CHASE Africa
Community Health & Sustainable Environment

# SUPPORTING COMMUNITY & ECOSYSTEM HEALTH

**A guide on why, and how, to include community health and rights based family planning in conservation programmes**

## GLOSSARY

ASRH ..... Adolescent Sexual Reproductive Health

BPN ..... Backpack nurse

BCC ..... Behavioural Change Communication
(also known as Social and Behaviour Change Communication).

CHW ..... Community Health Worker

FP ..... Family Planning

KAP ..... Knowledge, Attitude and Practice

MoH ..... Ministry of Health

MoE ..... Ministry of Education

NRM ..... Natural Resource Management

SRH ..... Sexual Reproductive Health

SRHR ..... Sexual Reproductive Health Rights

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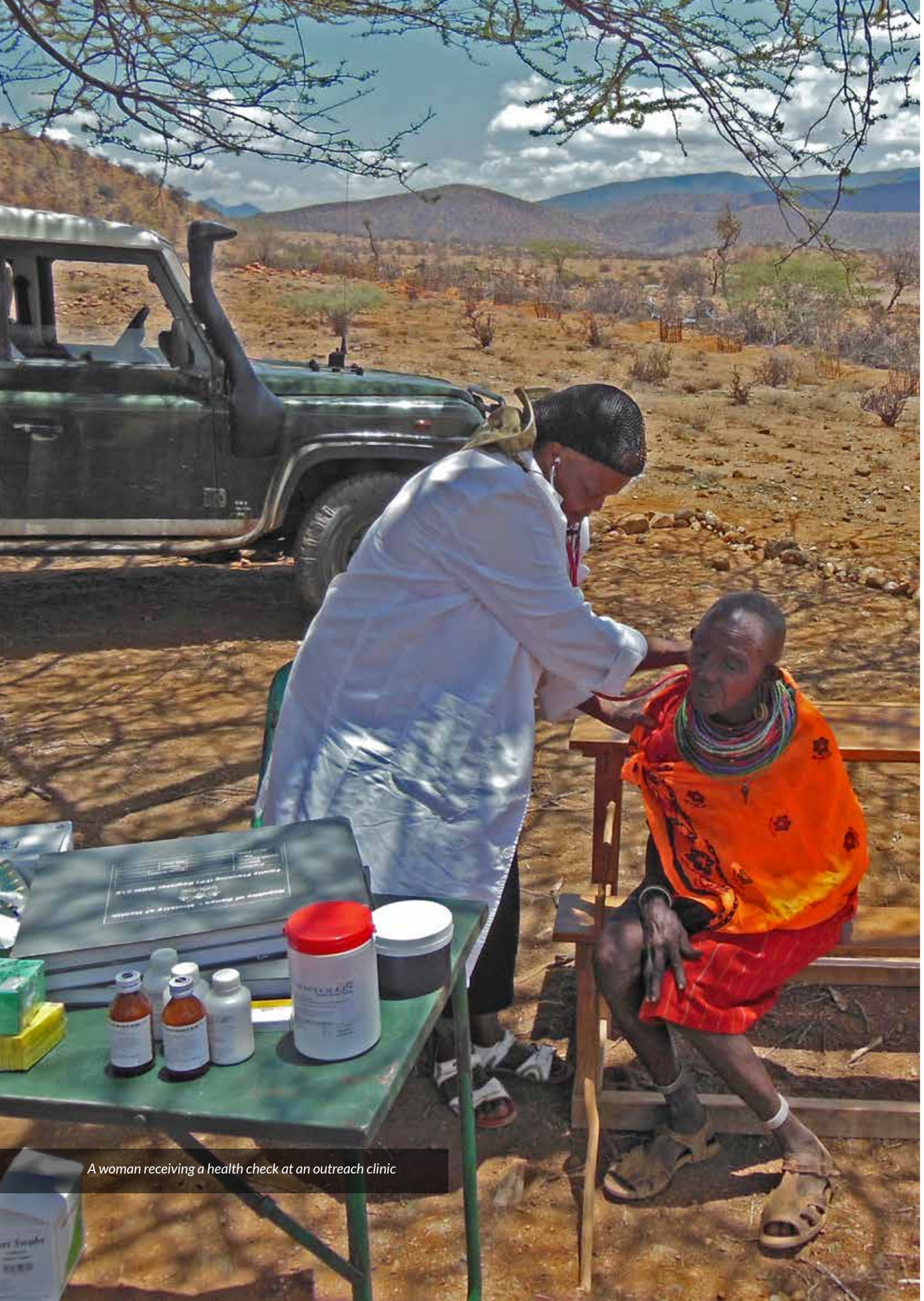
*Women and children a mobile outreach clinic in the Maasai Mara*



*A woman receiving a health check at an outreach clinic*

# INTRODUCTION

## PURPOSE OF THIS GUIDE

The aim of this guide is to outline the huge, unmet need for family planning that still exists in many parts of Sub-Saharan Africa (including all countries in East Africa); highlight the barriers to accessing and using family planning that exist for many girls and women; explain why conservation organisations are uniquely placed to introduce such activities to the communities they work with and provide guidance for any organisation that wishes to start a programme to tackle this issue. It is based on CHASE Africa's experience over the past ten years of supporting local partners to run, and in several cases set-up, community health and family planning programmes in Kenya and Uganda. Whilst some of the guidance is context specific, we have highlighted how programmes could be adapted to other situations and circumstances.

## ABOUT CHASE AFRICA

CHASE Africa was founded in 2000 and was originally called The Rift Valley Tree Trust (RVTT). Its initial objective was to encourage tree planting initiatives around the shrinking Mau Forest in Kenya. Whilst undertaking these projects, CHASE Africa's founder realised that many of the women living in the region were trapped in poverty, partly due to the number of children they had. From discussions with these women, it became clear that many of them would rather have had fewer children. Limited knowledge and a lack of access to any form of modern contraception meant the women simply had no ability to choose how many children to have or any way to space their pregnancies. It became obvious that in order to help families escape poverty and reduce long-term pressure on the forest to provide for these families, it was necessary to address this huge, unmet need for family planning.

In 2012, the RVTT changed its name to CHASE Africa (Community Health and Sustainable Environment) to reflect a shift in direction. CHASE Africa began to support primary healthcare and family planning programmes in remote, rural areas, initially supporting one partner, Communities Health Africa Trust (CHAT).

Over the past nine years, CHASE Africa has grown substantially. It currently works with ten partners (eight in Kenya and two in Uganda), several of whom it has supported to set up community health and family planning programmes. Through its partners it has delivered over three hundred and twenty thousand family planning services and almost a million basic health care services. Its partners have raised awareness about health and family planning to many of the communities they work with. Whilst undertaking this work, CHASE Africa has developed substantial knowledge on how to deliver community health and family planning programmes effectively. It has also built the capacity of its local partners and shared best practice across its partner network, including learning from its own projects, as well as sharing wider evidence and research.

All the while, CHASE Africa has not lost its original environmental focus. Its programmes take place in rural areas, where many people depend on depleting natural resources for their livelihoods, where ecosystems are fragile and biodiversity is under threat. Many of CHASE Africa's partners undertake environmental activities, as well as health and family planning.

CHASE Africa's partners are all locally based organisations, working with their local communities on a variety of activities. They include small community-based organisations (CBOs), development NGOs and charitable trusts.

## WHY CONSERVATION ORGANISATIONS SHOULD GET INVOLVED

Four of CHASE Africa's partners in Kenya are conservation organisations. The success of starting these programmes has made us aware of the potential of sharing our knowledge to encourage other locally-based, conservation organisations to start similar programmes.

Conservation organisations that are already engaged with their local communities are in a unique position to use their existing relationships with communities to expand their work or form partnerships to provide improved health and family planning services.

Wider support for this concept is demonstrated by the Thriving Together Campaign and the recent adoption by the International Union for Conservation of Nature (IUCN) of the resolution "Importance for the conservation of nature of removing barriers to rights based voluntary family planning". The IUCN has recommended that members partner with health organisations to pilot integrated programmes.

This manual outlines some of the benefits of integrating health and family planning with wider community-focused conservation activities – for the local communities, conservation organisations and their supporters. It also provides links in the appendix to a range of useful resources and other organisations running integrated family planning programmes.

