes	A. Logistics and Overview	
2 hours	B. Community-based Activity	

A. Logistics and Overview

Time: 30 minutes

Preparation and Materials:

- *Logistics Flip Chart*
- *Handout 2: EHP Discussion: To-Do List*

Instructions:

1. Review the community-based activity logistics with the group.
2. Let them know they will be attending a mock discussion using the EHP flip-book and materials. Inform participants that they will be there as observers and ask them not to ask questions or provide comments during the EHP Discussion.
3. Distribute the *Handout 2: EHP Discussion: To-Do List* and invite the participants to use it during the education session. Explain that this is a reference for how the session should be conducted.
4. Share the steps you took to set up this experience for them.
5. Find out if participants have any questions and answer them.
6. Inform participants where and when they will meet again after the education session meeting to return to the training site.

B. Community-based Activity

Time: 2 hours

Preparation and Materials:

- EHP flip-book
- Contraceptive booklets
- Referral forms

🗨️ **Note to trainer:** *Check in with contact person upon arrival. Ensure that the CHEW has a semi-private place to meet with individuals.*

Instructions:

1. Upon arrival, ask the participants to allow the community or TNG members to sit closer to whomever will be leading the EHP Discussion.
2. Meet with the community contact person or GV from the community to identify a semi-private place where the CHEW can meet with individuals after the education session.
3. Begin the discussion by welcoming and thanking the community or TNG members for coming and explaining that this activity is also part of a training program for the GV.
4. Introduce yourself, the CHEW, members of the training team, any other guests and the GV training group.
5. Explain the goal behind this session:
 - Enable GVs to work with communities to protect the environment.
 - Explain the relationship between the environment, the population (family size) and family health.

6. Inform the community group that these EHP discussions are part of a study, in which one of the goals is to determine the effectiveness of these education sessions in linking community members to family planning and other health-related services.
7. Use the *EHP Flip-book* to facilitate discussion about the links between population, health and environment and linkages to health-related services, particularly family planning.
8. Allow time for a question-and-answer period and allow the audience to ask the CHEW questions regarding health-related services, particularly family planning.
9. At the end of the session, thank the community or TNG members and inform them that the CHEW is available to answer individual questions. Inform the group where this will take place and ask individuals with questions to form a queue to allow for some privacy.
10. After community members have taken the referral forms, ask the training group to meet and prepare to return to the training site.

Session 7. Daily Closing

Time: 15 minutes

Session Objective: During this session participants will provide feedback on the day.

Preparations and Materials:

- Flip chart, markers and tape
- Sticky notes
- *Daily Evaluation Flip Chart*

Instructions:

1. Congratulate participants on completing the day. Let them know they have done well and are closer to successfully completing the training.
2. Post the *Daily Evaluation Flip Chart*, using a traffic-light analogy again.
3. Explain that participants should write honest, anonymous (without a name) feedback on their sticky notes using colors to guide their thinking. Remind them that:
 - Green is for things they learned, like and would want to continue.
 - Red is for things that they dislike and do not want to continue.
4. Participants should post their responses on the flip chart in the correct area. Tomorrow they will be reviewed in the morning.
5. Provide any other administrative announcements from the training team as needed.
6. Lastly, invite all participants to stand in a circle to close the day. The closing circle is a time to reflect with a short feeling or impression of the day. Invite participants to share how they feel at the end of Day 2. Start with the training team and move around.
7. When finished, thank the group again and ask for the prayer leader to end with a prayer.

Day 3: Skills-Building and Opportunities

Day 3 Agenda

Time	Session Number	Topic
8:30 – 8:45	1	Daily Opening
8:45 – 9:30	2	Processing of Community-Based Activity
9:30 – 10:30	3	Real and Challenging Situations
10:30 – 11:00		Tea Break
11:00 – 12:00	4	Community Mapping
12:00 – 1:00	5	Providing Referrals
1:00 – 2:00		Lunch
2:00 – 3:30	6	Opportunities for Expanded Messaging and Partnerships
3:30 – 4:45	7	Giving and Receiving
4:45	8	Daily Closing

Session 1. Daily Opening

Time: 15 minutes

Session Objectives: During this session participants will:

- Learn about the daily-evaluation feedback from participants' and trainers' responses
- Identify any outstanding issues in the parking lot
- Conduct a review game for the previous day
- Review the daily agenda and sessions for the day

Preparations and Materials:

- Flip chart, markers and tape
- Make a cabbage, writing review questions from Day 2 on each page
- *Daily Agenda Flip Chart*

Instructions:

1. Welcome participants to Day 3.

2. Invite the prayer leader to start the day with a prayer.
3. Post the Day 2 evaluation comments and provide a summary to the group. Identify any areas where actions have been taken or items that need further discussion.
4. Visit the *Parking Lot Flip Chart*, responding to any listed items.
5. Conduct a cabbage review. Explain that you have written review questions to be answered by anyone who catches the cabbage.
6. Invite participants to stand in a circle. Show them your cabbage and the leaves. Explain that you will toss the cabbage across to a participant. The participant who catches the cabbage should pull off the outside leaf and read the question to him or herself and then to the group. If the participant can answer the question, he or she should. If not, ask for help.
Correct answers receive a prize, such as a sticker or a sweet.
7. Share the *Daily Agenda Flip Chart* for Day 3.
8. Invite any questions or comments before moving to the next session of the day.

Session 2: Processing of Community-Based Activity

Time: 45 minutes

Session Objectives: During this session participants will:

- Discuss lessons learned during the community-based activity
- Discuss the different tools and how they were used during the community-based activity

Preparations and Materials:

- Flip chart, markers and tape
- Prepare a circle of chairs for the opening and closing circles

Instructions:

1. Review the session objectives.
2. Ask participants to think of one word that sums up their feelings about their experience during the community-based activity. Then invite them to write the word on a flip chart titled, *One Word*.
3. Read the words aloud.
4. Invite a few of the participants to share more about the words they chose.
5. Use the following questions to process the discussion:
 - *What did you notice about the discussion?*

- *What went well? What surprised you?*
 - *What did you learn from this activity?*
 - *What did you learn about using the EHP Flip-book?*
 - *How well did we follow the EHP Discussion: To-Do List?*
 - *How would this look if you were doing it in your community?*
 - *Who would be in the audience? What do you feel would work well in your community? Where would you feel challenged?*
 - *How can you use what you learned when you begin your work in your community?*
6. Highlight common themes and summarize.

Session 3: Real and Challenging Situations

Time: 60 minutes

Session Objectives: By the end of this session participants will be prepared to respond to difficult questions and situations that could happen around EHP discussions.

Preparations and Materials:

- Flip chart, markers and tape
- Challenging scenarios written on small cards for groups

 **Note to Trainer:** *Please refer to Trainer Notes as a reference for this activity.*

Instructions:

1. Introduce the session objective.
2. Ask participants if they have ever experienced a situation where they felt awkward and unsure what to do. Ask for a show of hands of those who have had such an experience.
3. Inform participants that they might encounter some awkward situations as GVs. Share the following examples:
 - *A man asks if this exercise is for population control and his concerns are that he has a 5-acre piece of land and would like to have many children to help farm the land, because he can't afford paid labor. As a GV, what do you say?*
 - *You have a friend with five children. She mentions she is concerned about getting pregnant again, but says her husband has said he wants a big family. What do you say and do?*
4. Invite participants to think of and share other challenging or difficult questions or situations that might come up. Write responses on the flip chart.
5. Divide participants into groups of four or five and use the questions and/or situations

(from step 4 above) and challenging situations below to assign each of the groups one situation.

6. Share the following instructions:

- Each group will be given one of the following challenging situations.

Group 1: *Your friend has four children. She knows she doesn't want any more, but thinks she doesn't need family planning. She told you that her husband takes alcohol often. She claims alcohol is a family planning method to her. What do you say and do?*

Group 2: *A friend's husband asks if he can speak with you in private. He asks about getting condoms and asks you not to mention this to his wife. What do you say and do?*

Group 3: *Your community leader tells you that he is promoting bigger family size so that their ethnic group will have more people and therefore more political representation. He is offering women 500ksh to get pregnant. What do you say and do?*

Group 4: *You know a young woman who is sexually active. A friend mentions that they are not using protection or a family planning method. What do you say and do?*

Group 5: *A woman in your TNG is HIV positive. She asks if she can get family planning. What do you say and do?*

- The groups will first discuss possible strategies for handling the situations.
- The groups will role-play their situation (act out what they would do and say in the situation, each member taking on different roles).

7. Use the Trainer Notes on the next page and the following questions to facilitate discussion:

- *What worked well?*
- *What was challenging?*
- *What were some of the strategies you discussed before you decided on the one presented in the role-play?*
- *What is the benefit of practicing what you might say and do in a situation?*
- *Can you see yourselves doing this in your community?*

8. Time permitting, encourage further discussion about other potential situations. Go back to the flip chart with potentially difficult scenarios. Ask participants to brainstorm on possible strategies.

9. Stress to participants that confidentiality is an important aspect of their work and that they will discuss it more in the session about providing referrals.

10. Review the session objective together.

✎ **Note to Trainer:** *It is important to have ideas and practice for handling difficult situations.*

Trainer Notes: Additional Guidance for Challenging Situations

Group 1: *Your friend has four children. She knows she doesn't want any more, but thinks she doesn't need family planning. She told you that her husband takes alcohol often. She claims alcohol is a family planning method to her. What do you say and do?*

Before jumping to tell your friend that alcohol is not a family planning method, find out why she thinks alcohol can prevent pregnancy. If it is because her husband is less sexually active (because of too much alcohol intake), she may have been lucky, but this is not guaranteed. Find out if she knows when she is fertile (the middle of her cycle). Let her know the only sure way to prevent pregnancy is to abstain from sex during her fertile period (using a calendar method or cycle beads), or to use contraceptives. If she does not want any more children, she should talk to a CHEW or service provider to discuss her options.

The goal of discussions is to listen, question and spread correct information.

It is important to not tell your friend's thinking to others. Personal issues that are shared one-on-one should be kept confidential. It will ultimately help others to respect your role and build trust.

Group 2: *A friend's husband asks if he can speak with you in private. He asks about getting condoms and asks you not to mention this to his wife. What do you say and do?*

In this situation, a lot of people would suspect that the man is cheating on his wife, but you do not know this. Condoms are often difficult to talk about openly. For instance, he could be obtaining the condoms to use with his wife. Perhaps he is being secretive because he knows she would be uncomfortable with him asking other people about condoms, or because he is trying to obtain condoms for a sexually active teenager in his household and he knows his wife would not approve. Or, he could be obtaining them for a friend. You cannot be certain of his motive, but it is OK to provide the information.

The most important thing, however, is to keep his request private as he asked. People will learn not to come and ask for advice if they know GVs don't keep conversations confidential. This may make you feel like a bad friend, but it is very important that the community members see a GV as a source of information they can trust. Violating the trust of community members seeking advice could cause the project to fail.

Group 3: *Your community leader tells you that he is promoting bigger family size so that their ethnic group will have more people and therefore more political representation. He is offering women 500ksh to get pregnant. What do you say and do?*

This is a tricky situation, one that can be handled many ways. It may not be worth getting into a discussion with your leader if you feel this person is not open to other view points and could make your job difficult.

If you think this person does consider other viewpoints, you might mention that political strength does not only reside in numbers, but in quality of life, in prosperity and wealth. Greater resources allow parents to better feed, clothe and educate their children, which will give them an advantage in life and politics. Smaller families are better able to prosper and accumulate wealth. 500ksh only leads more women into poverty.

Group 4: *You know a young woman who is sexually active. A friend mentions that they are not using protection or a family planning method. What do you say and do?*

How you handle this situation may depend a lot on how well you know this person, the number of children, marital status, desire for pregnancy or awareness of potential risks.

Though you think you know, this may just be a rumor. If you don't know the person well, you could share what you know about risk with unprotected sex. *"I just went to a workshop on family planning, they said unprotected sex could lead to pregnancy or sexually transmitted infections like HIV/AIDS. Did you know that?"*

If you know the person better you could congratulate your friend on trying to have a baby. *"That's great; I didn't know you were trying to get pregnant."* If they ask for more information on condoms or family planning, provide a referral to a CHEW or health facility.

