



Communities Health Africa Trust

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

Qtr. 2 Report to GoK

Apr - Jun 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. <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 Kenya 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

Sir Peter Scott, founder of WWF (lived 1909 – 1989)

“If the human population of the world continues to increase at its current rate, there will soon be no room for either wild life or wild places...But I believe that sooner or later man will learn to limit his overpopulation. Then he will be much more concerned with optimum rather than maximum, quality rather than quantity, and will recover the need within himself for contact with wilderness and wild nature.”

“You know, I have often thought that at the end of the day, we would have saved more wildlife if we had spent all WWF’s money on buying condoms.”

NB - Please see our website at - www.chatafrica.org & or follow us on Facebook at - <https://www.facebook.com/communitieshealthafrica> & Instagram: 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	Apr. - Jun. 2019 (FPCORPS)	FPCORPS cumulative Jan. - Jun. 2019	Male	Female	Apr. - Jun. 2019	Motor Mobile Cumulative Jan. - Jun. 2019	Male	Female	Apr. - Jun. 2019	Cumulative Jan. - Jun. 2019	Apr. - Jun. 2019	Jan. - Jun. 2019
RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS & SENSITISATION														
Number of individuals mobilized and sensitized on family planning/ecological awareness.(Behavior change information)	9,499	19,058	28,557	53,935	2,563	3,965	6,528	17,202	0	0	0	5,564	35,085	76,701
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	5,830		5,830	11,160	1,488		1,488	3,662	0		0	1141	7,318	15,963
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		3,826	3,826	10,024		900	900	2,580		0	0	1025	4,726	13,629
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		1,487	1,487	1,661		855	855	1,022		0	0	239	2,342	2,922
Number of women who chose pills as their method of contraception protection.		611	611	744		110	110	201		0	0	22	721	967
Number of women who chose IUCDs as their method of contraception protection.		61	61	80		0	0	0		0	0	0	61	80
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	19,451	177	19,628	49,474	13,396	0	13,396	29,915	0	0	0	4452	33,024	83,841
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) .(Behavior change information)	3,669	6,266	9,935	12,007	1,075	1,570	2,645	7,522	0	0	0	3042	12,580	22,571
Number of children immunized including revisits and referrals	539	578	1,117	2,263	83	104	187	425	0	0	0	0	1,304	2,688

Number of newly enrolled women provided with ANC services and revisits (including referrals)		1,067	1,067	1,090		209	209	326		0	0	0	1,276	1,416	
Number of women referred for PMTCT		0	0	0		7	7	10		0	0	0	7	10	
BASIC CURATIVES - vital entry point to family planning services															
Number of patients treated		0	0	0	0	462	421	883	2663	0	0	0	281	883	2,944
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	488	718	1,206	3,177	0	0	0	220	1,206	3,397
Number of individuals testing positive		0	0	0	0	3	2	5	8	0	0	0	1	5	9
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		118	67	185	297	0	0	0	0	0	0	0	0	185	297
Number of households with TB patients reached with health education on nutrition/infection control		138	79	217	358	0	0	0	0	0	0	0	0	217	358
Number of defaulters traced		20	12	32	61	0	0	0	0	0	0	0	0	32	61

"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 implementation model encompasses three core types of interventions, as well as actions to increase environmental awareness that are built into all aspects of their work. These core activities each respond to a specific set of needs or challenges, and CHAT believes they must be delivered together to ensure sustainability and impact. These interventions are:- 1) **Providing access to family planning information and services, using an integrated health approach** 2) **Strengthening community structures** 3) **Engaging in 'quiet' advocacy** 4) **Cross-Cutting- Environmental Awareness and Behavior Change**. These interventions are implemented using CHAT's three strategies:(a) Backpack Outreach Strategy (b) Motor Mobile Outreach Strategy (c) Camel Outreach Strategy. With your generous financial support enabled CHAT to implement a Back Packing strategy, which is proving to be the most sustainable strategy at the community level outside the project life span.