*"Family planning could bring more benefits to more people at less cost than any other technology now available to the human race."*

James Grant, Director UNICEF

In all CHASE Africa's programmes, the Ministry of Health is a key partner. They provide essential clinical knowledge, trained staff, facilities, medical supplies and wider support. We are aware that in other countries and settings, organisations carrying out similar programmes have partnered with other health organisations, often as well as the local Ministry of Health, to bring in the necessary technical health knowledge and skills.

# WHY SHOULD CONSERVATION ORGANISATIONS CONSIDER STARTING A HEALTH AND FAMILY PLANNING PROGRAMME?

**People are inextricably linked to their surroundings. The environment someone lives in impacts their livelihood and wellbeing, and in turn people's activities impact on the natural ecosystem in which they live.**

The effect of this relationship is most striking where people are heavily reliant upon their locally available natural resources to survive. When poverty, biodiversity loss and climate change are all interwoven, a cross-sectoral approach is essential for successful ecosystem management. The need for integrated programmes is supported by the growing, global recognition of the importance of a "One Health" approach that recognises the interconnectedness of human health, animal health and the health of the environment.

The number of people living in poverty in Africa is increasing, in part, as a consequence of rapid population growth. The pressure of more people trying to live from finite local natural resources often leads to degradation of the environment and damage to the local biodiversity, which in turn affects the quality of life for the people living there.

*"Successful biodiversity conservation requires taking into account people, our health, and our interactions with the natural world."*

Thriving Together Campaign

It is often the poorest women, living in remote rural areas, who face the greatest barriers to family planning, and the burden of providing for each member of the family traps them in a vicious cycle of poverty. More often than not, this is a result of women having children by chance rather than choice due to a lack of knowledge and access to family planning.

In all of the communities CHASE Africa and our partners have worked in, many women have said they have had more children than they would have chosen and expressed a desire to learn more about family planning and have access to family planning services. On a wider scale, there are 14 million unintended pregnancies in Sub-Saharan Africa every year. The rate of unintended pregnancies is 34% in Kenya and 44% in Uganda, although there is variance across areas. Most notably, however, women in rural areas are twice as likely to have an unintended pregnancy than those living in urban areas.

When a woman can plan the number, timing and spacing of her children, there are multiple benefits for her and her entire family. Her health and her children's health will improve, she will have more time to look after her children, their life chances will improve and she will have more time for productive work, making her family better off. There are other health benefits that family planning can bring. A reduction in teenage pregnancy and longer gaps between children reduces low birth weights and stillbirth, and having fewer pregnancies can reduce complications and subsequent health problems caused by multiple births.

Wider benefits include better educational opportunities for children, as the chance of completing secondary school is much higher for children from smaller families. Being able to choose when to have children empowers women and enables them to build resilience, which is deemed critical to coping with other challenges such as economic hardship and adaption to climate change.

Early marriage and teenage pregnancy rates remain very high in many rural parts of East Africa. A stark indicator of this is that complications from pregnancy and childbirth are the leading cause of death globally for adolescent girls.

Women living in poverty in Africa often find themselves unintentionally pregnant and face the agonising reality of bringing another child into the world while already struggling to provide for existing children. Making the difficult choice to pursue an unsafe abortion often has devastating consequences. Of the 450,000 abortions carried out every year in Kenya, approximately 120,000 lead to serious medical complications and sometimes death.

In remote rural areas, access to medical facilities is often limited and there is little provision of family planning services. However, provision of services alone is not enough. Information and awareness raising about family planning and its benefits needs to be provided to all members of a community in order to change attitudes and behaviour and to overcome myths and misconceptions.

The provision of high quality, relevant, and culturally acceptable information about family planning by trusted voices is critical for success. This creates demand, and opens the door for the provision of family planning services. Conservation organisations with existing relationships with local communities are often uniquely placed to provide such behavioural change communication.

For example, Big Life Foundation (Big Life) has been working to conserve 1.6 million acres of the Greater Amboseli ecosystem for the past 30 years. Its belief is that if conservation supports the people, the people will support conservation. Big Life works closely with local communities, but realised it was not addressing one of the key concerns raised by women – the ability to choose whether and when to have children, alongside access to better healthcare. In partnership with CHASE Africa, Big Life started a community health and family planning project in 2018 that is making positive change for overall health, as well as sexual and reproductive health and rights across the local Maasai community. Over the past two years, the project has raised awareness about health and family planning amongst tens of thousands of people and has provided approximately 4,500 family planning services, including to many women who had previously been unable to choose when to have children.

*Training CHWs to use mobile apps for data collection*

*"In order to achieve long-term protection of wildlife and habitat, it is essential that local communities in and around fragile ecosystems are able to prosper in a stable and peaceful environment, including through reliable access to healthcare, education, and the empowerment of women and girls. With human populations rising and no corresponding increase in available land or resources for people or wildlife, it is critical to educate and empower both men and women, enabling them to make informed choices that may lead to a brighter future for all."*

Big Life Foundation, 2020

Integration of conservation, health and family planning programmes also brings cross-benefits. It enables a broader segment of the community to be involved. Different activities appeal to different groups (men, women, youth and elders) and give the opportunity to provide information and raise awareness about both health and conservation issues to these different groups, thus contributing to changes in attitudes and behaviours across the whole community. Integration offers opportunities for generating greater impact and achieving economies of scale, for example through shared resources, such as field staff, travel expenses or vehicles. It can enhance an organisation's working relationship with local communities by responding to their needs and providing a much-needed service. Furthermore, efforts to conserve biodiversity, improve public health and encourage positive demographic change are all long-term endeavours that complement each other.

When women have agency over their bodies, are in good health and are empowered, they are more able to engage in other activities, including conservation.

In our experience, well-run family planning and healthcare provision can help build trust between the community and a conservation organisation. The community see and understand that the organisation wants to provide benefits to the health and wealth of the community, as well as protecting the local ecosystem and wildlife. It is also cost effective, with low service delivery expenses compared to many conservation activities.

# UNDERSTANDING BARRIERS TO FAMILY PLANNING

In order to overcome barriers to family planning, it is important to understand what barriers exist and why. It is therefore crucial to listen to the particular concerns, attitudes and issues of each community, in order to be able to tackle the particular barriers that exist.

Successful programmes need to tackle all these barriers. Raising awareness and providing information to all members of a community is necessary for attitudes and behaviours to change, and services need to be provided in an accessible and affordable manner. The combination of information provision, alongside the availability of family planning services, enables men and women to determine for themselves if, when and how often to have children.

## BARRIERS GENERALLY FALL INTO THE FOLLOWING TYPES:

### Lack of information, myths and misinformation

Lack of information, including poor knowledge on Sexual Reproductive Health Rights (SRHR), is the biggest barrier to modern family planning uptake in many rural communities. Misinformation or inadequate information leads to fear of using and fear of side effects of modern contraception. Thus, provision of good quality information adapted to different audiences is vital. Awareness raising also provides information on the consequences of having many, and closely spaced, children on women and children's health, and the benefits of being able to decide the timing, spacing and number of children that a woman wants. Information on the links between growing populations and natural resource management, environmental degradation, biodiversity loss and poverty are also important.

### Societal and cultural factors

Societal and cultural beliefs and practices, as well as religious beliefs and stigma, influence a couple's ability to access and use modern contraception. For example, in East Africa, many people, especially men, see large families as an important part of being respected, alongside a belief that a large family is necessary to look after cattle and provide for parents in old age. Many men feel threatened by the use of family planning and can even be violent towards their wife if they are using modern contraceptives without their knowledge. In many instances, women are not able to choose to use family planning without their husband/partner or wider family's consent. This is also particularly pertinent for young women and adolescent girls.

### Access to quality health services

Distance to health services is often a barrier in remote, rural areas and for nomadic communities, alongside the potential financial barrier of needing to pay for transport, plus time away from home and work. The quality of service provision can also be an issue; lack of privacy, confidentiality or youth friendly services, as well as poorly trained staff and unreliable supplies of the desired contraceptive method, can all put off women and girls attempting to access services.

### Financial factors

Many women cannot afford to pay for family planning services and commodities, so provision of free services is important in many areas. The cost of transport to reach health facilities is another barrier, alongside the time away from home and responsibilities.