Group 5: *A woman in your TNG is HIV positive. She asks if she can get family planning. What do you say and do?*

How you handle this situation may depend a lot on how well you know this person.

Confidentiality about her HIV status is key. You can talk about her needs without disclosing her status to those around you.

Explain that yes, all women have the right to access family planning methods. In fact, much research has been done on women living with HIV to be sure that family planning is safe and effective. Good results have increased the promotion of services recently.

Explain that if she is visiting a regular doctor or clinic for care and support, she should discuss her needs there first. They may have services available or a preferred referral site. If not, she can visit any family planning clinic to learn about her options.

Session 4: Community Mapping

Time: 60 minutes

Session Objective: To map out resources, services and meeting places to assist in EHP discussions

Materials: Flip chart, markers (many colors) and tape

Instructions:

1. Share the session objectives.
2. Explain that to do this they will be drawing maps of their communities. Invite them to brainstorm on common items found on a map. This includes roads, churches, stores, health services, markets, houses and fields.

3. Ask participants to split into groups by location. Give each group a piece of flip chart and some markers. Tell them they will have 15 to 20 minutes to draw a map of their community and then you will give more instructions.
4. After 15 or 20 minutes come back and let participants hold up their maps for the other groups to see briefly.
5. First ask them to draw a triangle (Δ) at the places where communities get information. Remind them this can be through many kinds of media (TV, radio, posters or newspapers).
6. After they place their marks, ask them to write the type of media at each triangle.
7. Then ask, *Where can GVs hang posters or provide impromptu information?* Circle these places with a green marker.
8. Then ask them to draw a star (*) at all the places where people spend free time and meet in groups.
9. While remaining in their groups and placing their marks, record on a flip chart as the group discusses the following:
 - *When do people have free time? (morning, afternoon, nights or weekends)*
 - *Do males and females spend their time together or separate?*
 - *What are common meeting areas or events in the community?*
10. Then ask, *Where can communities be reached with EHP discussions and messaging?* Instruct groups to circle those stars with a green marker.
11. Lastly, ask them to draw a heart (\heartsuit) at the places where health services are provided.
12. If known, they should then circle in green all the hearts where family planning services are provided specifically.
13. While remaining in their groups and placing their marks, record on a flip chart as the group discusses the following:
 - *Are some facilities better than others? If so, which ones are better and why?*
 - *Are there places to get condoms? Where?*
 - *Do you know of any services that are specialized? Youth-friendly? Family-friendly to invite in husbands? Or also care for People Living with HIV (PLHIV)?*
 - *What kinds of skills do community members need in order to use health services in your community?*

Remind participants that if they don't know the answers, they should investigate after the training to better know staff and facilities they will use for referrals later.
14. Let them know they have completed their maps. Ask each group to post their maps to show the key green-circled places in the community.
15. Explain that the project team had identified and sensitized some health facilities where they can refer clients. Refer them to the relevant page on the participants' manual/handouts.

16. Review the session objective together. Thank participants and let them know this will be useful for both planning and for referrals in the next session.

Session 5: Providing Referrals

Time: 30 minutes

Session Objective: To prepare to give verbal referrals to family planning service providers

Materials: Flip chart, markers (many colors) and tape

Instructions:

1. Inform the group that the next part of the training will focus on situations where it is appropriate and necessary to provide information to someone on accessing family planning. Remind the group that as part of the project, it is anticipated that GVs will act as a family planning resource for communities, serving as a link to health services.
2. For this reason, it is important to learn as much as possible about family planning and HTSP. It will also be essential to make connections with CHEWS and other family planning providers in the community, and to be up to date and aware of their locations and operating hours. With this information, GVs will be able to refer those in need of family planning information to the appropriate health service.
3. Take a moment as a group to define the need for family planning. Ask the group, *“Who needs family planning?”* Write the answers on the flip chart. If there is disagreement, come to a reasonable consensus.
4. At the end of the discussion, say, *“Family Planning researchers define the need for family planning as not using a contraceptive method or natural family planning method and not wanting to have a child in the next two years.”* There are variants of this definition, but this is the most common.
5. Using this definition, go through the responses on the flip chart. Determine as a group if they fall under the definition of need for family planning. If there is disagreement, discuss.
6. If men have not been mentioned, ask, *“What about men? Can they be in need of family planning?”* The answer is yes, men who do not want children in the next two years and who are not using a method, or whose partner is not using a method, are in need of family planning. Tell the group this and remind the participants that while there are not as many male-initiated or controlled methods, men can use condoms consistently and correctly or they can have a vasectomy. They can also talk to female partners about using an effective method.
7. Discuss other situations in which it would be appropriate to refer someone to a CHEW or health facility for family planning matters other than unmet need. Ask participants to

call out some possible situations and write them on the flip chart. Then say, *“If a person is having problems using a family planning method or is concerned about how their method is making them feel, the person should be referred to a health care provider.”*

Go through the responses and see which ones meet this criteria. Note: If a man is concerned about how a method is affecting his wife or partner, it is appropriate to encourage one or both to seek advice from a trained family planning provider.

8. Finally, discuss as a group situations where it is *not* wise to provide a referral for family planning. Write the answers on the flip chart. Some good answers to highlight if not brought up are the following situations:
 - In the presence of other people. Referrals to a specific person should be confidential. It is ok, however, to tell a group of people places to access family planning.
 - Someone who tells you they do not want to use family planning and are angry or upset by the discussion.

Session 6: Opportunities for Expanded Messaging and Partnerships

Time: 1 hour 30 minutes

Session Objectives: By the end of the session, participants will have:

- Identified actions for EHP messages
- Identified opportunities for informal discussions and referrals

Materials:

- EHP poster
- EHP image in flipbook
- Photocopies of *Handout 9: EHP Messages and Actions*
- Flip chart, markers and tape

Instructions:

1. Share the session objectives.
2. Let participants know the following:

An EHP message is a simple sentence or two describing the links between population, health and the environment. They are like campaign slogans — simple messages that are easy to remember and may influence or motivate people to make a positive change in their lifestyle.
3. Inform participants that ideas from the GBM staff and GVs were used to create EHP messages to share within the community. Inform participants that the goal is to have people in the community take the idea from the message and do something about it.
4. Share the following example for the overall campaign.

Message: *Care for your family, care for your environment for a prosperous life.*

Actions: *Get involved. Plan. Act.*

5. After reading the message, brainstorm what more actions this message could bring about. List these other actions on a flip chart.
6. Let participants know that for this next activity they will brainstorm more actions for the EHP messages highlighted in the flip-book, just as we have in the example.
7. Divide participants into three groups. Assign each group a message. It can be A, B or C from the handout (but do not provide the handout yet). Explain that they will have 10 minutes to work on creating a list of additional actions for their messages.
8. Visit the groups to ensure that they understand the task and are creating actions linked to the basic messages they were given. This may require additional explanation and some examples.
9. At the end of 10 minutes ask the groups to share their list of actions.
10. While still in groups, give each participant a copy of the *EHP Messages and Actions* handout. Ask them to compare their list of actions with the ones on the handout. Invite groups to share similarities and differences.
11. Now that they understand the messaging, explain the need to identify opportunities to use EHP messaging, hold discussions and partner in the community. This is how the campaign will be successful.
12. Ask participants to share some activities that are a part of what they do as GVs, for example, planting trees in the nursery. Write their responses on flip chart.
13. Invite participants to brainstorm other activities that may occur in their community. Write these responses on the flip chart.
14. Then list the key partners in each of the activities. Be sure to include local authorities, health facilities and staff, other community groups (women, men or youth), churches/mosques or other health projects like APHIAplus.
15. Divide participants into four groups. Assign each group one activity from the list to ensure that each group has a different activity.
16. Explain that each group will have 10 minutes to prepare a role-play of how they would introduce EHP education into the assigned activity. Inform the groups that their role-play should be no longer than three minutes.
17. At the end of 10 minutes ask the groups to present their role-plays. Provide appreciative feedback after each presentation.
18. After all role plays have been presented, process the activity by asking:
 - *How are you feeling after the exercise?*
 - *What did you learn from the process?*
 - *What will you apply in your work as GVs after the training?*

Closing message: Community activities that take advantage of all opportunities are critical to the success of the campaign.

Session 7. Giving and Receiving Feedback

Time: 1 hour 15 minutes

Session Objectives:

- To practice giving feedback
- To review good practice for giving and receiving feedback

Preparations and Materials:

- Flip chart and *Handout 10: Rules for Giving and Receiving Feedback*
- A photograph, image or painting to view

⌘ **Note to trainer:** *The sample image below is available as part of the training package. You may use it or another image. If another image is used, however, you will have to revise the sample text on good feedback.*

Instructions:

1. Share the session objectives.
2. Invite participants to share what they understand about feedback. Acknowledge contributions that are correct.
3. Explain the goal of giving feedback as a means to help someone become better at his or her job or make other improvements. The goal is not to disparage or give false praise, but to tell the truth in a way that will be motivational. In providing feedback the goal is to help.
4. Print out several copies of an image, preferably in color. You may use the sample below. Alternative, identify a picture or artwork that is large enough for everyone to see at the front of the room. Place it on an easel or distribute enough copies of an image for everyone to see.
5. Allow participants to look at the image for a half a minute. While they are viewing it, tell them the artist wants to know what he could have done better to improve the image.
6. Now ask for two volunteers. Ask the first volunteer to pretend to be the artist. Ask the second volunteer to provide only negative feedback to the artist. Basically, tell him or her everything that is wrong with his or her work.

(Examples: photo is off center, photo is too dark, the image is not in focus)

At the end, ask the first volunteer artist how he or she feels after hearing the feedback.
7. Now ask for another set of volunteers. Ask the first volunteer to pretend to be the artist. Ask the second volunteer to think about only what is positive and provide only positive feedback. Tell the artist everything that is right.

(Examples: photo is exciting, photo has a good view of the cheetah and him hunting, the photo captured the scene as well as the backdrop, the photo is pretty clear.

8. At the end, ask the first volunteer how he or she feels after hearing the feedback. Then, ask the audience if they think the artist will now improve his or her creations or be a better artist? Discuss.
9. Now ask the group to not just think about what they like and dislike about the image. Ask them to think about specific things that would make the image better. Ask them to think about how to tell the artist these thoughts in a way that builds him or her up.
10. Ask for volunteers to give a few ideas on constructive feedback.
11. Finally, wind down the discussion by reading the following critique for this photograph.
Note to trainer: *You may have to write a different constructive critique to match the photo or image you display. Remember the key to providing constructive feedback is to point out what is right while suggesting what can be improved. Present ideas for improvement in a manner that suggests you have faith the person or artist can achieve what you suggest.*



“The photograph captures a really powerful scene. It is dramatic and the viewer can feel the drama. What could make it better would be to center the scene upwards. In addition, the image is a little blurry and out of focus. In the future, try shifting the lens to different settings to capture the clearest image. In addition, the image is darker than is ideal. Try adjusting the shutter to let in more light.”

12. Process the activity:

- *What do you notice about the three views? What happened?*

- *What do you learn about giving feedback?*
 - *Which kind of feedback do you think helped the artist the most?*
13. Pass out copies of the *Handout 10: Rules for Giving and Receiving Feedback*.
 14. Invite participants to read and explain each statement to review the lessons from the exercise.
 15. Ask if there are any questions, and answer.
- Closing message:** Help your friends and colleagues keep getting stronger and better with each discussion. Provide constructive feedback so they can improve.

Session 8: Daily Closing

Time: 15 minutes

Session Objectives: During this session participants will provide feedback on the day.

Preparations and Materials:

- Flip chart, markers and tape
- Sticky notes
- *Daily Evaluation Flip Chart*

Instructions:

1. Congratulate the participants on completing the day. Let them know they have done well and are closer to successfully completing the training.
2. Post the *Daily Evaluation Flip Chart*, using a traffic-light analogy again. (You can recycle from the previous day.)
3. Explain that participants should give honest, anonymous (without a name) feedback on the day's session using colors to guide their thinking. Remind them that:
 - Green is for things that they learned, like and would want to continue.
 - Red is for things that they dislike and do not want to continue.
4. After writing, they should bring their responses up to the flip chart and post them in the correct area. Tomorrow they will be reviewed in the morning.
5. When complete, provide any other administrative announcements from the training team as needed.
6. Invite all participants to stand in a circle to close the day. The closing circle is a time to reflect with a short feeling or impression of the day. Invite participants to share how they feel at the end of Day 3. Start with the training team and move around.
7. When finished, thank the group again and ask for the prayer leader to end with a prayer.

