



Communities Health Africa Trust (CHAT)

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK Report- 4th Quarter 2016

October - December



Name of the project:	Communities Health Africa Trust's (CHAT) integrated services focussing on family planning using a Population Health & Environment (PHE) approach
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Regions covered by CHAT	Presently CHAT is reaching into 9 Counties with integrated FP/ Ecological awareness activities
CHAT Partners	Global Fund TB via AMREF, Mpala Wildlife Foundation; East African Womens League; Marie Stopes, GoK including the Kenya Ministry of Health, ministry of the Environment; African Impact, Kenya Wildlife Trust, Community Health & Sustainable Environments (CHASE), Community Health Africa Poverty Solutions, (CHAPS), Global Giving; Ewaso Lions Project Ltd, Suiyan Ltd; 23 grassroots Health Support Groups through Laikipia & Samburu, and 22 Community own Resource Persons (CORPs) these are grassroots partners providing FP/ecological sensitization, HIV/AIDS & TB mobilization services
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Problem Statement

“Pressures resulting from unrestrained population growth put demands on the natural world that can overwhelm any efforts to achieve a sustainable future. If we are to halt the destruction of our environment, we must accept limits to that growth”

- World Scientists' Warning to Humanity, signed by 1600 senior scientists from 70 countries, including 102 Nobel Prize laureates

NB - Please see our updated website at www.chatafrica.org & or follow us on facebook

Indicators	Reached by CHAT back packing FPCORPS (cost share)				Reached by CHAT motor mobile (cost share)				Reached by CHAT camel mobile (cost shared)				CHAT's overall this quarter	CHAT's Cumulative this year 2016
	Male	Female	Oct. 2016- Dec. 2016 (FPCORPs)	FPCORPs cumulative Jan. 2016- Dec. 2016	Male	Female	Oct. 2016-Dec. 2016	Cumulative Jan. 2016 - Dec. 2016	Male	Female	Oct. 2016-Dec 2016	Cumulative Jan. 2016 - Dec. 2016	Oct 16 - Dec. 16	Jan. - Dec. 16
RH with a focus on FAMILY PLANNING COMBINED WITH ECOLOGICAL AWARENESS using a Population Health & Environment (PHE) approach														
Number of individuals mobilized and sensitized on family planning/ecological awareness.	2,407	8,268	10,675	42,579	474	1,577	2,051	11,220	243	387	630	630	13,356	54,429
Number of men accompanying their women to RH/FP ecological sensitization meeting.	1462		1,462	5,794	368		368	3,606	214		214	214	2,044	9,614
Number of women who chose long term methods (implants) of contraception (3-5 years protection).		3,572	3,572	13,913		477	477	5,715		372	372	372	4,421	20,000
Number of women who chose an injectible' method of contraception i.e Depo provera contraception (3-month protection).		1594	1,594	5,449		118	118	1,360		158	158	158	1,870	6,967
Number of women who chose pills as their method of contraception protection.		358	358	1365		92	92	1,016		0	0	0	450	2,381
Number of women who chose IUCDs as their method of contraception protection.		65	65	310		0	0	0		0	0	0	65	310
Number of women who chose TL as their method of contraception protection.		0	0	3		0	0	0		0	0	0	0	3
Number of condoms distributed	15,050	591	15,641	68,247	8,194	6	8,200	49,073	480	0	480	480	24,321	117,800
Number of youth out of school sensitized on FP/ecological sensitisation aged between 15-35	739	2,213	2,952	9,953	51	302	353	10,066	26	79	105	105	3,410	20,124
Number of children immunized	0	0	0	0	9	10	19	141	0	0	0	0	19	141
Number of newly enrolled women provided with ANC services and revisits		0	0	0		7	7	66		0	0	0	7	66
Number of women referred for PMTCT		0	0	0		0	0	7		0	0	0	0	7
BASIC CURATIVES- an important 'entry point' to all our other interventions														
Number of patients treated including opportunistic infections and revisits	0	0	0	0			0	3,957	26	40	66	66	66	4,023
HIV/AIDS (CBHTCs)- Kenyan policy makes it compulsory that patients coming for treatment are tested & counselled hence, indicated under motor & camel mobile. (CHAT no longer has funding for this project- therefore a decrease in HIV activities)														
Number of people counselled & tested disaggregated by sex & age	0	0	0	0	126	38	164	2,513	46	147	193	193	357	2,706
Number of individuals testing positive	0	0	0	0	2	3	5	21	1	0	1	1	6	22
Number of supervisions conducted - other than CHAT's monthly M & E inclusive activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TB-Integral part of our service provision via CORPs														
Number of contacts traced	81	43	124	575	0	0	0	0	0	0	0	0	124	575

