



Communities Health Africa Trust

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

Report to GoK Q1

Jan - March 2019



Name of the project:	Communities Health Africa Trust's (CHAT) integrated services focusing on family planning using a Population Health & Environment (PHE) approach
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Regions covered by CHAT	Presently CHAT is reaching into 12 counties - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii & Narok - focussing on the below ecosystems: <ul style="list-style-type: none"> • Meru System (Tana River) – Northern Kitui, Meru and Tharaka • North Rift Ecosystem – Baringo (East Pokot), Nakuru (Mau Forest) • Lake Victoria Basin – Kisii • The Mara – Narok South (opportunity here to scale up through indirect consultancy model) • North Kenya Mountain Rangelands (includes the Ewaso System) – Samburu, Isiolo, Laikipia, Marsabit
CHAT Partners	33 grassroots Health Support Groups/Village Development Committees in Laikipia & Samburu, and 43 Community Own Resource Persons (CORPs): The Nature Conservancy (TNC); Global Fund TB via AMREF; USAID Afya Timiza via AMREF; Mpala Wildlife Foundation; East African Women's League; Marie Stopes; GoK including the Ministry of Health & Ministry of Environment; Kenya Wildlife Trust; Community Health & Sustainable Environments UK (CHASE); Community Health Africa Poverty Solutions (CHAPS, Global Giving; Mission for Essential Drugs (MEDS); Suiyan Ltd; Small Foundation Canada; Milgis Trust; Northern Rangeland Trust, St George Trust;
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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 website at - www.chatafrica.org & or follow us on Facebook at - <https://www.facebook.com/communitieshealthafrica> & instagram: [CommunitiesHealthAfricaTrust](https://www.instagram.com/CommunitiesHealthAfricaTrust)

CHAT's INTEGRATED HEALTH SERVICES IMPACT SUMMARY - USING A POPULATION HEALTH & ENVIRONMENT (PHE) APPROACH

Indicators	Reached with by <u>Back Packing</u> FPCORPS				Reached with by <u>motor mobile</u> (cost share)				Reached by <u>camel mobile</u> (cost shared)				CHAT's overall these 3 mths	CHAT's Cumulative This Year 2019
	Male	Female	Jan. 2019 - Mar. 2019 (FPCORPs)	FPCORPs cumulative Jan. 2019 - Mar. 2019	Male	Female	Jan. 2019- Mar. 2019	Motor Mobile Cumulative Jan. 2019 - Mar. 2019	Male	Female	Jan. 2019-Mar. 2019	Cumulative Jan. 2019 - Mar. 2019	Jan. 19 - Mar. 19	Jan - Mar.2019

RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS & SENSITISATION

Number of individuals mobilized and sensitized about reproductive wellbeing - family planning/ecological awareness. (Behavior change information)	8,704	16,674	25,378	25,378	3,818	6,856	10,674	10,674	2565	2999	5,564	5,564	41,616	41,616
Number of men accompanying their women to Reproductive wellbeing (RH/FP integrated with environmental awareness) sensitization meeting - i.e Behavior change information	5330		5,330	5,330	2,174		2,174	2,174	1,141		1,141	1141	8,645	8,645
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		6,198	6,198	6,198		1,680	1,680	1,680		1,025	1,025	1025	8,903	8,903
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		174	174	174		167	167	167		239	239	239	580	580
Number of women who chose pills as their method of contraception protection.		133	133	133		91	91	91		22	22	22	246	246
Number of women who chose IUCDs as their method of contraception protection.		19	19	19		0	0	0		0	0	0	19	19
Number of women who chose TL as their method of contraception protection.		0	0	0		0	0	0		0	0	0	0	0
Number of condoms distributed	29,236	610	29,846	29,846	16,518	1	16,519	16,519	4,426	26	4,452	4452	50,817	50,817
Number of youth out of school sensitized about Reproductive wellbeing (FP/ecological sensitization) - aged between 15-24 (Behavior change information)	765	1,307	2,072	2,072	1,644	3,233	4,877	4,877	1,424	1,618	3,042	3042	9,991	9,991
Number of children immunized including revisits and referrals	479	667	1,146	1,146	111	127	238	238	0	0	0	0	1,384	1,384
Number of newly enrolled women provided with ANC services and revisits (including referrals)		23	23	23		117	117	117		0	0	0	140	140