Day 4: Demonstration on the EHP Flip-book

Day 4 Agenda

Time	Session Number	Topic
8:30 – 8:45	1	Daily Opening
8:45 – 10:00	2	Skills-Building to Lead EHP Discussions
10:00 – 10:30	3	Preparation for Demonstration of EHP Discussion
10:30 – 11:00		Working Tea Break
11:00 – 12:00	3, continued	Preparation for Demonstration of EHP Discussion, continued
12:00 – 1:00	4	Demonstration of EHP Discussion by Green Volunteers
1:00 – 2:00		Lunch
2:00 – 4:00	4, continued	Demonstration of EHP Discussion, continued
4:00 – 4:30	5	Processing of EHP Demonstration by Green Volunteers
4:30 – 5:00	6	Reporting on EHP Activities
5:00 – 5:15	7	Daily Closing

Session 1: Daily Opening

Time: 15 minutes

Session Objectives: During this session participants will:

- Learn about the daily evaluation feedback from participants' and trainers' responses
- Identify any outstanding issues on the *Parking Lot Flip Chart*
- Conduct a review game for the previous day
- Learn the daily agenda and sessions for the day

Preparations and Materials:

- Flip chart, markers and tape
- A ball to toss around (Make or bring one.)
- *Daily Agenda Flip Chart*

Instructions:

1. Welcome participants to Day 4.
2. Invite the prayer leader to start the day with a prayer.
3. Post the Day 3 evaluation comments and provide a summary to the group. Identify any areas where actions have taken place or items that need further discussion.
4. Visit the *Parking Lot Flip Chart*, responding to any listed items.
5. Use the Pepper review. Participants sit in a circle and close their eyes. The facilitator gives a small ball to one participant who is instructed to pass the ball quickly to the next person saying, "Hot!" Participants continue to pass the ball around the group. As the ball is passed from participant to participant, the facilitator turns her or his back, with eyes closed, and calls out "Pepper!" The person who is holding the ball when "Pepper!" is called must answer a question. He or she is removed from the circle if unable to answer the question. The ball continues to be passed until only one person is left.
6. Share the *Daily Agenda Flip Chart* for Day 4.
7. Invite any questions or comments before moving to the next session of the day.

Session 2: Skills-Building to Lead EHP Discussions

Time: 75 minutes

Session Objectives: During this session participants will:

- Review *Handout 2: EHP Discussion: To-Do List*
- Practice using the EHP Flip-book in small groups

Preparation and Materials:

- EHP Flip-books (enough for each participant and training team members)
- Photocopies of *Handout 2: EHP Discussion: To-Do List*
- Flip chart, markers and tape

Instructions:

1. Remind participants of yesterday's experience in the field.
2. Post a blank flip chart. Ask the group to give one word each to describe how they feel about doing an EHP Discussion on their own. Record them, and then ask:
 - *Is there a trend?*
 - *How are most feeling?*

3. Summarize the thoughts and let them know we will reflect again at the end of the session.
4. Explain that in the next session small groups will be formed to begin practicing using the EHP flip-book. A key document is *Handout 2: EHP Discussion: To-Do List*. This helps each GV to know what to do to prepare during the discussion and after. Hand out a copy to each participant.
5. Review the list of items together, answering any questions and providing clarifying examples as needed.
6. When complete, let the groups know that they will split into four groups. Each group will have 45 minutes to practice together and get comfortable with the material. Each member should try facilitating at least five pages of the flip-book. Members should assign roles and switch as each member takes a turn at facilitating. List the following roles on a flip chart.
 - Facilitator: the person who practices using five flip-book pages
 - Observer: the person who takes notes using *Handout 2: EHP Discussion: To-Do List* as a guide
 - Audience: the other group members who listen and respond
7. After each trial, the group should discuss what went well using *Handout 2: EHP Discussion: To-Do List* and what could be improved. Items should be specific referring to the observer's notes. Confirm that participants have understood the process and roles completely.
8. Divide the participants into four groups. Visit each group to ensure that they understand the task and are progressing according to the schedule. Note the quality of the presentations in order to provide some comments during the processing of the activity. Alert them of time left as they proceed in their practice.
9. When there are 45 minutes remaining in the session, bring the group back together to process the activity. Begin by posting another blank flip chart and inviting them to describe how they are feeling about conducting an EHP discussion now. List responses and assess the trend. Discuss if it is different than the beginning of the session.
10. Then ask the following questions:
 - *How was the practice? What was easy? What was more difficult?*
 - *What did you learn from trying to use the materials?*
 - *What would you take back to your work as GVs?*
11. Thank them for their work and let them know they have more time to practice tomorrow before their demonstration for the group.

Closing messages: With practice, conducting EHP Discussions will become easy.

Session 3: Preparation for Demonstration of EHP Discussion

Time: 90 minutes

Session Objective: To prepare GVs to demonstrate their ability to use the EHP flip-book

Preparations and Materials:

- Flip chart explaining the guidelines for demonstration
- List of participants with sections of the flip-book to be covered during the demonstration

✂ **Note to trainer:** *The length of this session was designed to accommodate the activities for 25 participants. Based on the number of participants in a particular training (fewer than or more than 25) the length of the session may need to be adjusted.*

Instructions:

1. Share the session objectives.
2. Explain the overall process for demonstrating.
 - Participants will have 10 minutes to show they can lead a discussion on five assigned pages of the flip-book. The rest of the participants will be your audience.
 - Facilitators will be observing, using *Handout 2: EHP Discussion: To-Do List* and taking notes on their performance.
 - A timekeeper will be assigned to show participants when they have 5 minutes and 1 minute remaining. When time is up, participant must stop the presentation.
 - The participant will then have two minutes to receive any feedback from facilitators on his or her performance.
3. Let participants ask any questions they may have about the process.
4. Post the flip chart with the names, pages of the flip-book and timing for the demonstration.
5. Explain that after reviewing their own section, they should work with the person in front and behind them to ensure ease in facilitating.
6. Let them know the amount of time they have to complete preparations, including tea. Facilitators can assist them if they have any questions and will check in as they conduct their preparations.

Session 4: Demonstration of EHP Discussion by Green Volunteers

Time: 3 hours

Session Objective: For each participant to demonstrate competence in facilitating discussions using the EHP flip-book

Preparations and Materials:

- A timekeeper
- Signs to keep time, reading: *5 minutes left, 1 minute left* and *Time is up*

Instructions:

1. Share the session objective.
2. Post the practice order of participants and the pages of the flip-book they have prepared.
3. Explain how the demonstrations will be conducted. Remind participants they should use only 10 minutes to show they can lead a discussion with five pages of the flip-book. The rest of the participants will act as an audience.
4. Facilitators will be observing, using *Handout 2: EHP Discussion: To-Do List* and taking notes on the performance.
5. A timekeeper has been assigned and will show when five minutes and then one minute is remaining. When time is up, the participant should stop the presentation.
6. The participant will then have two minutes to receive any feedback from facilitators on the performance.
7. The next person demonstrating should then come up to get ready.
8. Inform the participants that you will continue doing this up until lunch and then continue after lunch until everyone completes the process.
9. Wish them good luck and invite up the first participant.
10. Thank the final participant and give a fun, appreciative energizer like a dance together.

Session 5: Processing of EHP Demonstration by Green Volunteers

Time: 45 minutes

Session Objective: To review the process of using the flip-book

Preparations and Materials: Five flip charts with headings only: *Did well, Could do better, Learned, Liked* and *Disliked*

Instructions:

1. Share the session objectives.
2. Explain that because everyone has talked a lot today, we will first process the demonstration by listing our thoughts in five areas. They are:
 - *Did well (what you did well in your demonstration)*
 - *Could do better (what you will work on to improve)*
 - *Learned (what you learned in the process)*
 - *Liked (what you enjoyed about facilitating)*
 - *Disliked (what you did not like in facilitating)*

Explain that the five, blank flip charts hanging all around the room are for participants to add their responses with a marker. Each participant should write on each flip chart during the next 10 minutes.

3. At the end of 10 minutes, ask those standing near each flip chart to read the responses.
4. After each flip chart, confirm that the thoughts are correct. Invite any participants to clarify.
5. Finish the activity by again appreciating their good work and attention to the process that produced many important lessons learned.

Closing message: Practice and invite feedback to keep improving and getting more confident in your EHP discussions.

Session 6: Reporting on EHP Activities

Time: 90 minutes (*start with 30 minutes on Day 4 and continue on Day 5*)

Session Objectives: During this session participants will:

- Learn about information collected on the GBM reporting tool
- Practice completing a reporting form using examples

Preparation and Materials:

- Photocopies of examples (see Trainer Notes)
- Photocopies of *Handout 11: Reporting Tool*

Instructions:

1. Review objectives together.
2. Explain that the purpose of the exercise is to learn how to report on activities with their EOs and the other GVs in their areas.
3. Hand out copies of *Handout 11: Reporting Tool*. Let participants know that they will now review the tool together. If there are any questions about what a term means or how to complete it, they should ask now.
4. Review the items and spaces for completion. Answer any questions participants have.
5. Explain that they will now practice completing the form in small groups, each of which will receive a small summary for a month of activities. One person should be assigned to read, another to complete a sample tool and the rest to help discuss and decide together how to complete the form. In some places, they will have to make assumptions or estimate numbers. When finished, they should ask a facilitator to check their work.
6. Divide the participants into four groups. Give each group a sample of activities for one month. See Trainer Notes for examples. After all groups are finished, bring the group together to process the activity.
7. Ask the following:
 - *How are you feeling now? How was the process? Which GV kept the best notes?*
 - *What did you learn from the exercise?*
 - *What will you take with you or apply back in your work as GVs?*
8. Review objectives together.

Closing messages: Every GV should complete a reporting form monthly, no matter how many or how few activities are conducted. All reporting forms provide information that contributes to the study results.

Trainer Notes: Examples for Practicing Use of the Reporting Tool and Reporting Forms

Group 1: Jane has been meeting with her TNG every week all month. Her TNG consists of 12 females and 6 males. In three meetings, she included sections of the EHP flip-book. At two meetings, she gave some referrals: 15 in the first meeting and 12 in the second. One weekend she also visited another GV and helped him lead a community meeting on EHP. Most of the attendees were female.

Group 2: Paul has been very busy with his own planting this month. He has held one short TNG meeting with 15 men and 10 women. There he included EHP topics, using the messaging discussions. He also gave three referrals to male friends: one for counselling on family planning, one for condoms and another for a vasectomy.

Group 3: Susan is an EO and was invited on three visits with CHEWs in different communities to talk about EHP. Each group consisted of about 15 people, mostly female. She also conducted a monthly *barasa* meeting to mobilize community members for mobile services to be conducted by a nearby clinic. She estimates that 15 men and 10 women came to the *barasa*. She gave out 10 referrals and 10 booklets.

Group 4: Kamau manages the TNG and often stays on site. This month, 15 TNG members (10 female and 5 male) have visited and asked questions about family planning. He gave them all referrals. He also used the flip-book during two meetings for 15 men and 10 women, talking about IGAs and healthy households. He also provided them with a condom demonstration, using a penile model and kit.

Session 7: Daily Closing

Time: 15 minutes

Session Objective: During this session participants will provide feedback on the day

Preparations and Materials:

- Flip chart, markers and tape
- Sticky notes
- *Daily Evaluation Flip Chart*

Instructions:

1. Congratulate participants on completing the day. Let them know they have done well and are nearly finished.
2. Post the *Daily Evaluation Flip Chart*, using a traffic-light analogy again. (You can recycle from the previous day.)
3. Explain that participants should give honest, anonymous (without a name) feedback on the day's session using colors to guide their thinking. Remind them that:
 - Green is for things that they learned, like and would want to continue.
 - Red is for things that they dislike and do not want to continue.
4. After writing, they should bring their responses up to the flip chart and post them in the correct area. Tomorrow they will be reviewed in the morning.
5. Provide any other administrative announcements from the training team as needed.
6. Invite all participants to stand in a circle to close the day. The closing circle is a time to reflect with a short feeling or impression of the day. Invite participants to share how they feel at the end of Day 4. Start with the training team and move around.
7. When finished, thank the group again and ask for the prayer leader to end with a prayer.