Number of Household of TB patients reached with health education on nutrition/infection control	90	54	144	691	0	0	0	0	0	0	0	0	144	691
Number of defaulters traced	9	11	20	116	0	0	0	0	0	0	0	0	20	116

“If we don’t halt population growth with justice and compassion, it will be done for us by nature, brutally and without pity- and will leave a ravaged world.” Nobel Laureate Dr. Henry W. Kendall

Activity News

Please note and refer to the above table for our quantitative indicators relevant to this section

CHAT's goal: improved healthy, empowered and sustainable living among excluded communities in Kenya

BACK PACK STRATEGY: Twenty two (22) FPCORPs implemented CHAT's innovative 'Back Pack door to door' strategy

Counties reached: this quarter seven (7) counties - Nakuru, Meru, Marsabet, Isiolo, Laikipia, Samburu & Baringo counties.

Communities reached in various counties include:

- 1) **Nakuru county:** Soweto slums, Sudu, Langweda, Mung'etho, Muteme, Kamwaoria, Karirikama, Boroon, Taita slums, Sasumwa, Kiambererea, Kimkasa, Kimkasa and Mchorwa slums.
- 2) **Laikipia county:** Bondeni, Habahaba, ADC, Melwa, Likii, Lamuria, Karemenu, Matundai, Kambi ya juu, Loturo, Parkuruk, Dipatatas, Eleri, Endana, Segera gate, Pois, Jerusalem, Chumvi, Gratton, Lotacho, Nanyuki town, Nkasurian, Narasha, Mlima chui, Loiborsoit, Ngobit, Kiwanja, Labarshererek, Samaria, Shabaa, Kisargei, Jua Kali, Naibor, Kiwanjani, Container Kaichakuni and Rumuruti slums.
- 3) **Samburu county:** Lpulelei, Town 1, Ndikir, Loldekesi, Kasipo, Sirata, Lkirne, Kamomo, Poroo, Sekete, Sirata, Lakutao, Alamano, Yamo, Loikas, Rangau, Lomotio, Town, Sumuruai, Arge, Laparan, Merimeji, Lpulee, Sokotei, Noderkes, Ladala, Kurungu, Soweto, Jijja, Naibor keju, Ladala, Kisima, Sirata, Wamba, Baawa, Nkiloriti, Kirimon, Ngutuk e nyiron, Lesirkan, Baragoi, Wamba slums, Embakasi, Jerusalem and Karee.
- 4) **Baringo County:** Kipkandule, Kapsinende, Sinoni, Kapkumus, Kapkecher, Karne, Mutito, Kon'alsis, Kamaille, Kapkitamba, Sokee, Ngarice, Keneroi, Kaptombes, Lomalwe and Muchongoi.
- 5) **Marsabet County:** Sarma, Loiyangalani, El molo, Loruko, Harugura, Lmongoi, Dubsahai, Lokuchula, Laisamis and Merille
- 6) **Isiolo County:** Merti, Garbatulla, Manyatta Arba, Chechelesi, Tulla Roba, Isiolo town, APU, Bulla Pesa and Kula mawe.
- 7) **Meru County:** Timau slums, Kwa Ng'ang'a slums, Sirimon and Kibera slums.