Number of women referred for PMTCT		0	0	0		3	3	3		0	0	0	3	3	
BASIC CURATIVES - vital entry point to family planning services															
Number of patients treated		0	0	0	0	896	884	1,780	1780	131	150	281	281	2,061	2,061
HIV/AIDS (CBHTCs) - CHAT no longer has funding for this project - therefore a decrease in HIV activities. However, it is a Kenyan policy which makes it compulsory that patients coming for treatment are tested & counselled.															
Number of people counselled & tested disaggregated by sex & age		0	0	0	0	252	414	666	579	75	145	220	220	886	886
Number of individuals testing positive		0	0	0	0	1	2	3	3	1	0	1	1	4	4
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 - an integral part of our service provision working with CORPs predominantly in Laikipia & Isiolo															
Number of contacts traced		41	71	112	112	0	0	0	0	0	0	0	0	112	112
Number of Household of TB patients reached with health education on nutrition/infection control		59	82	141	141	0	0	0	0	0	0	0	0	141	141
Number of defaulters traced		18	11	29	29	0	0	0	0	0	0	0	0	29	29

"World fertility surveys indicate that anywhere from one third to one half of the babies born in the Third World would not be if their mothers had access to cheap, reliable family planning, had enough personal empowerment to stand up to their husbands and relatives, and could choose their own family size." Donella Meadows

Activity News

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

1) CHAT's focus is on providing & building access to reproductive well being (integrated family planning with ecological sensitisation) services for underserved communities whilst using a Population Health & Environment (PHE) approach. Services are delivered using 3 strategies - Back Pack i.e via by foot, motor mobile & camel mobiles. Included in CHAT's goal is building foundations for platforms in underserved communities to enable them self sustainable access to holistic family planning services.

2) After over 20 years managing Mpala Ranch & Research Centre's staff health facility, CHAT handed this over to Mpala Research Centre. This happened end of March 2019. The reason for this decision by CHAT was that the objectives & goals of the Research Centre and CHAT differ. CHAT purchased 2 containers, converting one to a medicine holding store/pharmacy and this is based at the Programme Coordinators base in mid Laikipia.. CHAT also retains its registered GoK MFL mobile number, but transferred their base clinic MFL number to Mpala.

3) CHAT is hoping that an updated Strategic Plan covering 5 years will also be completed by early May. CHAT was assisted by a professional American conservation capacity building organisation based in Arusha Tanzania, called Maliasili. CHAT feels fortunate to of been given this opportunity.

BACK PACK STRATEGY: -Forty three (43) CORPs were supported for the three (3) months under review. They are CHAT's grassroot partners who are Community Own Resource Persons (CORPs); and key to the success of this innovative grass roots program.

Counties reached: Four (4) counties - Isiolo, Laikipia, Baringo and Nakuru Counties.

Communities reached in various counties include:

- 1) **Nakuru county:** Githiriga, Nyongores, Muteme, Matunda, Okwala, Baranget, Milimet, Kikigi3, Sasumwa, Set, Kiambereria, Muchorwa & Bugum.
- 2) **Laikipia county:** Likii, Prison, Kariguine, Kihato, Mukima, Shalom, IDP camps, , Katheri, Majengo, Stadium, Ruai, Nanyuki market, Baraka, Ichuga, Kichinjio, Lorien,Island, Powys, Kariunga, Naibor, Mara moja, Jua kali, Makandura, Ndigiri, Ranch, Kona, Melwa, Loiren, Gatundia, Limunga, Kambi Simba, Kingore, Marupusi, Doldol, Seek, Naserian, Daraja, Lorubae, Ilmotiok, Jua kali, Muterethia & Koria.
- 3) **Baringo County:** Muchongoi, Kabel, Kasiela, Koimugul, Keneroi & Ngarie.
- 4) **Isiolo County:** Chechelesi,Kiwanjani, Mwangaza, Sericho, Kambi ya juu, Ngare mara, Bula pesa, Reli, Safi estate, Ntulele, 78, Olordha, Kula mawe, Marere, Munishoi, Musul, Lochaki, Tura, Oldonyiro Town, Kipsing & Kambi Juu.
- 5) **Kisii:** Sosera, Bungonta, Nyansakia, Konyenya, Ekona, Risa, Ikorongo, Igwero.
- 6) **Kitui:** Matooni, Tyaa, Kakoongo, Tyaa Kamuthale, Kamula, Ngaai, Kalambani, Kasyongo & Malava.
- 7) **Tharaka:** Chiakariga, Nkarini, Gacheraka, Marimani N. Marimanti S, Karungaru S, Kamwathu & Matakiri.
- 8) **Meru:** Timau slums.
- 9) **Marsabet:** Mpagas, Merille, Laisamis, Bursuna Nairibi, Bursuna, Harugura, Lmongol, Loruko, Lchurai, Sukuroi, Farakoren, Keno, Lmoti, Kamutonyi, Losidan, Gatheilan, Deere, Kamukunji, Center, Ntimo, Silapani, Sakardala Manyatta & Mekinya Village.
- 10) **Narok:** Olmeoshi, Enkutoto, Enosogon, Olmekenyu, Olsukut, Olsukut, Olomekenyu & Taboswat
- 11) **Samburu:**Maralal slums, Lporos, Sukuta Marmar, Lerata, Nomotio, Nkuroto, Archers Post, Wamba slums, Tree top, Kinya, Sereolipi, Lengusaka, Sionta, Latakweny market, Masikita, Loikumkum market, Sokotei, Isil, Kurungu market, East Light, Parshampala, Natitik, Lkirne, Sumuruai, Ndirir, Lolderkes, Sere-Natara, Lesirkan, Opiroi, Lgos, Ntabasi, Kinya, Sera, Sererongoi, Ngutuk Eliarai, Sereolipi, Lerug, Lotiris, Lgwezi, Ndongyo Wasin, Ngutuk El Nyiron, Sun Rise, Allamano, Shabaa, Tamiyoi, Mutaro, Shabaa, Lporos, Lkuroto, Lolkunono, Sirata, Longewan, Longorate, Lare Obre, Remote, West gate, Kiltamany, Ndirir Nanyeki, Ndongyo Nasipa, Marti, Jijja, Lpulee, Mermeji, Lkirne, Arge, Sumuruai, Soweto, Kamomo, Laparan, Marti, Ngilai, Baragoi & Kelele.
- 12) **Nyeri:** Shalom, Nairutia, IDP camps & Kona Mbaya.