Day 5: Reporting on EHP

Day 5 Agenda

Time	Session Number	Topic
8:30 – 8:45	1	Daily Opening
8.45 – 9.45		Reporting on EHP Activities, continued from Day 4
9:45 – 10:45	2	Next Steps
10:45 – 11:15		Tea Break
11:15 – 1:00	3	Review Game, Post-Training Test and Training Evaluation
1.00 – 1.30	4	Training Closure and Certification
1:30		Lunch and Departure

Session 1: Daily Opening

Time: 15 minutes

Session Objectives: During this session participants will:

- Learn about the daily-evaluation feedback from participants' and trainers' responses
- Identify any outstanding issues in the *Parking Lot Flip Chart*
- Learn the daily agenda and sessions for the day

Preparations and Materials:

- Flip chart, markers and tape
- *Daily Agenda Flip Chart*

Instructions:

1. Welcome participants to Day 5.
2. Invite the prayer leader to start the day with a prayer.
3. Post the Day 4 evaluation comments and provide a summary to the group. Identify any areas where actions have been taken or items that need further discussion.
4. Explain that there will be a longer review because it is the last day.
5. Visit the *Parking Lot Flip Chart*, responding to any listed items.

6. Share the *Daily Agenda Flip Chart* for Day 5.
7. Invite an energizer to start the day.

Session 2: Next Steps

Time: 60 minutes

Session Objective: During this session participants will identify the next steps for themselves after the training.

Preparation and Materials:

- Flip chart, markers and tape
- Prepared flip charts using trainer notes

Instructions:

1. Introduce the session objective.
2. Explain that the purpose of this session is to plan their EHP education activities with their EOs and the other GVs in their areas.
3. Invite participants to review GV tasks from Day 1. List their responses on the flip chart.
4. Post the maps from Day 3 as well. Remind participants of the things they've learned.
5. Then ask them to take a blank sheet of paper and write their own list of next steps for themselves.
6. Invite participants to share their completed lists. Appreciate their contributions and highlight key activities for all GVs. Also explain the role of supervisors and staff in monitoring their contributions.
7. Inform GVs and EOs that they should plan on conducting at least two EHP discussions using the entire flip-book with a community group and their TNG in the next six months. However, they don't have to do it all on their own.
8. Post the *Action Plan Flip Chart* from the *Next Steps* trainer notes. Describe the components for action planning in small groups.
9. Have participants join their district or area groups.
10. Inform participants that they have 30 minutes to discuss their area action plan. Inform them that they will share the highlights of their action plan on a flip chart with the larger group.
11. Visit each group to ensure that they are on task and understand the assignment. When about 20 minutes are remaining, recommend that the groups begin working on their flip chart and what they plan to present to the other groups.

12. Ask each group to present three key items from their plan.

13. Allow for a few questions after each presentation.

14. Use the following questions to process the activity:

- *How did action planning go?*
- *What did you learn in the process?*
- *What will you take back with you as you return to your GV work?*

15. Review the session objective, and be sure everyone has achieved it.

Closing message: This action plan is a start and should be used as **they begin to conduct** their EHP discussions over the next few months. The EOs and GBM staff will review their progress and check in during monitoring visits as well.

Trainer Notes: Next Steps

Action Plan Flip Chart

EHP Activity and Audience	Preparation Tasks	Person Responsible	Date by which to be completed	Comments

Session 3: Review Game, Post-Training Test and Training Evaluation

Time: 1 hour and 45 minutes

Session Objectives: During this session participants will:

- Review key EHP information prior to taking a test.
- Take a test.
- Evaluate the training.

Preparation and Materials:

- Flip chart, markers and tape
- Review Game prepared flip charts
- Photocopies of *Handout 12: Post-Training Test*
- Photocopies of *Handout 13: Training Evaluation*

Time (1: 45)	Session Agenda	Trainer
45 minutes	A. Review Game	
30 minutes	B. Post-Test	
30 minutes	C. Training Evaluation	

A. The EHP Review Game

Time: 45 minutes

Materials: *EHP Review Game Scores Flip Chart, EHP Review Game Flip Chart, EHP Review Game: Question and Answer Key, prizes*

Instructions:

1. Review the session objectives.
2. Explain to the group that this will be done by playing a game.
3. Divide the participants into three groups. Ask each group to come up with a team name.
4. Refer to the *EHP Review Game Scores Flip Chart* (see below for an example). Write the team names in the three columns. Inform participants their scores will be recorded during the game.

EHP Review Game Scores (example)		
Team 1	Team 2	Team 3

5. Explain to the participants how the game is played:
 - Participants will be split into three groups.
 - Each group will select a team name and review birthdays. The group with the person who has the next birthday goes first.
 - The first team will choose a category and point amount.
 - A question will be read from that category and point amount.
 - The selecting team will have five seconds to respond to the question. Although the team may work together, only one person will say the answer at the end of the five seconds. If more than one person speaks at that time, it will be considered a wrong answer. If a team answers correctly, it will receive the point amount listed on the question category. If the team does not answer correctly, the points will be subtracted from its score.
 - If the team does not answer the question correctly, the next team can choose to answer that question or choose a new question. That team also loses points if it gets the answer wrong. After two attempts at the answer, the correct answer will be shared.
 - The teams will take turns, each time choosing a category and a point amount until there are no more questions or time has run out. At that time, a final question will be explained.
6. Post the *EHP Review Game Flip Chart* (see Trainer Notes for an example.) Review the category titles.
7. Start the game. Use the *EHP Review Game: Question and Answer Key*.
8. To begin play, instruct the first team to choose a category and question, read the question aloud and ask the team to give the answer. Allow the team five seconds to answer.
9. If the answer is correct (as determined by the trainer using the Answer Key), add the points to the team's column on the score flip chart.
10. If the answer is incorrect, subtract the points from that team's total. The next team may choose to answer that question or another question of its choosing. Teams continue taking turns answering questions.
11. Encourage the participants to note the correct answers, as they will be tested on this information.
12. Use the *EHP Review Game Flip Chart* to keep track of which questions in each category have been answered. Cross out the square on the flip chart after you have asked the question.

13. During the game, provide direction to the participants, correct misinformation and clarify misconceptions that may arise during the discussion once the question is correctly answered.
14. After all the squares have been crossed out or time runs out, play the final question.
15. For the final question, have participants wager their points and write down how many points they wish to wager. Teams may wager all of their points.
16. Read the final question. Allow the teams one or two minutes to write their responses.
17. Ask the teams to share what they wagered and then their responses. Determine if a team has the correct answer. (See below.)
18. Announce a winner after the final question. Give prizes to the members of the winning group and a smaller prize to the members of the other groups for their efforts. Congratulate the entire group for their team spirit and hard work during the training program.

Trainer Notes: Review Game

EHP Review Game Flip Chart

EHP	Planning Your Family	EHP Discussions
100	100	100
200	200	200
300	300	300

Note: Place an "X" over the questions as they have been asked.

EHP Review Game Questions and Answer Key

EHP	Planning Your Family	EHP Discussions
<p>100 points</p> <p>Q: What does “EHP” stand for?</p> <p>A: Environment, Health and Population</p>	<p>100 points</p> <p>Q: Can hormonal family planning methods, like the pill or injectables, cause infertility?</p> <p>A: No, you will return to fertility after stopping a method.</p>	<p>100 points</p> <p>Q: What two forms need to be completed as part of your GV responsibilities?</p> <p>A: Client form and Reporting Tool Form</p>
<p>200 points</p> <p>Q: (Fill in the blanks) When people use ____ and _____, they make poor decisions about their health and their family’s health.</p> <p>A: Drugs and alcohol</p>	<p>200 points</p> <p>Q: How long should a woman wait after her last birth before trying to become pregnant again?</p> <p>A: Two years</p>	<p>200 points</p> <p>Q: Name at least three people who should be contacted in preparation for an EHP discussion.</p> <p>A: EO CHEW A community leader</p>
<p>300 points</p> <p>Q: How does a growing population affect the environment?</p> <p>A: More people use more land for farming, more water and more wood, which depletes natural resources and hurts the environment.</p>	<p>300 points</p> <p>Q: If someone in your community asks you what you think the best family planning method is, what should you say?</p> <p>A: Explain that everyone is different and that they should speak with a CHEW or other health provider to determine the method best for them.</p>	<p>300 points</p> <p>Q: List at least three presentation skills.</p> <p>A: Any three of the following:</p> <ul style="list-style-type: none"> • Spoke clearly and loudly • Maintained eye contact • Used body language that is natural • Reinforced learning points • Asked questions to see what the audience had learned

Final Question: What is EHP education?

EHP education refers to providing education and information about the links between the environment, health and population size.

B. Post-Training Test

Time: 30 minutes

Materials: *Training Objectives Flip Chart*, *Post-Training Tests* (enough for each participant), *Post-Training Test: Answer Key*

Instructions:

1. Refer participants to the *Training Objectives Flip Chart*. Remind participants about the pre-test that they took on the first day. Tell them that now they will take a post-test to assess their understanding.
2. Distribute the *Post-Training Tests* and review the instructions. Ask participants if they have any questions, and respond as needed.
3. Read each question aloud and allow some time for participants to write their responses. (There may be a variety of literacy levels in the group, which is why it is recommended that each question is read aloud.)
4. Collect tests as participants complete them. Use several trainers to correct the tests to speed up the process.
5. Inform participants who scored lower than 80 percent. There are a few possible courses of action for them: (i) they can accompany those who passed the test for EHP discussions, but not go alone; (ii) they can take the test one more time; or (iii) they can go through the training program again. The training team should be in agreement regarding which course of action the participant should take.

Trainer Notes: Post-Training Test Answer Key

1. Population growth (the growing number of people in Kenya) affects the availability of natural resources, such as forests, good land for farming and water. **True**
2. For the health of the mother and the baby, a woman should wait at least four years before trying to become pregnant again. **False, a woman should wait two years before trying again.**
3. Talking about sex and family planning with young people will encourage them to have early sex. **False, research shows that talking about sex with young people will not promote early sex. In fact it helps them to make better decisions when they are ready to have sex.**
4. For the health of the mother and the baby, a young woman should wait until she is at least 16 years of age, before trying to become pregnant. **False, she should wait until she is 18. Because a girl can physically become pregnant does not mean it is not risky. Girls under the age of 18 often have more complications and need more medical attention than women older than 18.**
5. The number of children people have in Kenya has declined (gone down) in recent years, but is still higher than other places in the world. **True**
6. Hormonal family planning methods, like the pill or injectables, can cause infertility. **False, you will return to fertility after stopping a method.**

Choose a or b to complete the following sentences.

7. E H P stands for:
 - a. **Environment, Health and Population**
 - b. **Environment and Healthy People**
8. Every individual is different, so if you are interested in starting a family planning method you should:
 - a. **See a provider and get counseling to ensure you select the best method for your needs and situation**
 - b. Consult your friends about what methods have worked for them
9. When people use _____ they are more likely to make poor decisions about their health and their family's health.
 - a. **drugs and alcohol**
 - b. family planning methods
10. What is EHP education?

An acceptable answer is:

EHP education refers to providing education and information about the links between the environment, health (family health) and population (family size).

C. Training Evaluation

Time: 30 minutes

Materials:

- Photocopies of *Handout 13: Training Evaluation*
- Flip chart from Day 1 on overall training objectives

Instructions:

1. Let participants know that the training team is interested in their thoughts about the week as a whole.
2. Post the training objectives from Day 1. Review the objectives with the group to see if they were met. Ask the group: *“Was this completed?”*
3. Explain that this evaluation is anonymous, so they should not include their names and they should be as open and honest as they would like. Responses will be used for future trainings.
4. Pass out copies of the evaluation.
5. Let participants complete them in silence.
6. Pick up tests face down when the participants are finished.
7. Thank the group for their feedback when everyone is complete and let them know that they have completed the training.