# KEY PRINCIPLES OF A SUCCESSFUL PROGRAMME

**There are several key principles which have been adapted across CHASE Africa's programmes and lead to successful project delivery. These are:**

- A rights based approach to family planning
- A community focused, participatory approach that responds to community needs and involves communities in all elements of the project
- A belief that empowering women is key for poverty reduction and conservation
- The Ministry of Health (or an alternative health organisation) is required as an integral partner

*A mobile outreach clinic using camels*

# A RIGHTS BASED APPROACH TO FAMILY PLANNING

**CHASE Africa's programmes aim to fulfil the rights of all individuals to make informed choices on whether, when and how many children to have; to act on those choices through high-quality sexual reproductive health information and services and to access those services free from discrimination, coercion and violence.**

## SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)

Fear of uncontrolled population growth has historically led to terrible violations of human rights, especially women's right to choose whether and when to have children. Notably, countries such as China and India adopted policies that sought national control over reproduction. The results led to the setting of population targets and to high levels of coercive abortion and sterilization.

In 1994, at the International Conference on Population and Development (ICPD) in Cairo, 170 countries signed onto a principle to advance SRHR globally.

In 2018, the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights issued a definition of SRHR based on the ICPD and subsequent global agreements and human rights treaties and principles. The Commission defined SRHR as "a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity."

All individuals have a right to make decisions governing their bodies and to access services that support that right. Achieving sexual and reproductive health relies on realising sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression
- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when and whom to marry
- decide whether, when and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence

The Guttmacher-Lancet Commission also recommended an essential package of sexual and reproductive health interventions that align with this comprehensive definition of SRHR. The package includes the commonly recognised components of sexual and reproductive health, including contraceptive services, maternal and newborn care, and prevention and treatment of HIV/AIDS. It also includes less commonly provided interventions that are necessary for a holistic approach to addressing SRHR: care for STIs other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection and counselling for gender-based violence; prevention, detection and treatment of infertility and cervical cancer; and counselling and care for sexual health and well-being.

As per the Guttmacher-Lancet Commission recommendations, alongside the provision of family planning, information and awareness raising should take place about wider SRH issues such as maternal health, gender-based violence, FGM, child marriage, HIV/AIDS, and teen pregnancy. This is core to the implementation and success of all CHASE Africa's projects.

Crucially the overall aim of any programme should not be to educate, advocate or promote views about population growth, but to remove the many barriers preventing an uptake of family planning by those who seek it.

*Fulfilling the need for modern contraception saves maternal lives, saves infant lives and it saves money. Each $1 spent on contraceptive services would save $3 in maternal, newborn, and abortive care costs in low and middle income countries. It is rare that we have a confluence of both economic benefits and health benefits on this order of magnitude.*

Dr Herminia Palacio, President and CEO of the Guttmacher Institute



*A woman receiving family planning*

## THE FP2030 VISION AND GUIDING PRINCIPLES:

CHASE Africa believes that universal access to SRH is a fundamental right and key to improving quality of life. It supports the FP2030 vision and guiding principles, as detailed below.

1. Voluntary, person centred, rights based approaches, with equity at the core.
2. Empowering women and girls and engaging men, boys and communities.
3. Building intentional and equitable partnerships with adolescents, youth, and marginalised populations to meet their needs, including for accurate and disaggregated data collection and use.
4. Country-led global partnerships, with shared learning and mutual accountability for commitments and results.

In addition to the four Health Principles above, six additional rights based principles related to family planning complete our approach.

- **Agency and autonomy** - Individuals have the ability to decide freely the number and spacing of their children. To exercise this ability, individuals must be able to choose a contraceptive method voluntarily, free of discrimination, coercion or violence.
- **Empowerment** - Individuals are empowered to make decisions about their reproductive lives, and can execute these decisions through access to contraceptive information, services and supplies.
- **Equity and non-discrimination** - Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion and violence. Quality, accessibility, and availability of contraceptive information and services should not vary by non-medically indicated characteristics, such as age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status.
- **Informed choice** - Individuals have the ability to access accurate, clear and readily understood information about a variety of contraceptive methods and their use. To exercise full, free and informed decision-making, individuals can choose among a full range of safe, effective and readily available contraceptive methods.
- **Transparency and accountability** - Individuals can readily access meaningful information on the design, provision, implementation and evaluation of contraceptive services, programs and policies, including government data.
- **Voice and participation** - Individuals, particularly beneficiaries, have the ability to meaningfully participate in the design, provision, implementation, and evaluation of contraceptive services, programs and policies.

*Mother and child at an outreach clinic in Samburu district*

# EMPOWERING WOMEN IS KEY FOR POVERTY REDUCTION AND CONSERVATION

Many girls and women do not currently have the capacity to act independently and to make their own free choices, especially when it comes to their SRH and their ability to take-up family planning. This is for a variety of societal factors such as religion, gender, ethnicity, ability, and customs. This capacity to achieve one's own goals is also known as agency.

When women are enabled to take part in a wider range of activities, especially those that are educational and income generating, they are empowered and gain agency both at home and in the wider community. They also gain resilience and are more able to participate in other community activities, including better management of natural resources and conservation.

It is worth noting that when world leaders ratified the latest Sustainable Development Goals in 2015, it was concluded that in order to achieve its 169 targets, it would be imperative that universal access to reproductive health as well as sexual and reproductive rights are guaranteed, and that gender equality is essential.

***Access to contraceptive information is central to achieving gender equality. When women and couples are empowered to plan whether and when to have children, and how many, women are better enabled to complete their education; women's autonomy within their households is increased; and their earning power is improved. This strengthens their economic security and well-being and that of their families. Cumulatively, these benefits contribute to poverty reduction and global development.***

UNFPA

Unintended pregnancies, complications in pregnancy and childbirth, unsafe abortions, sexual and gender-based violence, sexually transmitted infections, including HIV, and reproductive cancers are all major impediments to the health and well-being of girls and women.

Addressing these issues through quality, accessible sexual and reproductive health service provision and reproductive rights is critical for promoting the health of women and girls and enabling their full and equal participation in all aspects of life.

Advancing SRHR also requires interventions beyond the health sector to address the structural barriers embedded in social norms, laws and policies, hence the need for behavioural change communication as a key aspect of any project.

In many rural communities, it is recognised that women are effective catalysts of behavioural change. As women become empowered, the benefits for themselves and their children are well documented, including better health and nutrition and improved educational opportunities, leading to a positive cycle of change.

Women who do not live under constant financial restrictions and poverty are less prone to revert to unsustainable practises, such as tree cutting for charcoal production to increase their purchasing capacity or to pay to for school fees or medical bills. Moreover, financially independent women have a stronger social recognition and are stronger disseminators of good practices.

# A COMMUNITY-FOCUSED, PARTICIPATORY APPROACH

**Involving communities in all elements of the project is core to success. A community focused, participatory approach is required to ensure community needs are understood, engagement of community members occurs, support for activities is gained and community ownership of the project is obtained.**

Community involvement is core to all elements of a project. This starts with the principle that activities should start in an area where a community have expressed a desire or need for better access to family planning services. The project will not be successful unless the community are fully engaged from the start. As stated earlier, organisations that are already working with communities on other activities and have developed trusted relationships with those communities are often best placed to understand their needs and to provide information and awareness raising on the sensitive topic of SRH and family planning.

It is essential to gain support from as many community leaders as possible (village chiefs, faith leaders, women's groups and local politicians), so that they support the activities that will take place.

It is also important to consider the different members of the community and to involve and engage with them all. Although SRH and family planning has the biggest impact on women and girls,in many communities they are not able to make decisions without support from their husbands and other members of the community. Providing targeted, good quality information about SRH and family planning to men and boys can have significant impact on acceptance of family planning within the community.

Adolescents and youth are a key group that need information and services to be adapted to their requirements. Not only do Under-25s make up 60% of the population of Sub-Saharan Africa, but the rates of teenage pregnancy in many communities are extremely high. If youth and adolescents are better informed and empowered to make informed choices, they can delay starting a family, attain a higher level of education and benefit from the increased opportunities and life chances that will be provided, as well as better lifelong health. This also reduces chances of adverse health impacts that can be experienced with teenage (and younger) pregnancy. Adaptions to service provision include introducing youth-friendly services; ensuring respect, privacy and confidentiality are taken seriously; addressing specific barriers that adolescents face and training clinicians in adolescent sexual reproductive health issues.

Another important group to consider, who are often marginalised and excluded from service provision, are people living with disabilities.