2) CHAT's Annual Audit of 2018 was completed by the end of April 2019 and shared with the Trustees. Gently but slowly CHAT has increased its funding over the years - this last year CHAT sourced over USD 500,000

3) CHAT's updated Strategic Plan covering 5 years has taken longer than anticipated, however the draft strategy is at its final stages and is hoped to be distributed to the Trustees early August 2019. CHAT was assisted by a professional American conservation capacity building organization based in Arusha Tanzania, called Maliasili. CHAT feels fortunate to of been given this opportunity. (Same organization that apparently is capacity building Lewa & NRT!)

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

Counties reached: Twelve (12) counties - Isiolo, Laikipia, Baringo, Kitui, Tharaka Nithi, Narok, Samburu, Meru, Nyeri, Kisii, Marsabet and Nakuru Counties.

Communities reached in various counties include:

- 1) Nakuru county: Muchorwe, Sektotes, Kiambereria, Sasumwa, Sachoran, Nyakiwa, Gacharage, Tachasis, Karima, Githiriga, Kimkasa & Willa.
- 2) Laikipia county: Mutara, Melwa, Island, Kiamariga, Lorien, Maundu Ne Meri, Vetenary, Mathira, Sipili, Ndurumo, Karandi, Karigoini, Kihato, Solio IDP Camps village 3,4 & 7, Kona Mbaya, Ngobit, Sirma, Njoguini, Matanya, Jericho slums, Majengo slums, Likii slums, Kambi ya Mbuzi, Kambi Panya slums, Kambi Mbuzi slums, Ichuga, Mungetho, Ilmotiok, Mukima, Kariunga, Reteti, Jua Kali, Naibor market, Doldol market, Chumvi, Parkare, Ewaso, Munishoi, Segera, Kurum, Lokusero, B/Tank, Kisargei, Samaria, Tool, Namelok, Piliili, Loisukut, Seek, Musul, Kisargei, Naserian, Ilmotiok, Loshaki, Koija, Sukutan, Lekiji & Olgirgir.
- 3) Baringo County: Kabel, Muchongoi, Kipkandule, Koimugul, Kasiela, Keneroi & Ngarie
- 4) Isiolo County: Subuiga, Waso Nyiro, EBC, Sericho, Kambi juu slums, Kiwanjani, Mwangaza, Bulla Pesa slums, Ngare mara, Rei, Safi Estate slums, Matundai, Nkorika, Ntepes, Ntulele, Olla Odha, Marere, Kambi Juu, Loruko, Rumate, Losira, & Chechelesi.
- 5) Kisii: Bungonta, Nyansakia, Ikorongo, Igwero & Sosera
- 6) Kitui: Ngaare, Kagui, Mbui, Waita, Mwakoni, Kamulo, Mavuwani, Mauru, Kilulu, Kora, Kyuso, Kamwongo, Kyethani, Kyandoa, Katooni, Katitu, Thonoa & Gai.
- 7) Tharaka: Karungaru, Gakurungu, Tunyai, Chiakariga market, Marimanti, Kamwathu, Magumoni & Kamanyaki.
- 8) Meru: Timau slums, Maritati & Kwa Ng'ang'a
- 9) Marsabet: Dogo, Galthelau, Laisamis, Merille, Logologo, Eysimgobanai, Uyam, Harulla, Namarei, Kamboe, Soito, Namarei market, Deere, Ekeno, Mpagas, Sukuroi, Korr, Nteel, Goboree, California village, Dubsahai, Ngurunet & Mekinya village.
- 10) Narok: Botret, Suparet, Kirok, Epukutia, Ololung'a, Olsukut, Olmeoshi, Nkutoto, Entoto, Ensukut & Melelo.
- 11) Samburu: Loikukum market, Nolderkes, Tungu, Ndikir, Sererit, Isil, Anderi, Masikita Chini, Teremka, Merimeji, Sumuruai, Sirata, Wota, Kirimun Market, Jijia, Serenataraki, Niderka, Kamomo, South Horr, Lpulee, Latakweny market, Masikita Simiti, Nyiro, Loudua, Lesirkan, Parkuo, Kurungu market, Soweto, Nataraki, Lororo, Arsim, Waso Rongai, Marti, Maralal town, Allamano, Yare, Mutaro, Shabaa, Loikas, Milimani, Sirata, Lesidai, Loosuk, Opiroi, Longewan, Suguta marmar, Lkuroto, Amaiya, Kisima, Baawa, Sere, Kelele, Lkeeki Sapuk, Puura, Loibor Ngare, Nkusero, Angata Rongai, Lorumoki, Jerusalem slums, Letanai, Lodonokwe, Kinya, Ntabas, Lerog, Reteti, Lerata, Archers post market, Waso, Sereolipi, Kiltamany, West gate, saasab, Ndonyo Nasipa, Wamba, Lepareu, Ndume, Baragoi, Chalbi desert, Ntepes, Lekuru market, Martie lepareu, Baraka, Lengusaka & Ngilai.
- 12) Nyeri: Nairutia, Nairutia IDP camps & Kona Mbaya.