Session 4. Training Closure and Certification

Time: 30 minutes

Materials: Camera and certificates

Instructions:

1. Inform the participants that having completed the GV training program, they will receive a *Certificate* at the first monitoring visit to verify their hard work.
2. Gather the group in a circle.
3. Ask people to think about their training experience over the last week. Allow each person to share a few words — people may share something they have learned or how they are feeling; or they may invoke the right to pass. The trainer may want to start off the session by sharing something that he or she has learned.
4. As a training team, say a few closing words about the progress of the group and expectations. Let them know how the group has done and what the certificate will mean. Read aloud the text on the certificate.
5. Thank the group for their work and let them know you look forward to seeing them lead sessions in the future.
6. Invite the prayer leader to conclude the workshop with a prayer.
7. If possible, suggest a group photo before everyone leaves.

TRAINER HANDOUTS

Handout 1: Pre-Training Test

Handout 2: EHP Discussion: To-Do List

Handout 3: Environmental Problem Cards

Handout 4: Facts about Population Growth, Family Planning and Health

Handout 5: Presentation on Healthy Timing and Spacing of Pregnancies

Handout 6: The Benefits of Family Planning

Handout 7: Reproductive Health Images

Handout 8: Answers to Common Questions on Family Planning

Handout 9: EHP Messages and Actions

Handout 10: Rules for Giving and Receiving Feedback

Handout 11: Reporting Tool

Handout 12: Post-Training Test

Handout 13: Training Evaluation

Handout 1: Pre-Training Test

Name _____

Circle True or False.

1. Population growth (the growing number of people in Kenya) affects the availability of natural resources, such as forests, good land for farming and water. **True or False**
2. For the health of the mother and the baby, a woman should wait at least four years before trying to become pregnant again. **True or False**
3. Talking about sex and family planning with young people encourages them to have early sex. **True or False**
4. For the health of the mother and the baby, a young woman should wait until she is at least 16 years of age before trying to become pregnant. **True or False**
5. The number of children that people have in Kenya has declined (gone down) in recent years, but is still higher than in other places in the world. **True or False**
6. Hormonal family planning methods, such as oral contraceptive pills or injectables, can cause infertility. **True or False**

Choose a or b to complete the following sentences.

7. EHP stands for:
 - a. Environment, Health and Population
 - b. Education, Health and Population
8. Every individual is different, so if you are interested in starting a family planning method, you should:
 - a. Use the same method as your friend
 - b. See a provider and get counseling to ensure you select the best method for your needs and situation
9. When people use _____, they are more likely to make poor decisions about their health and their family's health.
 - a. drugs and alcohol
 - b. family planning methods

Provide an answer.

10. What is EHP education?

Handout 2: EHP Discussion: To-Do List

Preparing for an EHP Discussion	Yes/No and Comments
1. Contact and invite appropriate attendees to inform them of the EHP Session and gather their input regarding the date and time.	
2. Contact the Extension Officer regarding your plans and audience.	
3. Invite the Community Health Extension Worker (CHEW) and ensure his or her attendance at the session (including getting permission from supervisor if needed).	
4. Identify and prepare a comfortable meeting place in advance, including seating.	
5. Prepare materials in advance for activities: EHP flip-book, contraceptive booklets, reporting tool and client referral forms.	
Leading an EHP Discussion	Comments
6. Use the EHP Flip-book appropriately. (Use the images to generate discussion.)	
7. Use effective presentation skills: <ul style="list-style-type: none"> • Speak clearly and loudly. • Maintain eye contact. • Use body language that is natural. • Reinforce learning points. • Ask questions to see what audience had learned. 	
8. Provide simple, clear and accurate explanations in response to questions or reply, "I don't know," when appropriate.	
9. Remain flexible and adapt to challenging situations.	
10. Inform the group of session progress and next steps.	
11. Distribute contraceptive booklets to interested attendees.	
Completing Referrals and Reporting Tools	Comments
12. Complete the referral forms.	
13. Complete the reporting tool according to the standard example.	

Handout 3: Environmental Problem Cards

Environmental Problem Card: Using More Wood

Dinah is 50 years old and lives in a growing community in northern Kenya. Dinah remembers when she was a girl she did not have to go far to look for wood — trees were everywhere. Dinah has noticed that with each decade there are more people, and she is traveling further to gather wood.



What are some environmental problems that can result from more people looking for more wood? How do these problems affect the land? How do they affect people's health? What are some possible actions we can take as individuals? What can we do in our communities to make a difference?

Environmental Problem Card: Growing Population

Joseph and his wife live on the land that his father left him. He has one brother and they split the land. He had two sisters, but they died at a young age. Joseph and his wife have six children, four of them are grown men and need land of their own to farm. Joseph has seen that the soil is overused as it is, and he is not sure how the land can support his growing family.



What are some environmental problems that can result from growing families? How do they affect the land? How do they affect people's livelihoods? What are some possible actions we can take as individuals? What can we do in our communities to make a difference?

Environmental Problem Card: Poor Water Management

Aliyah travels to the river everyday to get water. A well was dug by a government organization; but there were no funds to fix it when it had problems, so everyone went back to fetching water at the river.

Aliyah notices that the earth on the sides of the river is falling into the water. She sees how more people depend on the river for water than 10 years ago. She sees the rainfall from her roof and wonders if there is a better way to manage water.



What are some environmental problems that can result from poor water management? How does it affect the land? How does it affect people's health? What are some possible actions we can take as individuals? What can we do in our communities to make a difference?

Environmental Problem Card: Livelihood and Food Security Challenges

Peter and Anne make a living by growing tea on their small farm. They cleared the land of the trees, including many fruit trees, so that they could grow the tea. For several years they made good money, so they decided to use the land for tea instead of local crops such as sweet potatoes and other vegetables. Because they had cash, they spent the money on more clothes for Anne and frequent visits to the bar for Peter.



The price of tea at the TCC level dropped and so did their income. Meanwhile, the costs to run the farm continued to increase. Because they had overworked the soil, they now have trouble growing a garden. Now they have to spend money at the market to buy fruits and vegetables that they could have grown themselves.

What are some environmental problems that can result from planting cash crops? How do they affect the land? How do they affect people's health? What are some possible actions we can take as individuals? What can we do in our communities to make a difference?

Possible Solutions to Environmental Problems

Solutions to the problem of using more wood include the following:

- Use alternative energy sources, such as gas stoves.
- Use heat-saving stoves, such as Rocket mud stoves or KCJ charcoal stoves.
- Practice healthy spacing and timing of pregnancies.

Solutions to the problem of a growing population include the following:

- Practice healthy spacing and timing of pregnancies.
- Seek alternatives to income other than farming.
- Plant local food crops, such as sweet potatoes, for better food security.
- Plan communities.

Solutions to the problem of poor water management include the following:

- Develop water catchment systems.
- Take care of existing wells.
- Invest in water pumps.
- Train and pay local people to repair wells and pumps.
- Create a water-management committee.

Solutions to the problem of livelihood and food security challenges include the following:

- Plant local food crops, such as sweet potatoes, for better food security.
- Use money from cash crops to develop local produce and invest in the future.
- Create different opportunities for generating income.
- Practice healthy spacing and timing of pregnancies.

Handout 4: Facts about Population Growth, Family Planning and Health

Insufficient land: Seven out of 10 rural Kenyan farmers do not believe that their land is sufficient for their children to stay and live there (KDHS, 2008/9). With subdivision of land, the land available for the next generation decreases.

Forest degradation: There are three main sources of forest degradation: commercial logging, fires and gathering wood for fuel. Population growth leads to increased demand, which can intensify the rate of forest degradation. Thirty-six million acres of natural forests are lost each year. (UNEP 2011) retrieved June 27, 2012 from <http://www.unep.org/wed/forestfacts/>.

Water use: Water use has been increasing globally at more than twice the rate of population increase in the last century, and an increasing number of regions are reaching the limits at which water services can be sustainably delivered. (FAO 2008) retrieved June 27, 2012 from <http://www.fao.org/nr/water/topics/scarcity/.html>

Teenage fertility: According to the 2008–09 Kenya Demographic and Health Survey (KDHS), 18 percent of young women between the ages of 15 and 19 have already begun childbearing: 15 percent are mothers and an additional 3 percent are pregnant with their first child. Young motherhood is slightly more common in urban areas than in rural areas. Young women with no education are more than three times as likely to have started childbearing by age 19 than those who have a secondary or higher education (32 percent versus 10 percent)

Desired family size: Kenyan women and men want about four children, on average. Ideal family size is higher among women in rural areas than urban areas (4.0 versus 3.1). Women with secondary and higher education desire considerably fewer children than women with no education (3.1 versus 6.4). Men with no education report wanting 10 children, and men in North Eastern province report wanting 16 children (2008–09 KDHS).

Unmet need for family planning: Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely, but are not using contraception. The 2008–09 KDHS reveals that 26 percent of married women have an unmet need for family

planning — 13 percent for spacing and 13 percent for limiting. Unmet need is highest in rural areas and among the poorest women.

Health care: Population increase has affected the provision of adequate health services to the people of Kenya. Hospital and health center staff have noticed a significant increase in the number of patients coming in to health facilities around the country. A bigger population needs more food. The available land may not be able to produce enough food for a large population. One out of four rural Kenyan farmers felt that over the last year people in their households often went hungry because there was not enough food.*

Drinking water: Nearly four out of 10 households get their drinking water from a non-improved source (Kenya DHS 2008-09).

Toilets: Seven out of 10 households use a non-improved toilet. One of 10 households does not have any toilet facility (Kenya DHS 2008-2009).

Health services: A bigger population can cause a strain on the provision of health services, especially in the rural areas where there are not enough health workers or health facilities.

Education: More people, with more children, create a strain on the available schools, and it becomes difficult for children to enroll in good schools.

Employment: An increasing population creates competition for employment opportunities, leaving many people unable to find a job or a source of income. People who do not have a source of livelihood are more likely to resort to crime to make ends meet. Unemployment may also lead to alcohol and drug abuse in the area.

Natural resources (trees, soil and water): Excessive population growth leads to a depletion of available resources. For example, people may cut down too many trees to construct houses, which leads to soil erosion and contamination of water sources.

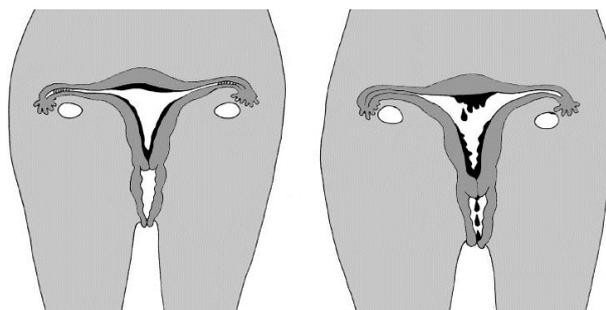
* Osborne, Taylor. Local Perceptions of Population Growth: The Causes and Effects of Local and National Population Changes on the People of Kenya. 2012.

Handout 5: Presentation on Healthy Timing and Spacing of Pregnancies



The Menstrual Cycle

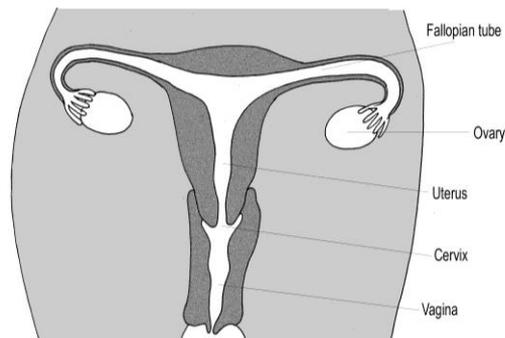
- Each menstrual cycle starts on the first day of menstrual bleeding. For most women, each cycle lasts from 26 to 32 days (average 28 days).
- During each cycle, a woman has days when she can become pregnant (*fertile days*) and days when she cannot become pregnant (*infertile days*).