*Young women discussing family planning options at a community outreach*

Activities such as visits by backpack nurses, where trained clinicians go out into the community to provide services, have enabled people living with disabilities to be able to access family planning services for the first time.

Ultimately, communities that are mobilised and empowered are better able to advocate their needs to government and other service providers.

*Family planning has played such an important role in conservation. I wish that all people working in conservation would understand the importance of working with local communities.*

Dr Jane Goodall

# A HEALTH PARTNER IS ESSENTIAL

In all CHASE Africa's projects to-date, the Ministry of Health (MoH) has been an integral partner. However, in some countries and settings, other organisations running integrated community health, family planning and conservation activities have partnered with alterative health partners. These are organisations with a long-term commitment to an area that can play a similar role, for example health NGOs. What is key is that the project links to qualified and experienced clinical staff, facilities, services and commodities so that women receive high-quality provision of family planning and other sexual and reproductive health services by appropriately trained medical staff.

Whilst some argue that it is the government's role to provide adequate health and family planning services, in many countries this is currently not affordable or possible. However, in both Kenya and Uganda, the MoH is very supportive of CHASE Africa's work and is a key partner in our approach, working with and training CHWs, and providing family planning supplies for free. The MoH releases clinicians to attend clinics and act as backpack nurses (funded on a locum basis by the project). The MoH also provides all the family planning commodities for the project. (Although, most partners have a budget for emergency/back-up supplies to cover situations of supply constraints/stock-outs, which sometimes occur with government supplies.)

In addition, working closely with the MoH or other reputable health partners greatly increases the community's trust in the SRH and family planning services provided by the project, which is critical to overcome myths and misconceptions and address barriers to accessing family planning.

Project locations should be agreed with the health partner, as they are likely to have access to statistical information on the current uptake of family planning services, number of births and rates of teenage pregnancy and can help identify the communities with the greatest need.

When working with the MoH, close engagement with the sub-county and county MoH departments is important during the project planning and implementation phases.

In many places, the MoH will not have the capacity or resources to mobilise communities and provide behavioural change communication, especially to marginalised communities and those in remote rural areas. The information and awareness raising aspect of the project is a vital component and the essential precursor to service provision in many locations and is a key role that a partner organisation with strong community links can provide.

Once communities and women are empowered and a demand for health and family planning services has been generated, the links with the MoH offer a route to long-term sustainability of the service provision.

*CHW speaking to community members in Amboseli*

# HOW TO REACH COMMUNITIES WITH INFORMATION AND BEHAVIOURAL CHANGE COMMUNICATION (BCC)

**Providing information and raising awareness a vital component of any community health and family planning project and in many locations is an essential precursor to service provision.**

It is critical to understand the level of awareness within the particular community and the specific barriers, and range of concerns that different age groups and genders have with regard to modern family planning. To gain this level of information, it is helpful to conduct focus group discussions. Clustering community members by age and gender can reduce inhibitions and encourage engagement in the topic of SRH. Engagement should cover the whole community including men, youth and older women, as well as women and girls of reproductive age and those living with disabilities.

Once an understanding of the local community's awareness and needs have been gained, a context specific plan can be developed with active input from community members. The plan needs to include information and awareness raising as well as service provision.



In order to make an informed choice, community members need to be aware of all methods of family planning, along with the advantages/ disadvantages of each, including common side effects. This is one way of helping to dispel common myths and misconceptions surrounding family planning. It is necessary to build confidence and form relationships within the community for effective dissemination of key messages. Members of the community who advocate for change can be a powerful and supportive voice.

Those who communicate behavioural change information need knowledge and understanding of specific, local cultural norms and practices, and information giving must be undertaken sensitively and respectfully. Emphasis must be placed on dialogue and discussion, rather than persuasion or information transmission. Consideration should also be given to the way that information is conveyed and not just the content. It is more powerful to engage individuals and discuss their concerns and adapt messages accordingly, rather than provide information in a uniform or didactic manner.

Wider SRH issues such as gender-based violence, FGM, child marriage and pregnancy, and broader maternal health issues should also be covered in these discussions.

## REACHING DIFFERENT MEMBERS OF THE COMMUNITY

It is important to adapt both the way (where and how) the project reaches different audiences, as well as the messages that are being given to different groups. It is often necessary to consider innovative ways of reaching different groups and to use a variety of entry points to convey messages. BCC is most effective when messages are directly and indirectly reinforced across a whole community, generating a surround sound effect of positive communication. This is achieved through a multi-pronged approach to community engagement. Project staff, CHWs, MoH staff, peer educators, faith leaders and village elders can all deliver these messages directly to community groups. Messages can be further reinforced through radio, film, posters, sports and drama activities.

For example, mobile health clinics attract wider audiences and enable women to enquire about family planning without the stigma of being seen to attend a family planning clinic. Speaking to men about environmental issues, agricultural practices and natural resource management can be an avenue to discussing the benefits of family planning. Working with schools, youth groups, sports clubs, as well as churches/mosques can be an effective way of reaching youth and adolescents with information on SRHR.

Members of the community who advocate for change can be a powerful and supportive voice. It is therefore worth identifying community members who can become advocates for SRHR and family planning. The use of youth advocates has proved very powerful and effective in many settings. Engaged, educated, healthy and productive adolescents and youth can help break multi-generational poverty, and, as skilled and informed citizens, they can contribute effectively to the strengthening of their communities.

### Example Meeting Forums

It is worth working out ways to reach the different groups within the community.

Examples of different types of forums and settings that can be used to convey messages include:

- Community meetings
- Men's group meetings
- Mother and daughter groups
- Working with churches and mosques
- Social enterprise groups (especially women's enterprise groups)
- Public addresses on market days and larger community gatherings
- Mobile outreach clinics
- Youth groups and forums
- Schools and after school clubs
- Veterinary or livestock meetings
- Door-to-door visits

# MESSAGING – BENEFITS OF FAMILY PLANNING

## SAVES LIVES AND CAN IMPROVE GIRLS' AND WOMEN'S HEALTH

Complications from pregnancy and childbirth are the leading cause of death in adolescent (15-19-year-old) girls (source: WHO).

Preventing unintended pregnancies, reducing the number of abortions and reducing the incidence of death and disability from pregnancy and childbirth related complications all lead to improvements in maternal and newborn health.

Condoms can provide dual protection from unintended pregnancies and STIs.

Spaced pregnancies are better for maternal health and can reduce low birth weight babies and still births.

## EMPOWERS GIRLS & WOMEN

Access to family planning can prevent unintended pregnancies. This can enable girls and women to complete more years of education, opening up a myriad of additional opportunities.

Greater earning power and less time spent on child-rearing increases their autonomy in their household.

Having more time available and more education, improves a woman's ability to participate in income generating activities and to engage more actively in community structures and governance.

## BRINGS ECONOMIC BENEFITS

As a woman's earning potential improves, household income is likely to increase, in turn benefiting the woman and her family. Combined with lower household expenditure as a consequence of having fewer children, there can be more money available for education, investment in agricultural and other income generating activities, and in technologies that are both time-saving and more sustainable.

These benefits are multiplied across a community if many women in a community are able to choose whether and when to have children. And at a wider regional and national level, there can be a demographic dividend.

## PUTS LESS STRAIN ON NATURAL RESOURCES

Smaller families, especially in rural areas, need fewer natural resources to survive, whether this is wood for cooking and building; grass for grazing, or fish for eating.

As resources are depleted, it is often necessary to travel further to access these resources and this burden often falls on women and children. Food scarcity can lead to malnutrition and other health issues.

These benefits should be clearly and carefully articulated to all members of the community through outreach activities. The messages need to be adapted to the particular circumstances of the communities involved. It is also worth adapting the messages given to the different audiences, as follows:

## WOMEN

The message should be about the health and wellbeing of them and their children. A spaced family is a healthy family, especially for the mother and child. If a child is allowed to grow properly before another one arrives, it means that the mother will have more time to be able to look after her family and get involved in income generating activity, meaning less hardship and greater resources for the whole family. The future children will also be healthier as the mother has had time to recover and regain strength between children.

## MEN

Often men are the key decision makers in the family, so many women need support from their partners (and sometimes wider family) to be able to access family planning. Messaging to men normally places more emphasis on the financial consequences of large families, as well as the impact on natural resources such as firewood, water and land for cultivation and grazing. However, they should also hear about the health impacts on women and girls who are not able to use contraception, as well as the fact that people have a right to use contraception. As attitudes change, many children can be viewed as a sign of poverty rather than wealth.

## YOUTH AND ADOLESCENTS

Due to high rates of teenage pregnancy and poor provision of adolescent SRHR education in many parts of sub-Saharan Africa and elsewhere, youth and adolescents need to be specifically targeted. The impact of delaying pregnancy for this demographic has significant health benefits and enables girls to remain in school for longer. It is therefore important to equip young people with the information needed for them to make informed choices, as well as knowledge on their rights to access quality SRH services. Information should include the health risks of adolescent pregnancy both for mother and child, alongside the benefits of staying in school for longer. It is important to engage with boys as well as girls on issues of SRHR. This also needs to link to information provision and awareness raising of the wider community on the impact of early marriage, teenage pregnancy, FGM and wider sexual health, as many young women are not able to choose when they get married, or start a family.

*A CHW speaking to women in the Tana River area*

# THE ROLE OF COMMUNITY HEALTH WORKERS

**All CHASE Africa's partners use Community Health Workers (CHWs), as key delivery personnel for their health and family planning activities. CHWs are used by the MoH across Kenya, and in other countries, to deliver health information and services to communities**

CHWs are referred to by a wide range of titles in different locations. For simplicity we use the term CHW throughout this document, but other terms such as "village health worker", "community based distributor", "community health aide", "health extension worker" and "village health team" are frequently used to describe a similar role.

CHWs are recruited from the communities in which they live and work, so that they understand the context, the needs of the community and speak the local language which makes them best placed to fulfil their role. The role of CHWs is to mobilise communities and provide information on various health issues, including family planning. They proactively go out into the community, visiting homesteads, attending meetings and gatherings and taking all opportunities to speak with members of the community. They also organise meetings and mobilise the community to attend outreach activities and mobile day-clinics when they take place. In some areas CHWs are able to distribute some family planning commodities e.g. the pill and three-month injectables directly to women and provide referrals to a local clinic with agreement of the MoH for other longer-term family planning services, in other areas CHWs can only provide referrals. The CHWs regularly visits households. As they live in the community they are available for follow-up if needed.

Overall CHWs contribute to community participation, as well as increasing access and use of health services through community mobilisation and awareness raising. They act as an effective bridge between individuals, communities and health systems. CHWs are involved in the provision of some disease information and treatments at the community level, along with counselling services. They also document, report and refer cases to the clinic. The CHWs are identified, trained and supported to sensitise and mobilise their local communities on health and family planning information. In addition, they provide family planning information through community forums.

Well trained and supported CHWs are the first contact for many people in the marginalised communities where these projects are run, so the relationships and trust they develop are very important. It is essential that CHWs communicate and behave in ways that are sensitive and most likely to build trust and respect. Training, support, and monitoring, by the partner is required to ensure this happens.

## CHW SELECTION / RECRUITMENT

The following are criteria for a strong team of CHWs

- CHWs can be selected from existing CHWs that have already been identified and trained by the MoH or other relevant organisation (if that is the case). Alternatively, they can be members of the community who will be new CHWs. They will have been identified by community leaders as suitable candidates – ideally individuals with an interest in health and family planning, who will be listened to and respected by other community members and who will be useful role models.
- CHWs should come from the area where they will work so that they are known and understand the local culture and language around family planning and they should have shown a commitment to community health and family planning.
- CHWs should include both women and men, young people, and people with disabilities.

## TRAINING

- In Kenya, SRH and family planning training for CHWs is provided by the MoH.
- In other areas, there may be alternative providers of CHW training, but it is important that it is recognised by local authorities and meets national training standards and regulations.
- This training may need to be funded and organised by the project, otherwise there might be a long delay.
- The project manager should support this training by providing supplementary and refresher training to CHWs around the rights based approach to family planning, safeguarding, privacy and respect, reaching different audiences with clear and confident communications, linking population, health and environment and ensuring sensitive approaches.

## MANAGING, SUPPORTING AND MONITORING

- CHWs report to the MoH and have to submit records for their work to the MoH.
- They also report to the project manager on the FP/health/NRM communications and service provision. This reporting is shared with the MoH.
- CHWs need supporting by the project. The project needs to gather data about communications, outreach and service provision undertaken by the CHW. This normally takes place through monthly follow-up meetings between CHWs and the project manager to monitor progress, discuss challenges and ways to address problems.
- CHWs need to submit data on service provision and referrals to the MoH. This was historically done using a paper-based referral system, but several partners are moving to mobile apps for data collection and submission.
- Regular review meetings are held with all CHWs and MoH in each catchment area.
- The project manager may need to support the CHWs to mobilise communities and organise community meetings, as well as linking up with backpack nurse and day clinic outreaches.
- Regular meetings should be organised with community members to gather feedback on the project.

## AREA COVERED BY CHWS

- The size of the area covered varies by location, depending on the density of the population, geography, but is local to each CHW. In our experience, on average CHWs reach about 75-100 households per month.

## PAY/INCENTIVES

- CHWs are volunteers rather than paid employees (of either the MoH or the partner organisations), but are paid an allowance for their time on CHW activities.
- In CHASE Africa's projects, CHWs are given an allowance by the project for their travel costs and mobile phone airtime, as well as a stipend for food when appropriate.
- Importantly, although the CHWs can be given a basic minimum target of people to reach with information, they should not be given any incentives for distributing family planning commodities as this can distort their behaviour and stop the approach towards family planning being rights based and voluntary.

## SAFEGUARDING

- Privacy and respect of clients is key to building trust in the community for the services provided.
- All team members need to be familiar with safeguarding requirements, standards and reporting routes. Training and awareness refresher days need to be given as needed.
- Agree procedures with MoH.
- Reporting procedures for any safeguarding matters must be established, with frequent reviews, to ensure high standards.
- All data collected, especially personal and health data, must be subjected to appropriate data protection regulations.

# PROVISION OF FAMILY PLANNING SERVICES AND SUPPLIES

**To maximise access to family planning a variety of methods of service delivery need to be offered. It is also important to ensure the full range of family planning services and commodities are available across these different service delivery methods, so that women are able to choose the method of contraception they would like to use.**

The main types of family planning services and commodities are condoms, the pill, three-month injectables (for example, Depo and Syana Press), three and five-year subcutaneous implants, IUCDs, and sterilisation.

In CHASE Africa's projects in rural Kenya and Uganda family planning services are supplied to women through a variety of channels which are detailed below. In other countries and settings, there will be alternative delivery mechanisms to consider. (Please see the other resources section for more information on other examples of SRH and family planning programmes.)

## I. BY CHWS DIRECTLY

Most CHWs are trained to distribute some family planning commodities (the pill and condoms) directly whilst visiting families on door-to-door visits. Some counties provide additional training, enabling CHWs to administer three-month contraceptive injections. They are not able to provide subcutaneous implants or IUCDs.

## II. THROUGH REFERRALS FROM CHWS TO HEALTH CLINICS

As well as distributing some family planning commodities directly, CHWs are able to make referrals to local MoH clinics for clients to obtain family planning services and supplies. This gives women the opportunity to access a greater choice of family planning methods. It also enables both the MoH and the project to keep track of family planning uptake in different areas. The CHW completes an official MoH referral form for a woman who takes it to the local clinic. Importantly this also ensures that the chosen family planning service will be provided free of charge.

## III. MOBILE OUTREACH CLINICS

Most partners organise regular mobile outreach day-clinics that provide basic medical care, including immunisations, cancer screening, HIV testing, as well as family planning services. This helps address the lack of basic health care provision in many rural areas. As well as providing a much-needed service to communities, the outreach day clinics also provide an excellent forum for providing both information about family planning and access to services. These mobile day-clinics are arranged and organised with MoH support, focussing on areas where family planning uptake and health service provision is low. The clinicians (doctors, nurses, pharmacists, counsellors), are all provided by MoH on a locum basis. The cost of pharmaceuticals/drugs normally needs to be purchased by the project, although family planning commodities are (usually) provided for free by the MoH. Locations for the day-clinics can include schools, churches, other community buildings, and sometimes tents in remote areas.