MOTOR MOBILE STRATEGY (cost shared)

During this quarter (Apr.-Jun. 2019), various donors enabled CHAT to implement 7 X 10 day camping out integrated health services via a motor mobile strategy usually consisting of a nurse, driver, and Family Planning Community Own Resource Persons (CORPs). One donor supports the inclusion of a nurse aid/community liaison officer for one motor mobile project in Samburu.

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

Communities reached: Over forty (40) communities reached included;

- 1) Laikipia County: Ngilois, Kinamba Sosian, Ngare Mara, Nkioriti, Kambi Mbuzi, Karaya, Ntabas, Ntirim, Namelok, Satiman, Sabsab, Saramba Juu, Naibor market, Lpingwan market, Kimanjo market, Kiwanja, Bobong City, Doldol market, Sagumai, Nosirai, Naibor market & Ngare Narok.
- 2) Marsabet: Lmoti, Lependera, Siangan & Illaut
- 3) Samburu: Seren, Lesirkan, Loikas, Lekamoru, Ngari, Lgos, Sera, Shapulo, Kauro, Lesurua, Archers post market, Saasab, Lounoi, Sura adoru, Tangar market, Masikita, Nkii, Kibartare, Le Angata, Sera, Lesurua, Kauro, Lorubae, Laililai, Naimaralal, Seepei, Lekuru market, Kirimun market, Lpetpet, Suguta Marmar market and Latakweny market.
- 4) Isiolo: Tuale, Sabsaab & Kipsing.

CAMEL MOBILE STRATEGY - cost shared

1 X 1 month camel mobile went out late June and due back to base end July - this will be reported to you in the 3rd quarter report in early October.

Counties reached: N/A

Communities reached: N/A

Monitoring & Evaluation (M & E)

Between 10 - 12% of each donation will go towards this important activity. CHAT presently has an ongoing process of gathering 'outcome' & 'impact' evaluation data from the communities. The following is the summary of the findings:

- 1) Individual & community "apathy" (apathy is defined as "a lack of interest or concern") - however in the case of this project, the main reasons for this attitude could be inadequate understanding of opportunities that could assist with improving their personal & environmental wellbeing.
- 2) Health systems barriers e.g. long distances to health facilities...thus again lack of understanding the importance of fp - the communities need to appreciate that at times it is important they make an effort to 'go the last mile' for some services.
- 3) Undesirable healthcare worker's attitude e.g. unhelpful nursing in health facilities
- 4) GoK stock-outs and lack of long acting reversible contraceptives (in most cases/areas that CHAT targets if there is a health facility, the only health facility is a GOK MoH health facilities - rarely also Catholic who do not stock contraception!)
- 5) Lack of policies facilitating contraceptive provision in schools
- 6) Community level barriers -e.g. women's experiences with contraceptive side effects. All the above findings were addressed and other elements are used by CHAT to make appropriate informed decisions including targeted resource allocation.