2

How Pregnancy Occurs

- A woman's ovaries release one egg each month.
- The egg is released near the middle of the menstrual cycle.
- The egg lives for about one day.



3

How Pregnancy Occurs (cont.d)

- A man's sperm can live up to five days inside a woman's body.
- So, a woman can become pregnant about six days during each menstrual cycle.
 - This includes the five days the sperm can survive, plus one day when the egg is released. These are the fertile days.
- Fertilization occurs if the sperm reaches the egg. The fertilized egg attaches to the side of the womb and develops into a fetus.
- To avoid pregnancy, a couple should abstain from sex or use protection on the fertile days.

4

What is Family Planning?

- Family planning is often defined as having the number of children you want, when you want to have them.
- It is achieved through the use of contraceptive methods and the treatment of infertility (inability to have children).
- A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the course of the pregnancy and the health of the baby.
- Planning when and how many children to have is the couple's responsibility, not just the woman's responsibility.

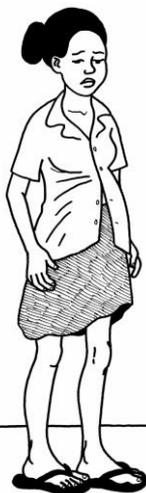
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When can pregnancy create health problems?

6

When Mothers are too Young

Wait until you are at least 18 years old to get pregnant



- Adolescents have a higher risk of developing complications: high blood pressure; a prolonged, difficult labor; and anemia (the blood does not carry enough oxygen).
- Women between the ages of 15 and 17 are three times more likely to die in childbirth than women between the ages of 20 and 24.
- The newborns of adolescent mothers are more likely to die, or be born too soon, too small, or with a low birth weight.

7

When Mothers are too Old

Consider avoiding pregnancy after the age of 35

- Older women may be less able to deal with the physical stresses of pregnancy and childbirth.
- Women over the age of 35 are five times more likely to die in pregnancy or childbirth than women between the ages of 20 and 24.
- Older women have a greater risk of giving birth to babies with low birth weights or with disabilities.



8

When Births are too Close

Wait at least two years between pregnancies

- Mothers who wait two years between births are less likely to die in childbirth.
- Their newborns are less likely to die, to be underweight or to be born prematurely.
- Their babies grow to be bigger, stronger and healthier.



9

When Mothers Have too Many Children

Consider having no more than four children

- After four pregnancies, a woman's risk of dying increases for each successive birth.
- The risk may be up to three times higher for women with five or more children than for women with two or three children.
- Women with more than four children are more likely to suffer from anemia, require blood transfusions during delivery, and die of bleeding than women with fewer children.



10

Summary

1. Wait until you are at least 18 years old to have children.
2. Try to avoid pregnancy after the age of 35.
3. Wait at least two years between pregnancies.
4. Have no more children than you can support.

Not too early
Not too late
Not too close together
Not too many

11

Choosing A Family Planning Method



12

A Choice of Family Planning Methods

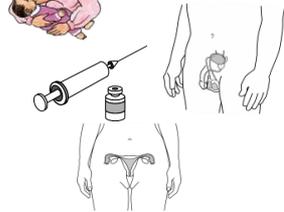
User-controlled methods:

- Standard Days – Count days of the menstrual cycle to determine when pregnancy is likely.
- Condoms – Use a new condom for every sexual act.
- Pills – One pill every day, by mouth.
- LAM – If breastfeeding for the first six months after delivery and other LAM conditions are met.



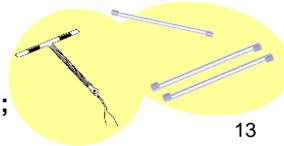
Administered by a provider:

- Injectables – Given by injection every three months.
- Male and female sterilization – Minor surgery required.



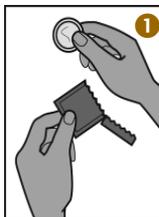
Provider required to start and stop use:

- Implants – Inserted under the skin for up to three to five years; removed by a provider.
- IUCD (coil) – Inserted in the womb for up to 12 years; removed by a provider.



13

How to Use a Male Condom



1
Use a new condom for each sex act.



2
Before any contact, place the condom on the tip of the erect penis with the rolled side out.



3
Unroll the condom all the way to the base of the penis.



4
After ejaculation, hold the rim of the condom in place and withdraw the penis while it is still hard.



5
Throw the used condom away safely.

14

Duration of Protection

Duration of protection after one application of the method

Short acting methods: provide protection for a short period

- Condoms – One condom protects for one sexual act only.
- Pills – One pill provides protection for only one day. One pill should be taken every day for continuous protection.

Longer-acting methods: provide protection for months

- Injectable contraceptives – One injection protects for three months, depending on type.

Long-acting methods: provide protection for years

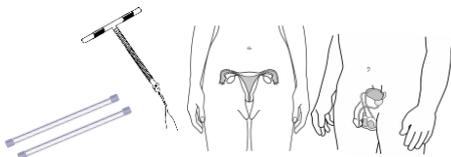
- Implants – Provides protection for three or five years, depending on the type of implant.
- IUCD (coil) – Provides protection for up to 12 years.

Permanent methods: provide protection for a lifetime

- Male and female sterilization – Provide lifetime protection.

15

How Well Does It Prevent Pregnancy?



Most effective: implants, IUCDs, male and female sterilization



Very effective if used consistently and correctly: injectables, pills and LAM



Effective if used consistently and correctly: condoms and Standard Days Method (calendar or cycle beads)

Least effective: withdrawal

16

Choosing a Family Planning Method: Questions I

Does the method provide protection from STIs/HIV?

- Only condoms provide protection from STIs/HIV.

How safe is the method?

- A few women with certain health conditions will have to avoid some methods.
- Providers will screen for these conditions.

Is the method easy to use?

- Methods that do not require the user to remember anything or do anything are the easiest to use – they are the most effective.
- Such methods include implants, IUCDs and sterilization.

How much does the method cost?

- Cheaper methods (condoms and pills) may cost more over time because they require resupply.
- More expensive methods (IUCDs, implants and sterilization) cost less over time because there is nothing to pay after initial procedure.

17

Choosing a Family Planning Method: Questions II

Will you need to make frequent visits to the health center?

- Only injectables require regular clinic visits every three months to receive an injection.
- IUCDs (coil) and implants require a clinic visit for removal.

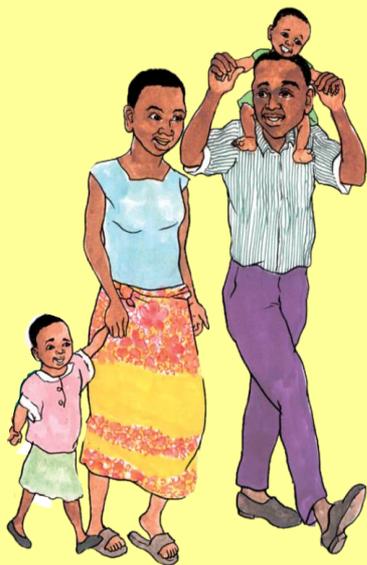
Are you willing to tolerate possible side effects?

- Condoms, LAM, the methods based on fertility awareness, and sterilization have no side effects.
- Other methods have side effects that are not harmful, but they may be unpleasant. Your provider can help you determine whether you can cope with these side effects.

Can it be used while breastfeeding?

- Breastfeeding women should delay the use of implants and injectables until the baby is six weeks old.
- Other methods can be used anytime by breastfeeding women. Your health provider can advise you on the options.

18

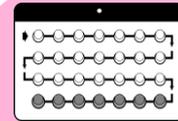


Dispelling Myths and Misconceptions

19

Pills: Dispelling Common Misconceptions

- Pills do not cause cancer.
- Pills do not prevent pregnancy by causing an abortion.
- Pills do not prevent a woman from having babies after she stops taking the pills.
- Pills make menses very regular, light and painless.
- Pills do not cause deformed babies if accidentally take by a pregnant woman.
- Pills do not accumulate in a woman's body and women do not need a "rest" from taking pills.



20

Injectables: Dispelling Common Misconceptions

- Injectables **do not** cause cancer.
- Injectables **do not** prevent pregnancy by causing an abortion.
- Injectables **do not** prevent women from having babies after they stop injections.
- Injectables **do not** cause menstrual blood to collect inside the body.
- Women **do not** need a “rest” from using injectables and can use them as long as they desire protection from pregnancy.



21

Implants: Dispelling Common Misconceptions

- Implants **do not** migrate within the body.
- Implants **do not** prevent women from having more babies after they are removed.
- Implants **do not** need to stay in place for the full 3 or 5 years. Woman can request the removal of the implants at any time.
- Implants **do not** cause menstrual blood to collect inside the body.
- Women **do not** need a “rest” from using implants and can use them as long as they desire protection from pregnancy.



22

IUCD: Dispelling Common Misconceptions

- An IUCD does not migrate to other parts of woman's body.
- An IUCD does not prevent pregnancy by causing an abortion. An IUCD prevents pregnancy by making it difficult for sperm to reach an egg.
- An IUCD does not prevent women from having more babies after IUCD is removed.
- An IUCD does not cause birth defects in babies.
- An IUCD does not cause cancer. In fact, an IUCD prevents women from developing cancer of the lining of the womb (uterus).



23

Sterilization: Dispelling Common Misconceptions

- Sterilization does not make women or men weak or decrease their sex drive.
- Sterilization does not cause changes in a woman's menstrual cycle and does not cause changes in how a man ejaculates.
- Sterilization does not involve the removal of a woman's uterus or a man's testicles. It only involves blocking the tubes that carry eggs in women and sperm in men.
- Sterilization does not cause changes in weight, appetite or appearance. It does not cause men to become less masculine or women less feminine.
- Sterilization does not cause any disease later in life.

24

Different People – Different FP Goals



Pauline

Pauline has four children. She and her husband decided they do not want more children. Pauline's doctor said she has very high blood pressure, so she needs medication to control it.



Simon

Simon has a girlfriend, but he is not ready to get married or have kids. Occasionally, he has other sexual partners.

All of them need a contraceptive method, but not every method will suit them equally well.

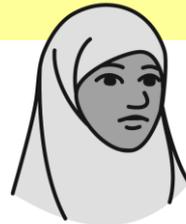
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Different People – Different FP Goals



Maria

Maria has two children and would like to have another in three or four years. She is still breastfeeding her four-month-old baby.



Fatima

Fatima just got married, but she wants to postpone her first pregnancy by a year, so she can finish her education.

Providers help women and couples discuss their family planning options.

27

Handout 6: The Benefits of Family Planning

The benefits of family planning for the mother include the following:

- She has less blood loss (with most methods), meaning she will stay healthy and be less tired.
- She can give more and better attention to the children.
- She can be sure that her family has something to eat.
- She can spend more time with her husband.
- She has energy to work for more income.
- She can have time to share and help with village activities.
- She has money for clothes and recreation.
- She has peace of mind about the future.

The benefits of family planning for the father include the following:

- He can be sure there is enough for his family to eat.
- He can give more attention to each child.
- He can save money.
- He has more time for family and communal work.
- He has peace of mind about the health of his wife and children.
- He has money for clothes and recreation.
- He has money for investments and emergencies.

The benefits of family planning for the baby include the following:

- The baby can be breastfed for a longer time.
- The baby receives more love and care from both parents.
- The baby receives adequate and better food.
- The baby grows healthier and has increased psychological welfare.
- The baby has a brighter future.