MOTOR MOBILE STRATEGY (cost shared)

Various donor support facilitated CHAT to implement integrated health services via motor mobile which usually consists of a driver, nurse and often a volunteer. Quantitative achievements are as recorded in the table above

Counties reached: Three(3) counties - Laikipia, Tharaka and Samburu Counties

Communities reached in various counties included:

- 1) **Laikipia County:** Karemenu, Lekiji, Ilmotiok, Sukutan, Naibor market, New city slums, Ruirii and Rundama.
- 2) **Tharaka Nvithi County:** Tunyai
- 3) **Samburu County:** Opiroi, Barsaloi, Suiyan, Loikumkum, Masikita, Sererit, Lesirkan, Latakweny and Baragoi.

CAMEL MOBILE STRATEGY (cost shared)

Various donor support facilitated CHAT to implement a two (2) weeks integrated health services via camel mobile usually consisting of nine (9) camels, six (6) camel handlers, one (1) clinical officer, four (4) oversea monitor/volunteer and three (3) FPCORPs, trans versed Laikipia North sub county bordering Isiolo County.

County reached: Laikipia County

Communities reached in Laikipia North sub county in Laikipia County included:

- 1) **Laikipia North:** Kiwanja, Kenyei, Aljijo, Sang'aa, Lokusero, Seek, Saramba, Soit-Oudo, Tura, Paragarot and Munichoi.

Monitoring & Evaluation

Between 10-12% of each donation will go towards this important activity. CHAT conducts program M & E on a regular basis (daily, monthly, quarterly & when necessary). By conducting M&E CHAT, the MoH and other stakeholders can be informed about the program progress and activity dynamics and ensures sensible project planning. Additionally this quarter CHAT implemented an extensive M & E exercise in Sept & October. It is through these M&E activities that CHAT, together with the CORPs, can identify the gaps and challenges experienced in the field and then try to develop workable solutions to mitigate them. It was through routine monitoring activities that CHAT identified family planning/ ecological information gaps in these 5 counties. The above interventions were planned and implemented in consultation with the MoH and the Ministry of Environment and Natural Resources.

Volunteer Monitors

This quarter CHAT was assisted by 4 volunteering monitors. They monitor CHAT's activities on behalf of CHAT's supporters both abroad and locally - 1) Melanie Boosted , a Bachelor of Nursing praisic holder from Monash University currently working as an enrolled nurse with Balmore Nursing Agency in Melbourne Victoria, 2) Paula Gatwiri a project management student and an intern at the Kenya Institute of Management - Nairobi, 3 & 4) Dr. Rihana & her husband, Dr. Raja of the Aga Khan Hospital in Nairobi. CHAT benefited from their drafted case stories, photos and field reports. Some of their case stories and photos are attached herein. Jeff Stratton-Bell studying photo journalism at Rhodes University in South Africa visited and accompanied the motor & camel mobile for 10 days in November.

Program Challenges/Risks encountered

- 1) Heavy down pour of rains during November 'wet season' interrupted the motor mobile outreach operations, thus interfering with the achievement of planned targets
- 2) Feeder roads/paths were made impassable due to heavy rains that hindered the CORPs (back pack strategy) who mainly uses boda bodas/bicycles and or on foot, and public transport
- 3) One community in Isiolo was identified to have stigma related issues. (For more information about these issues please go to CHAT's web page, www.chatafrica.org "NEWS & VIEWS" and read a volunteering monitor, Helene Lengat's, report that identified this)