Volunteering Monitors

Within the quarter, (April - June 2019) CHAT hosted two (2) volunteering monitors. 1) A monitor that represented overseas donors who is a skilled nurse. 2) The second volunteer is a Kenyan and a graduate student with a Bachelor of Project Management, Kirinyaga University Kenya. They both accompanied the motor mobile clinic to various parts of Laikipia North Sub county and Samburu - monitoring both motor mobile & partnering CORP activities at the community level; they also administered an evaluation tool, verified data entry, accompanied the Nanyuki slums based CORP thus monitoring the Backpack methodology and later they gave informed observations and report. This has assisted CHAT in making strategic decisions including change of strategies in specific counties. Diana in Crete, Greece, continues to assist CHAT using her considerable accounting skills by providing CHAT with 'comptroller' support (Diana has been helping CHAT for 7 - 8 years).

Program Challenges/Risks encountered

1) Health systems barriers - Long distances to health facilities

Community participants from hard to reach areas recounted that walking long distances to healthcare facilities in order to access FP services hindered utilization. They narrated that long distances were demotivating to women who wanted to consistently use FP methods, and were a major contributor to discontinuation and intermittent use. The long distances also put clients at risk of being denied access to FP services if they got to the health facility outside the established schedule of service provision. (See no's 3 below)

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) Undesirable healthcare worker's attitudes -Undesirable Health Care Worker's attitudes were stated as a barrier to FP services utilization, especially for underserved communities, such as the unmarried and adolescent users. The key community stakeholders reported that negative attitudes such as shouting, scolding, not allowing clients to explain their side effect experiences, existed in some of the GoK health facilities.

4) Stock-outs and lack of long acting reversible contraceptives - (MoH health facilities) -Stock-outs of preferred contraceptive methods and unavailability of long acting reversible contraceptives (LARCs) in some facilities, negatively affected contraceptive utilization, as it meant that communities could not use nor access such services when they wanted to. Furthermore, it was reported that some healthcare facilities were unable to offer LARCs because some of the health personnel had not undergone training to provide these methods or did not have the confidence to provide the service.

5) Individual & community "apathy" – apathy is defined as "a lack of interest or concern"; however in the case of this project - after in-house evaluations were done in some communities, the main reasons for this attitude could be inadequate understanding of opportunities that could assist them to improve their personal & environmental wellbeing. The CHAT team have interacted with the communities throughout and with many of their grass-root partners, the CORPs, and realized that "apathy" is one of the most challenging contributing factors towards the uptake of family planning services.

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

6) Resource Mobilization and Administration is still a gap re staffing is concerned and that CHAT would like to be able to afford a very professional administrator & fundraiser on a full time basis - however, we are unable to afford this.

Case Story

Wise decisions

(* Not the real names)

"Peter!! Stop the vehicle, please! Stop it now! "Jane, CHAT's CORP partner, shouted as the vehicle got into Siang'an village.

She had seen a group of women standing together near a manyatta preparing themselves to go somewhere. She alighted very fast from the vehicle as it came to a halt and went to talk to them about FP. (Jane is one of the most passionate persons that CHAT works alongside with in the communities - and she would not let this opportunity pass them by!. As the rest of us followed her to see what would end up happening, we heard a young bride telling her aunt 'Oh Aunt! listen to this mama! You have suffered a lot. She is your savior - please listen to her! The whole crowd laughed out loud but Aunt Lashaana* kept a straight face because she knew this was true.

Lashaana was married off to an old man unexpectedly after her elder sister ran away the morning before her wedding. She was a young wife with many years to reproduce - and reproduce she did! She has nine children and all are girls except for two. Apparently her husband will not stop until he has enough successors from her. Looking at Lashaana, despite looking 'dressed up' she looks weak and tired. Almost as if she has been toiling for hours and hours without stopping. Taking care of her family is not an easy task.

Lashaana decided to go aside and talk to CORP Jane privately. She asked more about how FP works which Jane was more than happy to share. After the counselling Lashaana decided to take the 5 years contraception protection method – an implant – this will ensure her a rest-period

"Our women need help and a lot of education, since it is the lack of information that is the leading cause of their suffering this much. I know if they had got this kind of knowledge before, they

"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