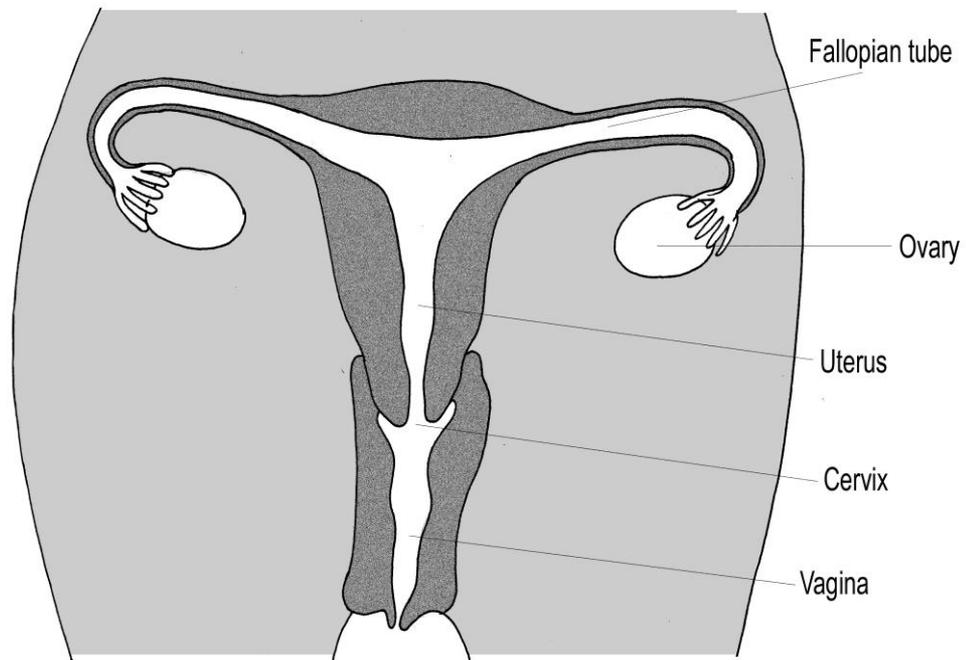
The benefits of family planning for the siblings include the following:

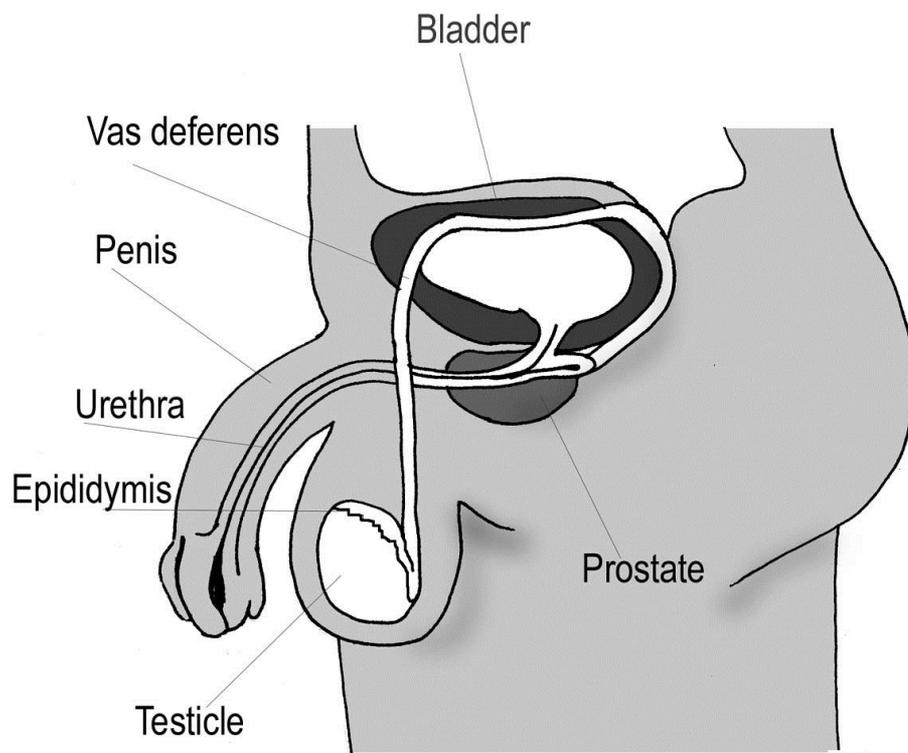
- Siblings receive better care and as a result they will be healthier.
- Siblings will have more resources available to them in terms of food, clothes, school supplies and other things.
- Siblings are likely to receive more attention from parents.
- Siblings have a better chance of getting good education, which may lead to better opportunities for jobs.
- Siblings have more space for playing.
- Siblings gain confidence from a peaceful life.
- Siblings are likely to get a better share of property, including land from the parents when they grow up.

The benefits of family planning for the community include the following:

- There is less destruction of natural resources such as trees.
- There is a better balance between natural resources and people.
- There is better use of water and soils.
- There are better schools with the recommended number of children in each classroom.
- There are more social services, such as schools and health facilities.
- People are better able to care and manage their resources, because they are healthier.
- They have more time and a better education/understanding of how to care for their environment.

Handout 7: Reproductive Health Images





Handout 8: Answers to Common Questions on Family Planning

Questions	Answers
General	
<p>When you say that “the birth of children should be spaced,” do you mean women should stop giving birth?</p>	<p>The spacing of births does not mean that couples should stop having children. It means that couples should be able to wait long enough for the mother to regain her strength after a previous pregnancy. Waiting two years before trying to become pregnant again is good for the mother’s health as well as for the health of her babies. Knowledge about family planning methods and their use helps couples to time pregnancies in the healthiest way possible.</p>
<p>Why do you say that family planning is for <i>both</i> men and women? Isn’t family planning always the woman’s responsibility?</p>	<p>Although most family planning methods are designed for women, there are family planning methods that men can use as well. Male condoms are a popular family planning method that offers protection from STI/HIV in addition to pregnancy prevention. A vasectomy is a permanent method of contraception that may allow a man to take full responsibility for family planning if he and his wife or partner decided they do not want any more children. It is important for couples to talk about family planning decisions: if and when to use family planning and what method may be best for them. When the woman is the one using a family planning method, the man can encourage and support her so the method is being used regularly and effectively.</p>
<p>Why do some churches preach against family planning? Why should we consider family planning when the Bible says to multiply and fill the earth?</p>	<p>Matters of religion and faith are individual decisions. It is important for all people to have information so they can make the right decisions. What good will come from having many children that you cannot feed or clothe? Couples need to make their own decisions about such questions. It should be noted that most churches are not against healthy spacing and timing of pregnancy, which is important for the health of the mother and the child.</p> <p>None of the modern contraceptive methods act by interrupting pregnancy; they act before pregnancy can occur. If a couple has strong religious convictions against some family</p>

Questions	Answers
	<p>planning methods, however, they should consider methods that do not rely on taking drugs or using contraceptive devices. For example, so called natural family planning methods help couples to identify days on which pregnancy is likely to occur, and they can avoid having sex on these days. One such method is the Standard Days Method.</p>
<p>How does a man or a woman start using a contraceptive method?</p> <p>Why do some people experience side effects with certain family planning methods?</p>	<p>People who wish to start using a contraceptive should visit the nearest health care provider who can counsel them on what methods are available and help them choose the most suitable method for their situation.</p> <p>Almost every method has some common side effects, but different bodies can have different reactions. Some women will develop common side effects and some won't. It is important to remember that these side effects are not harmful, mostly minor, and people can learn how to manage them. Your health care provider should tell you about potential side effects for each method. With continued use of a method, the side effects often diminish or disappear. If you find side effects hard to tolerate, you should go back to your provider and try another method. Do not seek advice from other users who are not health professionals.</p>
<p>My baby is three months old. Can I get pregnant if I don't use a family planning method?</p>	<p>Yes, you can get pregnant as early as six weeks after you have a baby. Please talk to a provider about the best family planning method to use after your pregnancy. One of the methods you can start using immediately after delivery is the lactational amenorrhea method, or LAM. You can use this method if the following three things are true at the same time:</p> <ul style="list-style-type: none"> • Since giving birth, you have been exclusively and frequently breastfeeding your baby — day and night. • Your menstrual periods have not returned since giving birth. • Your baby is less than 6 months old. <p>If you want to use LAM, talk to your health provider about how to use it correctly and also discuss what method you can start using when</p>

Questions	Answers
	LAM is no longer effective.
What is the recommended method of family planning?	There is no recommended method of family planning, because each of us has different needs. Visit your health care provider, who will offer counsel on available methods and help you to decide on the most suitable method for you. Your choice of method will depend on whether you want to space your children or whether you do not want any more children.
Is it possible to use a family planning method for more than seven years?	Any family planning method is safe to use for as long as you wish to prevent pregnancy. You can take contraceptive pills or have injections for as many years as you want. If you want to prevent pregnancy for a long time, however, it may be more convenient to use some of the long-acting or permanent methods. These methods are very effective and very easy to use because they don't require you to take any action on a daily or monthly basis. You can ask your health care provider about these methods.
Is it true that the use of a hormonal contraceptive can cause cancer? Can hormonal contraceptives kill the unborn baby if a pregnant woman uses them?	The best scientific evidence suggests that hormonal contraceptives do not cause cancer. In fact, some hormonal methods were proven to significantly reduce a woman's chances of developing certain cancers. Pregnant women do not need contraception. However, if a pregnant woman accidentally takes hormonal contraceptives (before she or her provider knows she is pregnant), there is absolutely no harm to either her or the unborn baby. Hormonal contraceptives do not interrupt pregnancy or cause any birth defect.
What family planning method should a woman use after she has had a miscarriage?	After a miscarriage, most women can use any family planning method if they want to prevent another pregnancy. Even if they want to have a baby, they should wait at least six months after a miscarriage before trying to become pregnant again. Every woman should talk to her health provider about the most suitable method for her as soon as possible because she may get pregnant again as early as two weeks after a miscarriage.

Questions	Answers
Are any hormonal contraceptives associated with birth defects?	The best scientific evidence shows that hormonal contraceptives do not cause any birth defects. This is because the hormones used in the hormonal contraceptives are very similar to the natural hormones produced in a woman's body every day as well as during pregnancy. Birth defects occurred before modern contraceptives were ever used.
Is the condom considered to be a family planning method?	Yes. When used correctly every time couple has sex, condoms provide very good protection from pregnancy. Aside from abstinence, the condom is the only family planning method that can also protect you from a sexually transmitted infection, including HIV. However, if a couple is not using condoms consistently and correctly, they are less effective than many other family planning methods.
What are some of the disadvantages of family planning methods?	Side effects are the most common disadvantage of certain family planning methods. These side effects are not harmful, but may be bothersome for some women. A woman who wants to use one of these methods should be informed about the side effects by her provider. She can decide if she is willing to tolerate these side effects and learn how to manage them. Another disadvantage could be the need to remember how to use the method correctly — for example, remembering to take one pill every day, or to come back for an injection every three months. In addition, injectable contraceptives may cause a delay in return to fertility, which means it may take women a few extra months to get pregnant.
Do family planning methods interfere with sex? Does the injectable hormone "Depo" make a woman less interested in sex?	Most methods do not interfere with sex. Some methods, such as male condoms, require interrupting sexual activity to put a condom on. Also some women who are using injectable contraceptives may experience slight changes in mood and sexual drive. Couples should talk about their sexual relationship and find ways to stimulate each other for sexual satisfaction.
Should you visit a health provider before trying a family planning method?	Yes. A health provider will counsel you on all available methods and help you choose the most suitable method for your situation.