Lessons Learnt/ Best Practices

- 1) It has proved that breaking into new areas with FP services yields high results, i.e. demand e.g. in Tunyai- Tharaka Nithi county
- 2) Long-term contraception protection (5 & 3 yr. protection - implants) are the preferred methods chosen by most individuals in these communities.
- 3) Though the County governments have opened more facilities, the challenge for family planning services inaccessibility - remains a challenge that requires a mobile outreach intervention.
- 4) Over the years CHAT has been revisiting many poor communities in Laikipia and Samburu providing integrated health services but with a focus on family planning services. As a result CHAT is delighted to be experiencing less numbers coming for contraceptive needs - presently approx 40 % of them request for 're-insertions' of the longer term protection methods. Up until about 18 months ago the motor mobile was meeting the contraceptive needs of 50 - 80 clients a day (over 90% choosing the 3 - 5 yr protection method) today in Laikipia and most parts of Samburu the motor mobile might provide 10 - 20 clients a day - 40% being requests for reinsertions of implants
- 5) As a result of the above situation (point no. 4) in Laikipia & Samburu, CHAT's motor mobile, apart from continuing to provide integrated health services, is also playing a major part in CHAT's monitoring & evaluation (M & E) activities - and CHAT reaches out (extends) to additional poor communities situated further and further afield into at least eight (8) counties presently
- 6) Though CHAT has reached many with their fp intervention using a PHE approach - CHAT's partners, the CORPs need to strengthen and enhance their door to door family planning encompassing ecological sensitization in some communities.

CHAT has a manual of compiled challenges & lessons learnt- this can be availed on request.

Case Story

Namaiyan*, who hails from Arjijo , in the Mukogodo area in the Laikipia North sub county was 14 years old when she became pregnant. After birth, she confided to one of her trusted neighbors that at her age and being single, she did not want to have any more children because she is unable to feed the one child she has – let alone trying to support anymore children. Namaiyan's neighbor informed her that during the chief baraza, the area chief confirmed that a team of health providers accompanying a motor mobile clinic (CHAT), had requested him to assist with the mobilization – and that they would be in the area within the month; and that among the services that they will provide would be free family planning services – but that there would be a small 'token' cost for the basic curatives. Her neighbor promised to alert Namaiyan once the mobile team arrive.

On arrival of "CHAT's" motor mobile health team in the area, the neighbor accompanied Namaiyan to the camp site where CHAT's motor mobile clinic was set up. They were welcomed by the Family Planning Community Own Resource Person (CORPs) called Namusungu, and after several hours of counseling about a range of choices of family planning methods, Namaiyan decided upon the five (5) years Implant as her FP method of choice. "I chose the (jadelle) Implant because it lasts for five (5) years. You cannot forget to take it like you can with the pills - this is a five (5) year guarantee," says Namaiyan.

Namusungu shared a quote that an educated friend of hers found - a quote by John O'Donohue, Anam Cara in the book of Celtic Wisdom - and thought how appropriate it was to her clients situation. "There is the solitude in suffering, when you go through darkness that is lonely, intense and terrible. Words become powerless to express your pain; what others hear from your words is so distant and different from what you are actually suffering, therefore let's all double up! Use condoms and a highly effective birth control method to take charge of our reproductive health," Namusungu lamented.

Via the CHAT supported mobilizers like Namusungu, women like Namaiyan are transforming their lives through FP – being able to access contraceptives, she now has the choice to plan for the future. "Expanding eligibility of FP services to low-income women will maximize cost-savings both for the community and government, thereby reducing the disparities in access to family planning services for low-income women and hence, decrease the incidence of abortion and infanticide in our communities," FPCORP Namusungu confirms.

Namaiyan was lucky to receive professional FP advice. In many underserved communities, widespread myths about contraception mean that many women like Namaiyan don't have the facts that they need to make informed choices, as we cannot confront the massive challenges of poverty, hunger, disease and environmental destruction unless we address issues of population and reproductive health; bearing in mind that, " *each person we add now disproportionately impacts on the environmental and life- support systems of the planet.*", - *George W. Bush*.

"We must alert and organize the world's people to pressure world leaders to take specific steps to solve the two root causes of our environmental crisis- exploding population growth and wasteful consumption of irreplaceable resources. Overconsumption and overpopulation underlie every environmental problem we face today." Jacques-Yves Cousteau