## IV. BACK-PACK NURSE OR MOBILE NURSE

In locations a mobile clinic has not visited, or where communities are too far from the health facility, or if someone is disabled and can't reach the health facility, it is very beneficial if a qualified nurse can visit a community. These backpack nurses (BPN) carry their medical supplies in a backpack and go out and visit communities when the CHW has identified a group of women who want family planning services. The BPNs can visit individual households or hold small-scale clinics that different people in a village can go to. Unlike CHWs, the BPN is qualified to supply and administer long-term family planning methods (including subcutaneous implants and IUCDs). The nurse is a MoH employee and will be provided by the local health clinic and paid on an agreed locum basis. The BPN often travels on a motorbike which usually needs to be hired with a driver and the costs reimbursed.

It should be noted that the balance of activities between BPNs and the mobile outreach clinics varies by organisation, depending on a number of factors. During the COVID-19 pandemic the BPNs have provided a particularly vital service, when large gatherings of people have been banned. Some partners have found their outreach has actually been greater with the use of more BPNs compared to a few large outreach clinics. These streamlined services are also more cost effective to run.

As these services link to existing medical facilities and clinicians, it is important that good relationships are formed with all the local "link" facilities/clinics. Family planning programmes are most effective when all the medical staff in local clinics are well informed and trained on SRH and family planning. This ensures that appropriate information on family planning can be provided at all possible opportunities. Although not all women in the rural areas where CHASE Africa works attend medical facilities for antenatal or post-natal care, research has shown that when women do attend such services, not only is it beneficial for their health, it is also an excellent opportunity for providing information on family planning.


*A women receiving treatment at a mobile outreach clinic*

# STEPS TO START A NEW PROJECT

**We have outlined below what we consider the main steps that need to be taken to start up a community health and family planning project.**

## Learning

- Arrange exchange visit to two of CHASE Africa's partners (of if that is not possible, other organisations carrying out similar work) to see a programme in action, meet key staff and learn lessons and best practice.

## Preparation

Engaging with Communities and CHWs

- Identify two or three communities that would be suitable for starting a pilot project. Discuss these with Ministry of Health (MoH) officials and seek agreement for them being location of new project or pilot project.
- Engage with communities and identify some key supporters/advocates who are keen for a new project within their communities. Identify community leaders including chiefs and village elders and any village development or health committees who will champion and support the project.
- Work with the MoH and community leaders to identify and recruit CHWs, who are interested in the project.
- Organise training for CHWs by MoH.
- Provide additional training to the CHWs around community mobilisation and communicating information about family planning and healthcare, and the environment, and the ways that family planning and health services can be accessed.
- Ensure vulnerable, isolated and disabled people are included in the CHW communications and outreach activities.
- Provide training for the CHW in data collection, record-keeping, carrying out interviews and surveys.

## Establishing A Monitoring And Evaluation Programme

At the start of the project baseline assessments need to be undertaken, including:

- Mapping medical facilities in the local area, including those that dispense family planning commodities.
- Mapping potential local community groups (i.e. social enterprises, CBOs, churches, mosques that can be community entry points.)
- Gather quantitative information on level of family planning provision in the area and understanding of attitudes towards family planning.
- Organise focus group discussions and undertaking Knowledge, Attitude and Practice (KAP) surveys to gain information on community needs, knowledge, attitudes and behaviours regarding SRH and family planning.
- Systems for gathering data also need to be put in place, including from CHWs, and information on community engagement activities. This will need to feed into the MoH's own management information systems.

## Ongoing Project Activities

- Organise regular meetings with CHWs to provide support, supply additional training and discuss issues and challenges.
- Plan and organise community outreach activities with CHWs to ensure all members of the community are being reached. Help CHWs to innovate and adapt their outreach for maximum impact.
- Liaise with MoH regarding backpack nurse outreach days clinics as well as larger mobile day clinics, and provide support to CHW with mobilisation for these clinics.
- Monitor project progress and gather data on project activities and outcomes.

## Developing A Relationship With The Ministry Of Health

- Liaise with MoH at county and sub-county government level to gain support for project and to dscuss possible locations for the project.
- Gain MoH support for selection and training of CHWs
- Organise introductions and meetings with local clinics. Organise refresher training on family planning methods for medical practitioners (including nurses), including issues of confidentiality, rights based approach, respect and sensitivities surround family planning services.
- Liaise with the MoH regarding establishing backpack nurses (BPN) as well as clinicians (including nurses, doctors, lab technicians, pharmacists, HIV/AIDS counsellors) for the mobile day-clinic, and ensure close links between CHWs, local health centres and the BPN to provide the right family planning services in the agreed locations.
- Identify and agree meeting locations and dates for mobile day clinics. Ensure the locations for day-clinics and service provision are accessible for all.
- Gain MoH support for referrals by CHWs and a free supply of appropriate family planning commodities that the CHWs can distribute. This varies by county in Kenya and depends on the training the CHWs have received. The exact role of CHWs does also vary in different countries.
- Develop links with providers of maternal health services (MoH, private clinics and Traditional Birth Attendants) to ensure that family planning becomes an integrated part of the discussion during antenatal and postnatal checks, as this is a huge opportunity to provide information to women (especially to first time mothers).
- Where possible, form links with other relevant government departments, for example the Ministry of Education, which can be useful for addressing SRH education for adolescents in school. Again this will vary by country.

## Project Management

Recruit or identify a project manager for project. Ideally they should have:

- Experience of community development and engagement;
- Experience of/interest in health (including family planning projects);
- Experience/interest in providing information with an aim of leading to attitude and behaviour change;
- Understanding of local community culture and norms and sensitivity to introduction of SRH and family planning into the community.
- Ensure data recording and collection systems are in place, as well as appropriate data protection measures.
- Ensure safeguarding systems are operating effectively.

# INTEGRATING HEALTH AND FAMILY PLANNING WITH ENVIRONMENTAL AND CONSERVATION ACTIVITIES

**Communities needs are not siloed: health, environment and livelihoods are all inter-linked. In order to recognise and address the complex relationships between people's health and the environment, it is highly beneficial to take an integrated community-based approach.**

In order to integrate the new health and family planning project with environmental awareness, natural resource management and conservation activities, it is necessary to take proactive steps to ensure the benefits of an integrated approach are achieved.

There have been numerous large-scale integrated "Population, Health and Environment" or "Population, Environmental and Development" programmes undertaken and there is considerable research and resources available on this approach. These integrated programmes include community development (strengthening community structures and capacity), environmental activities (such as improving natural resource management, land use and farming practices), human-wildlife conflict prevention, supporting alternative income-generating activities, improving access to better water and sanitation, as well as health and family planning.

Please see the links in the resources section for more information on examples of successful projects, as well as learning from these programmes and approaches.

## WAYS OF INTEGRATING ACTIVITIES CAN INCLUDE THE FOLLOWING:

- Link up outreach and mobilisation activities on health and family planning with women's enterprises and savings groups.
- Provide information on SRHR and family planning to all staff within the organisation, including those working on conservation projects and other activities (such as sustainable and alternative livelihoods), so that they can support and promote the project when they are interacting with communities.
- Provide training to staff and CHWs about environmental issues as well as family planning and health, so that this is incorporated into messaging they are providing to communities.
- Undertake activities on both health and family planning, and environment /conservation/ natural resource management/ alternative livelihoods with the same communities.
- During community mobilisation and awareness raising about health and family planning, provide information to community members on the link between their behaviour and sustainable use of natural resources, environmental activities and sustainable livelihood activities that they could engage with.

# ESTABLISHING SYSTEMS FOR MONITORING AND EVALUATION

Monitoring and evaluation (M&E) is a critical component of all development programmes. It allows project progress to be measured, and also gathers information on how successfully a project is achieving its intended results and making an impact. This is important for understanding the extent to which project activities are effective in fulfilling progress towards project objectives, and why; as well as enabling the lessons learnt to be embedded in the redesign of future interventions.

A well-recognised way to design an M&E plan is with a logical framework (logframe), a project cycle management tool that provides guidance at all stages of a project from design, implementation, continuous monitoring through to evaluation. The main concept underlying a logframe is cause and effect, showing if an activity takes place, it will lead to an output, that will in turn contribute to achieving a particular goal. It includes assumptions and ways of measuring the various steps.

A baseline survey should be conducted prior to the onset of project activities in order to establish the pre-operation conditions in a specific area and to have data and information to measure progress against.

For all projects that work closely with the MoH, the project will feed data into the MoH's Health Information System. The MoH will provide resources (such as data sheets) with the details of the exact information and data requirements for that purpose.