Questions	Answers
<p>If you start using contraception before you have any children can it prevent you from having children after you stop using the contraception?</p>	<p>No, contraceptive methods have no permanent effect on a woman’s ability to have children. Once they stop using contraception, most women return to fertility immediately or after a short period (depending on the method). However, injectable contraception can delay return to fertility by a few months or sometimes by a year. Health providers should tell their clients about this potential side effect, so they can decide if they want to use this method, and also will not get scared if they cannot get pregnant right away after stopping injectables.</p>
<p>What are you doing to maintain the stock of contraceptives in the health facilities? I went to the facility and I could not get the method I wanted.</p>	<p>The Ministry of Health is working very hard to address this issue; however, now that you know about different family planning methods, you can choose a temporary method until your preferred method becomes available. Oral pills and condoms are widely available and they are good methods to use while you wait. Pills can be found in most pharmacies for less than Ksh 50, and a pack of three condoms sells for Ksh 10.</p>
<p>Injectable Contraception</p>	
<p>Why is the use of injectable contraception associated with an irregular flow of blood from the vagina that is not experienced before the use of this method?</p>	<p>Irregular bleeding is the most common side effect of the injectable contraceptives. Injectable contraceptives make the lining of the womb very thin, so it sheds not only during menses, but also at any random time of the month. Almost all women will experience this side effect during the first three to nine months of use. After one year, many women stop bleeding altogether for as long as they are using injectables. Both irregular bleeding and complete absence of bleeding are not harmful for a woman’s health. Complete absence of bleeding could even work to woman’s advantage, because it prevents anemia.</p>
<p>Can a woman become pregnant when using injectables, such as Depo, or the IUCD?</p>	<p>Yes, it is possible. Although injectables and IUCDs are among the most effective contraceptives, no method is perfect. Even very effective methods can fail occasionally, so a very small percentage of women can still become pregnant. It is very important to follow the instructions for the proper use of a contraceptive. If the injectable method failed for someone, it could be because she did not go back in time for her next injection.</p>

Questions	Answers
	<p>Consistent and timely reinjection is very important.</p> <p>If a woman who is using an IUCD becomes pregnant, it maybe because it was inserted incorrectly or even fell out of the woman’s womb without her noticing. While these situations are very rare, they may occur.</p>
<p>Can injectables raise a woman’s blood pressure?</p>	<p>Injectables are safe and they are not known to raise blood pressure. However, any woman can develop high blood pressure regardless of whether or not she is using injectable contraceptives. If you suspect that your blood pressure is rising, you should go back to the health facility for an immediate checkup.</p>
<p>Do injectables have side effects?</p>	<p>Yes, almost all methods have side effects. The most common side effect of injectables are bleeding changes. These changes are not at all harmful, although some women find them bothersome. Your health care provider will tell you more about what side effects to expect and how you may be able to manage them.</p>
<p>Some women stop having their monthly period after taking Depo. Where does the blood go?</p>	<p>Every month the womb develops a thick lining in preparation for pregnancy. If pregnancy does not occur, then the lining is shed from the womb, producing the monthly flow of blood. Because Depo prevents woman’s body from releasing an egg every month, pregnancy cannot happen and the thick lining is not needed. This is why Depo makes the lining of the womb very thin, so thin that it disappears completely after approximately a year of using Depo. Since the lining is not present, these women have nothing to shed, so they have no monthly bleeding.</p>
<p>Pills (Oral Contraceptives)</p>	
<p>Can a woman become ill from the long-term use of contraceptive pills?</p>	<p>Generally, pills themselves don’t make women ill. Almost all women can safely take contraceptive pills for as long as they want to prevent pregnancy. Very few women have serious health problems that would make contraceptive pills less safe. Your health provider will be able to tell you if you have such a problem or not. If you do, your provider will help you</p>

Questions	Answers
	<p>choose another contraceptive method.</p> <p>Also, if you plan to use the pills for a long time, you might consider using a long-acting method of contraception, such as an IUCD or implants, because they are easier to use long term and are extremely effective (more effective than the Pill).</p>
<p>Can contraceptive pills change a woman’s monthly cycle?</p>	<p>Yes, contraceptive pills can change the monthly cycle, usually for the better. For the majority of women, pills make monthly cycles regular and make menses lighter, shorter and less painful. A few women can have some very light irregular bleeding or complete absence of bleeding, but it is less common and not at all harmful.</p>
<p>Can tablets (pills) for family planning cause problems for some women?</p>	<p>Oral contraceptives are very safe. They contain some of the same hormones that are naturally found in a woman’s body. As with other methods, pills can have common side effects, but these side effects are not harmful and can be managed by seeking advice from a health provider.</p>
<p>Long-Acting and Permanent Methods</p>	
<p>Do contraceptive implants cause weight gain?</p>	<p>There is no scientific evidence that directly links the use of implants to weight gain. Women can gain weight or lose weight for many reasons, and some who are not using any contraception can still gain weight as they grow older.</p>
<p>Is tubal ligation a safe procedure?</p>	<p>Tubal ligation is safe when it is conducted by a qualified provider. Complications are very rare.</p>
<p>Can a woman become pregnant after a tubal ligation?</p>	<p>If the tubal ligation was performed by a trained provider, there is very little chance that a woman will become pregnant. But remember that no method is 100 percent effective. There have been a few reported cases of women who have become pregnant after a tubal ligation.</p>
<p>Young People and Family Planning</p>	
<p>How should we teach our children about family planning?</p>	<p>All young people — especially those who are sexually active — need to be told about preventing unwanted pregnancies and HIV infection. They should know about all the options for contraception. Adults (parents, teachers and health providers) have the responsibility to</p>

Questions	Answers
	educate young people about their sexuality and help them make informed choices.
How can we help a young woman who becomes pregnant?	Pregnancy is risky for women who are 18 years old or younger, so it is very important to support the young woman so that she can deliver the baby safely. Support her in attending all of her appointments at the antenatal clinic and encourage her to deliver the baby at a health facility. It is critical to provide the young woman with contraceptive information and explain to her that it is very important to avoid another pregnancy for at least two years so her body can recover from the strain of the recent pregnancy, and her baby can receive enough attention and grow healthy. Teenage pregnancy does not have to ruin a young woman’s life. There are many examples of women who became mothers during their teen years and then went on to have very successful lives. You might encourage or support the woman in finishing school.
<p>Is it safe for a young woman to start family planning method before she is 18 years old?</p> <p>What is the best method for a sexually active, young woman under the age of 18?</p>	<p>Yes, if she is sexually active, it would be healthy for her to prevent pregnancy until she is at least 18 years old. After that, she can continue using a contraceptive method for as long as she wishes to prevent pregnancy. All methods are safe — even for a young woman — but it is her right to make an informed decision about what method to use.</p> <p>As with older women, choosing the best method is personal. After learning about different contraceptive options, a young woman will be able to decide which method would suit her best. A teenager who is sexually active can use any reversible method of her choice because they are safe for all young people, even under the age 18.</p> <p>Sterilization is the only method that, while safe, is generally not the best option for young persons who have not had children. This is because sterilization is permanent and young people are likely to want to have children in the future.</p>
When a young woman learns about family	Studies show that educating young people about

Questions	Answers
<p>planning, doesn't it give her permission to have sex?</p>	<p>sex and sexuality does not make them more likely to engage in sex. Studies also show that young people who are informed about sexual matters are better prepared to make the right choices; and when they do have sex eventually, they are more likely to do it safely.</p>

Handout 9: EHP Messages and Actions

Overall Message: Care for your family, care for your environment for a prosperous life

Actions: Get involved. Plan. Act (*Jihusishe, Jipange. Amua*)

A. Healthy Ecosystems

Message: *A cleaner, greener environment for healthy communities (E to H)*

Actions: Reduce, reuse, recycle.

Other actions to consider:

Protect your land, forests, rivers, soils and wetlands.

- Protect the soil, plant a tree today.
- Fruits are healthful, plant a fruit tree.
- We all live downstream — let's keep our rivers clean.
- A house is never built like the neighbors. "*Ndiakagwo ta ya wakini.*"
- Observe sanitation and hygiene for healthy families.
- Stop the use of plastics, use baskets.
- Manage your waste appropriately.

B. Healthy Households

Message: *Spaced births, better, healthier lives for mother and child (P to H)*

Actions: Space your children at least two years apart.

Other actions to consider:

- Space your children — A mother's health is important.
- Talk to a health provider to space your births.
- Save lives — Two to three years means healthier mothers and babies.
- Space pregnancies — Healthy timings mean healthier mothers and babies.
- Plan your families to enrich your lives.
- Cut your coat according to your cloth — Plan your family.

C. Livelihood Security

Message: *Be the head, take control, be responsible (P, H message for men)*

Actions: Plan for your future and your family.

Other actions to consider:

- Care and provide sufficiently for your family.
- Invest in your children — plant a tree for the future.
- Start saving for your family's future.
- Invest for your family today.

Handout 10: Rules for Giving and Receiving Feedback

GIVING Feedback

- Share what the presenter did well before what they could improve upon; often it is useful to begin and end with praise, putting comments related to improvements in the middle.
- Offer feedback using the first person — for example, “I think,” “I saw,” “I feel,” “I noticed.”
- Be brief in your comments.
- Be specific and descriptive.
- Make suggestions only about things that the presenter can control and can change.
- Offer constructive criticism by offering ideas for improvement — for example, “I would have liked it better if ...” “One way you might improve upon ...” “You are really good at ...” “I would have liked to have heard/seen more of ...”
- Critique the performance, not the performer.
- Describe what you saw and heard, but avoid making judgments.

RECEIVING Feedback

- Ask for specific and descriptive feedback.
- Ask clarifying questions to understand the feedback.
- Accept feedback. Do not defend or justify behavior.
- Listen to the feedback and thank others for sharing their perspectives.
- Reflect on the feedback and use relevant feedback as information to improve performance.
- Also remember if you receive any harsh criticism this is often more of a reflection on the person delivering feedback than on you.

Handout 11: Reporting Tool

Name of GV: _____

Month/Year: _____

Constituency: _____

Location: _____

Discussions on EHP topics at group meetings using the flip chart			
Date (D/M/Y):			
Sub-location:			
Name of tree nursery group:			
Topics Discussed:			
No. of women present:			
No. of men present:			
Discussions on EHP topics at a baraza organized by you			
Date (D/M/Y):			
Sub-location:			
Title of resource person:			
Topics Discussed:			
No. of women present:			
No. of men present:			
Assisted another Green Volunteer in organizing a baraza to discuss EHP			
Date (D/M/Y):			
Sub-location:			
Name of GV assisted:			
No. of women present:			
No. of men present:			

Communicated EHP topics at a baraza organized for another agenda			
Date (D/M/Y):			
Sub-location:			
Title of resource person:			
Topics Discussed:			
No. of women present:			
No. of men present:			
Informed the community about outreach services			
Date (D/M/Y) of Service:			
Sub-location:			
Service provided by:			
Communicated by: (phone, poster, in person)			
Communicated to: (TNGs, friends, baraza, etc)			
Conducted activities with a CHEW to promote family planning			
Sub-location:			
Topics Discussed:			
Total Referrals Made: Women _____ Men _____ (note: count all referral slips)			

Name of EO: _____ Signature: _____ Date: _____

Handout 12: Post-Training Test

Name _____

Circle True or False.

1. Population growth (the growing number of people in Kenya) affects the availability of natural resources, such as forests, good land for farming and water. **True or False**
2. For the health of the mother and the baby, a woman should wait at least four years before trying to become pregnant again. **True or False**
3. Talking about sex and family planning with young people will encourage them to have early sex. **True or False**
4. For the health of the mother and the baby, a young woman should wait until she is at least 16 years of age before trying to become pregnant. **True or False**
5. The number of children people have in Kenya has declined (gone down) in recent years, but it is still higher than other places in the world. **True or False**
6. Hormonal family planning methods, like the pill or injectables, can cause infertility. **True or False**

Choose a or b to complete the following sentences.

7. EHP stands for:
 - a. Environment, Health and **Population**
 - b. **Education and Health for People**
8. *Every individual is* different, so if you are interested in starting a family planning method you should:
 - a. *Use the same method* as your friend
 - b. See a provider and get counseling to ensure you select the best method for your needs and situation
9. When people use _____, they are more likely to make poor decisions about their health and their family's health.
 - a. drugs and alcohol
 - b. family planning methods

Provide an answer.

10. What is EHP education?

Handout 13: Training Evaluation

Please rate the following on a 1 to 5 scale: a score of one reflecting that you do not agree and a score of five reflecting that you completely agree. Use the Training Learning Objectives as a guide your responses.

- | | Strongly
disagree | 1 | 2 | 3 | 4 | 5 | Strongly
agree |
|---|----------------------|----------|----------|----------|----------|----------|-------------------|
| 1. As a result of this training, I am more confident in my knowledge of environment, health and population. | | 1 | 2 | 3 | 4 | 5 | |
| 2. As a result of the training, I have new skills as a Green Volunteer. | | 1 | 2 | 3 | 4 | 5 | |
| 3. The trainers were knowledgeable and kept the activities interesting. | | 1 | 2 | 3 | 4 | 5 | |
| 4. The training facility contributed to the learning environment. | | 1 | 2 | 3 | 4 | 5 | |
| 5. Which activities did you enjoy the most? Why? | | | | | | | |
| 6. Which activities did you learn the most from? Why? | | | | | | | |
| 7. Which activities could be improved upon and how? | | | | | | | |

Please write any additional comments you may have: