

Multiple Family Group (Familia Pamoja) Implementation in Kenya: The Kenya experience of Engagement of Peer Parents and Community Health volunteers

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Background

To implement the Familia Pamoja, the Multiple Family Group, in two Kenyan Schools as part of the SMART Africa team, we engaged peer parents in one school and community health volunteers through the community.

The decision on who should facilitate requires the engagement of people accepted and respected within the community. Therefore, their engagement requires multiple consultations from within the communities concerned. (Mbwayo et al 2021). Proper engagement leads to acceptance of the program.

Study Context

This study was carried out in Kiambu County, a rural county in Kenya, in Lari Sub County. The community health volunteers were affiliated to a neighboring level 4 government hospital while the peer parents were parents in a government primary school which was to be involved in the study. Government facilities- hospitals or schools- provide services to the vast majority of Kenyans.

Methodology

This is a qualitative study which describes the process followed in engaging the facilitators. Once the study got approval from the Kenyatta National Hospital and University of Nairobi Ethics Review Board (KNH/UoN ERC) and NACAOSTI, we approached the school and explained about the study and requested the headteacher to also recommend four parents who are respected by the other parents, who have a good command of English and would be enthusiastic in working with parents for 16 weeks and be trained for 16 weeks.

We got contacts of the chairman of the community health volunteers whom we contacted. We explained as our requirements. From his experience with the CHVs, he also suggested what would also make our work successful.

Consenting was then done to those who accepted to be in the study.

Analysis

Qualitative analysis was done, giving the numbers of meetings and major conversations being reported.

Results

A series meetings were held and a number of phone calls also made for both groups.

We had two physical meetings with the Head teacher alone and one physical meeting with the hospital administrator.

Importance of the study by the head teacher was made when she requested she meets and explain about the study to the school management board. The local PI called the headteacher to find about the outcome a week later and a green light of the study was given.

According to the head teacher the board members expressed the need for such a study:

"our parents would benefit if they get their own learning and teaching the rest."

The head teacher expressed the need for parents who are respected and committed:

" for the study to be successful and the school to benefit, I need to give you parents who will not only be committed but who can be listed to by other parents and I think I know whom to recommend to you."

The chairman of the area CHVs suggested the following after the meeting: "The best CHVs are not just those who are CHVs by name or just attending trainings. They need to be those who go to the community and have a good relationships in the community. We have many chvs but there those I can't recommend.

During the second meeting, I was given a list of the recommended chvs and it was suggested I call them for a meeting since they are from the neighborhood. Another lesson learnt is that you cannot go to the field when in a hurry. Plan for a whole day. I called the four and all came, four gentlemen and one lady.

All were eager to participate. They noted:

Results (cont)

"We are taught about other diseases but nothing that touches about mental health or how to stay well in the family. There are many family problems and this will be of help and we can teach other parents not in that school."

A meeting with the chosen peer parents yielded enthusiasm. One parent noted:

"Such a training should have come earlier. There are many parents here who disturb the headteacher and other teachers. We could save some children." A comment from the headteacher:

"I use these parents to talk to the other parents to emphasis something on importance of parents being involved and the other parents listen and take seriously. I am very happy."

A final interview with all the facilitators suggested that they enjoyed their work because they had the goodwill of the parents despite the challenges here and there.

One of the chv was a board member of the other school (we learnt about it later) and so the chvs were accepted in that school.

Discussion & Implications

Engagement process should involve people to be affected by a project. (Ssewamala et al (2018). Engage accepted and respected people for the success of a project. Such an engagement requires patience and being ready to listen.

References

1.Mbwayo A., Kumar M., Mathai M., Mutavi T., NungariJ., Gathara R., McKay M., Ssewamala F., Hoagwood K., Petersen I., Bhana A., Huang KY. Strengthening System and Implementation Research Capacity for Child Mental Health and Family Well-being in Sub-Saharan Africa. *Global Social Welfare* (2021).

2. Ssewamala FM, Sensoy Bahar O, McKay MM, Hoagwood K, Huang KY, & Pringle B (2018). Strengthening mental health and research training in Sub-Saharan Africa (SMART Africa): Uganda study protocol. Trials, 19(1), 423. doi:10.1186/s13063-018-2751-z.

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