MOTOR MOBILE STRATEGY (cost shared)

During this quarter (Jan.-Mar. 2019), various donors enabled CHAT to implement integrated health services via an integrated motor mobile strategy usually attended by of a nurse, driver, and a CHAT grass roots partner, a Family Planning Community Own Resource Persons (CORPs). Additionally, one donor supports the inclusion of a nurse aid/community liaison officer for one motor mobile project in Samburu East And Central only

Counties reached: Four (4) counties - Isiolo, Laikipia, Marsabet and Samburu Counties

Communities reached: Over thirty (30) communities reached included;

- 1) **Laikipia County:** Ranch, Research, Lekiji, Evan, Ntabas, Rabal, Saramba, Kinamba, Maundu ne Mere, Karaya, Kambi ya Simba, Kiamariga & Mutara.
- 2) **Marsabet:** Maragi, Marti Ndorop, Sarai, Ndispae, Lolpurusho & Civicon.
- 3) **Samburu:** Keno, Lailelai, Lorok, Lkek Sapuk, Learn, Ndongyo Wasin, Nkii, Ntarapani, Archers post, Lorubae, Lesikia, Ngokoyei, Laarapa, Seren, Lodwa, Ura, Teremka, Loikas, Puura, Seepei, Lkeek Sapuki, Moriyo, Sunoni, Lekuru market, Kirimun market, Lesericho, Le Angata, Shapolo, Sera, Lesurua, Laresoro, Lorubae & Sasaab.
- 4) **Isiolo:** Tuale, Sabsaab & Kipsing.

CAMEL MOBILE STRATEGY - cost shared

During this quarter (Jan.-Mar. 2019) CHAT was able to implement two (2) X 1 month camel mobiles, traversing Baringo East and Laikipia West borders. The camel mobile clinic was accompanied by a locum nurse, 7 camel handlers, 1 HTC Counsellor and 2 Family Planning Community Own Resource Persons (CORPs).

Counties reached: Two (2) counties - Baringo & Laikipia West - Counties.

Communities reached: Twenty (20) communities reached included;

- 1) **Baringo County:** Maram, Kasilangwa, Nasur, Jeptangarmet, Nyalellesh, Nangarwa, Tepelekwo, Kapchetuya, Nakum, Sokei, Waseges, Sambaka, Nyimbei, Keon & Ngarie.
- 2) **Laikipia County:**Tandare, Loonyek, Sipili, Ndurumo & Ayam

Monitoring & Evaluation (M & E)

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 including the donors, can be informed about the program progress and activity dynamics and this also ensures sensible project planning .CHAT's M&E process is inclusive of CHAT conducting internal M&E activities, with an objective of improving current and future management of outputs, outcomes and impact - and at other times includes, the MoH and other relevant ministries providing supportive supervision and quality control & volunteer monitors (representing the donor). M & E activities include, but are not limited to, routine data quality assessments (RDQA), onsite data verification, site visits, client exit interviews, community feedbacks etc. All these activities are implemented to ensure quality provision of family planning and other services, thus ensuring donor funds are spent sensibly for the intended purpose. Within the quarter, M&E was implemented on a daily basis via phoning, impromptu visits to the facilities and communities, MoH routine monitoring of CHAT's activities. It is through M & E activities that provides important feedback that informs planning and decision making processes.