Quantitative information allows regular monitoring (on a monthly and quarterly basis) of progress. The means of verification can come from project or MoH data. Some of CHASE Africa's partners use mobile apps to collect data and surveys on their mobile phones (further information can be provided by CHASE Africa on this), which is captured and shared with both the project and the MoH.

Qualitative information is also important, as it captures the richness in community perceptions and attitudes and gathers details that cannot be obtained from quantitative information alone. Examples of qualitative indicators are:

- Increased levels of interest and desire to access family planning information and services
- Increased level of satisfaction of family planning information and services
- Stories of meaningful change in project participants.

This information is best gathered through surveys, such as Knowledge, Attitude and Practice (KAP) surveys, case studies, and key informant interviews. Gathering of this information needs to take place in a structured and planned manner and then analysed appropriately.

For all M&E both quantitative and qualitative sources are required.

### Examples of relevant quantitative indicators include:

- Number of CHWs successfully trained on family planning methods per year /per location
- Number of households visited by CHWs per month/per location
- % women/men/youth who can correctly identify three methods of family planning
- % women/men/youth who can dispel common myths and misconceptions regarding SRH and family planning
- Number of referrals made by CHWs for women to access family planning services in a month/per location
- Proportion of women using family planning services (contraceptive prevalence rate)
- Increase in family planning services being provided per location/event
- % of family planning services provided to first-time users
- Calculation of "Couple Year Protection" (CYP) reached through the family planning services provided
- Number of women/couples stating their last pregnancy was planned (for example using a questionnaire such as the London Measure of Unplanned Pregnancy)

*A project officer conducting a survey in Pawor, Uganda*

# CASE STUDIES

*A woman's beading group in the Maasai Mara who receive information and advice on SRH and family planning*

# BIG LIFE FOUNDATION

## Background

Big Life Foundation (Big Life) is a conservation organisation that has been working for the past 30 years to protect the Greater Amboseli ecosystem in Kenya. It runs programmes across an area of 1.6 million acres of community land covering wildlife protection, human-wildlife conflict mitigation, habitat protection, education and community development. Its ethos is that if conservation supports the people, people will support conservation.

Communities living in the Greater Amboseli ecosystem are facing a number of serious challenges –unreliable rainfall, pressure on grazing land, high rates of unplanned pregnancies, malnutrition, poor access to healthcare and poor educational levels. The increasing pressure on finite local natural resources has been exacerbating the cycle of poverty. Big Life seek to adopt a more holistic, multi-faceted response to create healthier, wealthier families and reduce pressure on the fragile ecosystem.

Many of the women that Big Life were working with recognised that they were increasingly struggling to provide for their families and disclosed that they were having children they had not planned and found it hard to provide for. During further discussions with these women, it became clear that they did not have any knowledge about family planning or a reliable way of accessing family planning services – demonstrating an unmet need for family planning. They also lacked access to even basic healthcare services. County level statistics supported this feedback, with some of the lowest rates of uptake of family planning, and highest instances of teenage marriage and pregnancy in Kenya.

## PROJECT INCEPTION

The project initially began in 2017 with CHASE Africa funding one of its other partners, Dandelion Africa, to run some activities. They provided quarterly outreach clinics and were supported by Big Life with a vehicle. These clinics were well received and demonstrated the demand for health services. They further highlighted both the high unmet need for family planning and the need for behavioural change communication and awareness raising within the local communities. It quickly became clear that a more regular, ongoing service with local support was required.

With CHASE Africa's support, Big Life started its own community health and family planning project in 2018. The project's goal is to create positive change for the overall health of the community, through provision of basic healthcare services, and improving access and uptake of family planning. Big Life has worked closely with the Kajiado South Sub-county Department of Health to not only provide access to services, but importantly to also improve access to information about family planning through its network of Community Health Workers (CHWs), community outreaches and meetings.

## DEVELOPMENT AND LEARNING

At the start of the project 14 CHWs were identified by the Ministry of Health (MoH) and local community leaders. Crucially, they were identified as trusted members of the community, who would be good advocates for the project. The CHWs were given training in a rights based approach to family planning as well as gender-based violence, FGM, child marriage, maternal health issues and information about climate change and the environment. The CHWs learned how to competently discuss family planning with their communities, exploring the benefits of planning the timing and spacing of births and dispelling common myths and misconceptions around modern family planning methods. Training was also provided in counselling around family planning, behavioural change communication, as well as issues such as data collection and client follow-up.

The primary role of the CHW is to go door-to-door providing healthcare and family planning education, as well as referrals to the nearest local government facility. They also communicate when a backpack nurse will be visiting the area, where she or he will be located, and assist with organising on the day of the visit.

Backpack nurses are also used as part of the outreach strategy. The project covers the cost of transport and pays a locum fee for the MoH nurses. The backpack nurses deliver immunisations, de-worming, antenatal care and family planning. Big Life work closely with the MoH who are very supportive and supply all the family planning commodities required for free.

It takes time for behavioural change communication to take effect. Messages need to be repeatedly provided to all members of the community, through a wide variety of channels. One way that Big Life has tackled myths and misinformation about family planning has been the use of Dialogue Days. These are meetings which bring together community leaders, gender groups, and/or specific age sets to discuss health issues in a safe environment. These community meetings allow for concerns and opinions to be voiced, and in turn for health professionals to respond, providing explanations, particularly around sexual health. Initially, these events were focused largely on men, as without their permission, it is very difficult for wives and daughters to access not only family planning, but any reproductive health services, such as antenatal care, assisted delivery, and cervical cancer and STI screening. Recognising that women and youth also hold strong and often misinformed views on these issues, Dialogue Days have expanded to include them. In time, Big Life plans to involve husbands and wives in couples' meetings together.

Over the last two years, Big Life's community health programme has grown and gone from strength to strength. In 2018, 1,500 people received primary healthcare, but only 129 women took up family planning. In 2020, 7,524 benefitted from primary healthcare services and 2,920 women accessed family planning. The success of the programme led to additional funding being secured from the Leila and Mickey Straus Foundation, which enabled a further 20 CHWs to be recruited in 2019, expanding the outreach of the CHASE Africa funded activities.

*Makeshift cubicles for privacy at one of Big Life's outreach clinics*

## PLANS FOR THE FUTURE

The project continually strives to improve the reach and the effectiveness of its services. Following feedback at a review meeting between Big Life, CHWs and the MoH in November 2020, clinicians are going to attend some of the community outreach meetings, so they can answer questions about sexual reproductive health (SRH) and different types of family planning methods. Other new initiatives taking place in 2021 include the engagement of faith leaders, so that they are informed about the project and can provide information to the community members, as well as the creation of youth friendly sessions at health facilities, which are being promoted through schools, posters and by the CHWs.

## LESSONS LEARNT FROM BIG LIFE'S PROJECT

- It is beneficial to have both male and female CHWs.
- It is crucial to gain and then maintain trust with local communities.
- A strong relationship with the MoH ensures the project fulfils its potential.
- Community meetings/dialogues are a useful way of tackling myths and misinformation.
- Innovative ways of reaching different groups within the community are required to ensure messages have the greatest impact.
- Backpack nurses have proved to be a very effective and cost-efficient way of delivering family planning services (cancer screening and immunisations) to remote communities.

# THE MAA TRUST

## Background

The Maa Trust is a community based non-profit organisation which has been working in the Maasai Mara in Kenya since 2009. Its mission is to ensure the long-term conservation of the Maasai Mara ecosystem through local community support, driven by acknowledgement and appreciation of the role that conservation has had in the sustainable development of Maasai communities. It coordinates sustainable community development projects centred around alternative livelihoods for women and youth, education and capacity building and clean water access to all community members

## PROJECT INCEPTION

The Maa Trust increasingly realised that there was a serious need in the area for improved community healthcare, including sexual reproductive health (SRH) and access to family planning. The Trust did not have experience of running this type of project, so it partnered with CHASE Africa in October 2019 to start an integrated community healthcare project. CHASE Africa provided funding for the programme, as well as advice and support in how to start up and run the project. The Maa Trust also visited some of CHASE Africa's other partners to learn how their community health programmes were being run.

As with many areas where CHASE Africa supports projects, there was a need for provision of information and awareness raising about SRH and voluntary family planning, as well as provision of services. The project aims to actively improve awareness and increase understanding of SRH issues amongst the community through several of its activities. The intention is to create an informed group of women, girls and families, who are able to make choices about the number, timing and spacing of their children as well as other health decisions.