The activities carried out under M&E during this quarter included:-

- Data verification
- Facility visits and verification of CORPs files and fop registers
- Exit interviews with the beneficiaries
- Interviews with facility-based health care workers

Volunteering Monitors

Within the quarter, (Jan-March 2019) CHAT hosted four (4) volunteering monitors. Lynn and Britt Mudler - who are sisters, Lynn is a dentist and Britt, is nurse from Holland. They both accompanied the motor mobile clinics to various parts of the Laikipia North Sub county & Mwingi sub county of Kitui. They monitored motor mobile & CORPs activities at the community level, verified data entry, and participated in the Nanyuki Teaching and Referral Hospital respectfully and gave their informed observations and report. This has assisted CHAT in making strategic decisions including change of strategies in specific counties - and appeased donors their funds are being used efficiently. Alistair Bestow, from Australia and Gigi Laborie, a nurse from Canada, both accompanied camel mobiles where their insightful observation and information was positively received by CHAT's management and program team, this can be key in planning a camel mobile route, services provision and quality improvement amongst others. Diana in Crete, Greece, continues to assist CHAT using her considerable accounting skills by providing CHAT & their donors with ' comptroller' support (Diana has been helping CHAT for 7 - 8 years).

Program Challenges/Risks encountered

1) Overwhelming demand for family planning services with limited resources to meet the demand

2) Overpopulation which is caused by high fertility rates is causing the depletion of numerous natural resources such as water, wood, food and fertile soil; this, in turn, is causing populations that are not usually mobile to become mobile. And these days pastoralists are not necessarily just moving to find grazing for their desperate livestock, but also moving from one place to another in desperate search for water and food.

3) Limited or lack of knowledge thereof and information about FP - its benefits and advantages. This is greatly fueled by myths and misconceptions. CHAT is curbing this challenge by intensifying thier Back Pack door to door /house hold visits with focused messaging using a Population Health and Environment (PHE) approach -n this way the household as a whole can particiapte in a 'family planning' conversation.

4) One CORP from Nairobi that has been previously supported has not reported to CHAT since October 2018. CHAT is currently following up on why and what her challenge is - and the way forward with the donor & MoH

5) IAn increasing number of rural family planning clients going to health facilites requesting for the reinsertion of the LARCS methods are being challenged in finding a Health Worker with confidence, patience and time to do removals and re-insertion. This indicates that need to capacity build the Health Workers to enable them to reinsert and remove implants with confidence when clients opts to. Clients comment that the Health Worker opts to provide them with a short term injectible, (3 month protection Depo) , instead.

6) "Ego" is CHAT's most common and frustrating challenge! This is found at all levels of society & environments.

7) Resource Mobilistaion and Adminsitration continues to be cahllenging.

Case Story

Lessons of Regret

**not real name*

"It has been a tough year. More than half my livestock has died, and with how its looking like now, by the end of this drought I might have nothing left" Bwana *Mongoi from Lpus Natodo stated. "See, last year it rained a lot, we had enough pasture and water for our animals - all seemed well. We did not think to prepare ourselves for the drought. We did not save grass nor did we build any water storage. Its not only the animals, but also for our households. We do not have much food; and the little that we buy from the market is so expensive we cannot afford to buy a lot of it. We go for long without water to drink let alone water for basic hygiene around the house. The water that we get is not that clean, so you can only imagine how many trips we have been making to the hospital to treat our stomach aches. Sometimes I really do not want to come home, since I wonder what will happen to my family. I have six boys and five girls - two wives and my mother living with us - 13 mouths to feed is not an easy task. I wish it was a smaller number, then maybe we would be better off." *Mongoi lamented.

"If only I had accepted what Julius - CHAT's partner in family planning (FP) mobilization and sensitization who is a Community Own Resource Person (CORP) – was telling me some time back, maybe I would be less stressed. He told me of how I could have less livestock and to manage my family size to a number that I would be able to rake care of. I thought he did not want me to be wealthy and maintain a respectable position in the community, but now I regret. I really want to improve the situation my family are in, so at least I can plan better for the future." He went on. "I want all my children to go to school so that they may one day take care of me in my old age. I want them to be educated like the children of my peers. That is why I have made the decision to ensure my wives have accessed FP services. Also, I want us to start a small garden for our food once the rains start. This will alleviate at least a little of our hunger. As for water, we have started discussing on how we could save some water for ourselves once the rains start, since that is our biggest source of water. We do not have a river here so harvesting water is our only option."

"I hope our people get to learn of the importance of managing a small population for both the animals and the family. That is the only way we will not feel the weight of such hard times." Julius (CHAT's CORP partner) commented.

"From China and India to Turkey and Brazil, when women have gotten access to education, to family planning and to a vital place in the economy, greater prosperity has followed. And when women are free to speak and learn, they temper the extremes of ideology and fanaticism and raise sons who are less likely to become human bombs." David Horsey