The first few months of the project were dedicated to a detailed planning phase. Initial activities focused on meeting with key stakeholders to share information about the project and to gather support. Meetings took place with the Ministry of Health (MoH) (at the County Level, Sub-County Level and at local health facilities), Community Health Partners (a private healthcare provider, which runs three local health facilities), the local administration, community gatekeepers (such as chiefs, local religious leaders, youth representatives and community elders) and a number of women's groups.

Maa Trust provided training to the Community Health Workers (CHWs) on data collection using two mobile apps, Kobo-collect and SMART application, that are used by some of CHASE Africa's other partners. These apps enable data to be collected on the number and location of households visited, as well as services or referrals provided. The Kobo-collect app is useful for undertaking surveys, so baseline data can be gathered on the communities' knowledge, attitude and practices.

*Young women at an outreach clinic in the Maasai Mara*

## DEVELOPMENT AND LEARNING

Key to the project are the six CHWs, who are linked to the six health facilities. They were identified for the project with help from the MoH. The selected CHWs underwent a one-week MoH training course including SRH, code of ethics and other health issues such as sanitation and hygiene. The CHWs undertake a number of activities. They mobilise the community to attend the monthly mobile day clinics when they are taking place. They report information to both the MoH and to the project, so that data is captured and project monitoring can take place.

The project uses the four strategies outlined in the manual for reaching communities with the services:

- Community training and awareness raising is a core part of the project. Project staff link with the existing administrative structures of chiefs and sub-chiefs, so that they can access existing platforms to address members of the community with information about SRH. The project also links to other groups, such as women's beading groups and other social enterprises, churches, men's groups and other community meetings.
- Door-to-door services are undertaken by the CHWs, who visit households to provide information and create awareness about SRH and family planning, as well as distributing oral contraceptives and condoms. They also provide referrals to clinics for long-term family planning methods and share information on other health issues affecting the community. For example in 2020 they educated community members about the risks of COVID-19 and steps to be taken to mitigate risk.
- Mobile day medical clinics take place in each of the six areas. The CHWs and project staff mobilise the community to attend these clinics, making them aware of where and when the clinics are taking place and the services that will be available. The clinics are staffed by MoH clinicians from the link health facilities. All the supplies, equipment, medicines and family planning commodities are supplied by the MoH. The healthcare services offered at the mobile clinic include: HIV Testing and counselling; cancer screening (breast and cervical); SRH services (family planning, menstruation hygiene management); maternal and child services (immunisation and antenatal service) and other basic curative services.
- Backpack nurses are used to reach areas that are too far from health facilities, where there has been no mobile clinic and reaching people with disabilities who cannot travel. Each of the six facilities in the Maasai Mara supplies a nurse who visits these hard to reach areas with the services at least twice a month. The project pays a locum rate to the MoH for the nurse, as well as their transport costs.

The MoH is a key partner in the project. Providing training for CHWs, staffing the mobile clinics, supplying medicines and commodities and providing the backpack nurses.

2020 was the project's first full year. Despite the challenges of COVID-19, which prevented mobile clinics being held during the five-month period of lockdown, the CHWs were active throughout the year and the backpack nurses worked most of the year. 6,355 people accessed healthcare services and of these, 1,539 took up family planning services, 2,445 received curative treatments, 118 were counselled and tested for HIV and 2,371 were dewormed and immunised. Over 50% of the women who accessed modern contraception through the project were first time users of family planning.

## LESSONS LEARNT

- It took a few months to get all the link medical facilities on board with the project, but this is now happening, and they are all supporting the mobile day-clinics and backpack nurse outreach activities.
- Uptake of family planning started slowly, but has increased each quarter since the project started – going from 200 services in the first quarter of 2020 to 600 services in the fourth quarter. This shows the benefit of reaching more people with information and demonstrates how their apprehensions can be overcome.
- The backpack nurses and CHWs door-to-door outreaches both provide a safe space for women to obtain family planning services, especially as some women find the mobile day-clinics too public a space to be seen at, especially regarding such a personal health matter.
- Linking to existing community groups, such as women's beading groups, men's groups and youth groups has been very useful.
- It has been very important to engage men in the education and outreach programme. Many women are not able to make the choice to use family planning if their husbands are not supportive.
- A special focus on adolescents and youth is needed, due to the high rate of teenage pregnancy in the area, and the lack of SRH information and services that are available for youth. As a result, the project brought in another CHASE Africa partner, Dandelion Africa, which is experienced at adolescent SRH. They provided training for project staff, CHWs, nurses and members of the local youth club. This is a very sensitive topic, so it was important that The Maa Trust involved the local administration and religious leaders with the adolescent SRH forums, to garner wider community support for activities and provide tailored SRH interventions.

# USEFUL RESOURCES:

## Resources, Toolkits and Research

(relating to sexual reproductive health and family planning programmes)

**Benefits of Family Planning**, Knowledge for Development, UK Department for International Development (DFID), now part of the Foreign, Commonwealth and Development Office (FCDO) https://assets.publishing.service.gov.uk/media/5b97f5f940f0b6789a513262/021_Benefits_of_investing_in_family_planning__K4D_template_.pdf

### Knowledge Success

https://knowledgesuccess.org/

Knowledge SUCCESS is a five-year global project led by a consortium of partners and funded by USAID to support learning, and create opportunities and knowledge exchange, within the family planning and reproductive health community. It has some excellent resources and toolkits on its website, including a toolkit on "Community Based Family Planning". Provides regular updates on SRH and FP trends, articles and resources.

### Family Planning High Impact Practices (HIP)

https://www.fphighimpactpractices.org/

HIPs are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy to use format. The website includes a number of briefs and planning guides, covering service delivery, the enabling environment and social and behaviour change.

### Thriving Together Campaign

The Thriving Together Campaign https://thrivingtogether.global/ has campaigned for the adoption by the International Union for Conservation of Nature (IUCN) of the resolution "Importance for the conservation of nature of removing barriers to rights based voluntary family planning" (https://portals.iucn.org/library/node/49211).

### People-Planet Connection –

https://peopleplanetconnect.org/

The People-Planet Connection is a learning and collaborative space for global development professionals who are interested in the intersections between human population, health and the environment.

### Population Reference Bureau

https://www.prb.org/

The PRB works to improve the well-being of people everywhere by promoting informed decisions about population, health and the environment. It runs programmes in the USA and internationally, and provides knowledge, tools and training to researchers, journalists and advocated.

### Guttmacher Institute

https://www.guttmacher.org/

The Guttmacher Institute is a leading research and policy organisation committed to advancing sexual and reproductive health and rights worldwide.

### FP2030

https://www.familyplanning2020.org/

A global campaign to promote family planning, hosted by the UN.

### MSI Choices

https://www.msichoices.org/

MSI Choices is a global NGO that promotes contraception and safe abortion through programmes in 37 countries. Their website contains research and briefings.

### Brook

https://www.brook.org.uk/

Brook is a leading UK charity that support young people on issues of sexual, reproductive health. Its website has a number of online courses related to relationships and sex education, as well as resources on contraception, pregnancy, STIs, relationships and abuse – all targeted at young people.

**Organisations** that have run community health and family planning programmes alongside conservation work:

### Blue Ventures

https://blueventures.org/

Blue Ventures develops transformative approaches for catalysing and sustaining locally led marine conservation. It works in places where the ocean is vital to local cultures and economies, and is committed to protecting marine biodiversity in ways that benefit coastal people. It has integrated community health, including family planning into several of its programmes. Its website has several useful publications and factsheets.

### Margaret Pyke Trust

https://margaretpyke.org/

The Margaret Pyke Trust has been a leader in contraception and sexual health for over 50 years. It has led the Thriving Together Campaign and produced a paper, "Removing barriers to Family Planning, Empowering Sustainable Environmental Conservation". It runs projects in Uganda and South Africa that integrate family planning and conservation action.

### Pathfinder International

https://www.pathfinder.org/

Pathfinder is driven by the conviction that all people, regardless of where they live, have the right to decide whether and when to have children, to exist free from fear and stigma, and to lead the lives they choose. They have run a number of large-scale, integrated Population, Health and Environment programmes including in East Africa. There are some excellent resources on their website, including a number of toolkits.



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