**Communities Health Africa Trust (CHAT)**

**POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)**

**GoK Report- 1st Quarter**

**January - March 2017**

<table>
<thead>
<tr>
<th>Name of the project:</th>
<th>Communities Health Africa Trust’s (CHAT) integrated services with a focus on family planning using a Population Health &amp; Environment (PHE) approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted To</td>
<td>Moh Samburu County: <a href="mailto:cdhsamburu@gmail.com">cdhsamburu@gmail.com</a>;<a href="mailto:thurakan1975@gmail.com">thurakan1975@gmail.com</a>;<a href="mailto:chrissong38@yahoo.com">chrissong38@yahoo.com</a>;<a href="mailto:imsaina@yahoo.com">imsaina@yahoo.com</a>;MoH Laikipia County:<a href="mailto:laikipiacountyhealth@gmail.com">laikipiacountyhealth@gmail.com</a>;<a href="mailto:ngerisusan@yahoo.com">ngerisusan@yahoo.com</a>;<a href="mailto:dr.wahenyam@yahoo.com">dr.wahenyam@yahoo.com</a>;MoH Isiolo County: <a href="mailto:moluhuku@yahoo.co.uk">moluhuku@yahoo.co.uk</a>;MoH Nakuru: <a href="mailto:cdhnakuru@yahoo.com">cdhnakuru@yahoo.com</a>;MoH Baringo county: <a href="mailto:cdhbaringo@yahoo.com">cdhbaringo@yahoo.com</a>;MoH Meru County:<a href="mailto:cdhmerv@yahoo.com">cdhmerv@yahoo.com</a>;MoH Tharaka Nithi County: <a href="mailto:cdtharakanithi@gmail.com">cdtharakanithi@gmail.com</a></td>
</tr>
<tr>
<td>Regions covered by CHAT</td>
<td>Ministry of Environment, Water and Natural Resources: <a href="mailto:Laikipiadelvelopmentauthority@gmail.com">Laikipiadelvelopmentauthority@gmail.com</a>;<a href="mailto:bonifaceanyonyi@yahoo.com">bonifaceanyonyi@yahoo.com</a>;</td>
</tr>
<tr>
<td>CHAT Partners</td>
<td>Global Fund TB via AMREF, USAID Afya Timiza,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 &amp; Sustainable Environments (CHASE), Community Health Africa Poverty Solutions, (CHAPS), Global Giving; Ewaso Lions Project Ltd, Suyian Ltd; 23 grassroots Health Support Groups through Laikipia &amp; Samburu, and 22 Community own Resource Persons (CORPs) these are grassroots partners providing FP/ecological sensitization, HIV/AIDS &amp; TB mobilization services</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Shanni Wreford-Smith: <a href="mailto:mobileclinicsafrica@gmail.com">mobileclinicsafrica@gmail.com</a></td>
</tr>
<tr>
<td>Reports Author</td>
<td>Programme Coordinator, Projects Officer, Asstant Projects Officer &amp; Data Officer, Finance Officer, volunteer auditor</td>
</tr>
</tbody>
</table>

**Problem Statement**

*Family-planning promotion is unique among medical interventions in the breadth of its potential benefits: reduction of poverty, and maternal and child mortality; empowerment of women by lightening the burden of excessive childbearing; and enhancement of environmental sustainability by stabilising the population of the planet.*

* This is a pre-print copy of a paper published in the journal *The Lancet*: John Cleland, Stan Bernstein, Alex Ezeh, Anibal Faundes, Anna Glazier, Jolene Innis. Family planning: the unfinished agenda. The Lancet Sexual and Reproductive Health Series, October 2006.

**NB** - Please see our updated website at [www.chatafrica.org](http://www.chatafrica.org) & or follow us on [facebook](https://www.facebook.com)

**CHAT’s INTEGRATED HEALTH SERVICES IMPACT SUMMARY**

<table>
<thead>
<tr>
<th>Reached by CHAT back packing FPCORPS (cost share)</th>
<th>Reached by CHAT motor mobile (cost share)</th>
<th>Reached by CHAT camel mobile (cost share)</th>
<th>CHAT’s overall this quarter</th>
<th>CHAT’s Cumulative this year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>--------</td>
<td>---------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Number of individuals mobilized and sensitized on family planning/ecological awareness.</td>
<td>2,269</td>
<td>9,037</td>
<td>11,306</td>
<td>11,306</td>
</tr>
<tr>
<td>Number of men accompanying their women to RH/FP ecological sensitization meeting.</td>
<td>1275</td>
<td>1,275</td>
<td>1,275</td>
<td>548</td>
</tr>
<tr>
<td>Number of women who chose Long Acting and Reversible Contraception (LARC) 3-5 years protection.</td>
<td>3,049</td>
<td>3,049</td>
<td>3,049</td>
<td>355</td>
</tr>
<tr>
<td>Number of women who chose an injectible method of contraception i.e. Depo provera contraception (3-month protection).</td>
<td>1298</td>
<td>1,298</td>
<td>1,298</td>
<td>151</td>
</tr>
<tr>
<td>Number of women who chose pills as their method of contraception protection.</td>
<td>380</td>
<td>380</td>
<td>380</td>
<td>33</td>
</tr>
<tr>
<td>Number of women who chose IUCDs as their method of contraception protection.</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>Number of condoms distributed</td>
<td>17,946</td>
<td>21</td>
<td>17,967</td>
<td>17,967</td>
</tr>
<tr>
<td>Number of youth out of school sensitized on FP/ecological sensitisation aged between 15-35</td>
<td>367</td>
<td>711</td>
<td>1,078</td>
<td>1,078</td>
</tr>
<tr>
<td>Number of children immunized</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of newly enrolled women provided with ANC services and revisits</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Number of women referred for PMTCT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of patients treated including opportunistic infections and revisits</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HIV/AIDS (CBHTCs)- Kenyan policy makes it compulsory that patients coming for treatment are tested &amp; counselled hence, indicated under motor &amp; camel mobile. (CHAT no longer has funding for this project- therefore a decrease in HIV activities)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of people counselled &amp; tested disaggregated by sex &amp; age</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of individuals testing positive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of supervisions conducted - other than CHAT's monthly M &amp; E inclusive activities</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TB-Integral part of our service provision via CORPs</td>
<td>102</td>
<td>56</td>
<td>158</td>
<td>158</td>
</tr>
<tr>
<td>Number of Household of TB patients reached with health education on nutrition/infection control</td>
<td>120</td>
<td>65</td>
<td>185</td>
<td>185</td>
</tr>
<tr>
<td>Activity News</td>
<td>Please note and refer to the above table for our quantitative indicators relevant to this section</td>
<td></td>
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</tbody>
</table>

Donor support goes towards CHAT’s integrated family planning (FP) ecological awareness intervention; ‘Back pack’ or door to door - motivating CHAT’s grassroots partners who are Community Own Resource Persons (CORPs) whom work alongside CHAT, implementing CHAT’s innovative door to door strategy whilst utilising public transport or going by foot, & via Motor mobile and camel mobile strategies also provided basic curatives, HIV/AIDS Testing and Counselling, other reproductive health services and TB services which act as an entry point to the underserved communities with access to a holistic family planning service that encompasses ecological awareness thus using a Population Health & Environment (PHE) approach.

**BACK PACK STRATEGY:**

**Counties reached:** this quarter eight (8) counties - Nakuru, Meru, Marsabit, Isiolo, Laikipia, Samburu & Baringo counties.

**Communities reached in various counties include:** This quarter, different donors supported twenty two (22) FPCORPs implemented CHAT’s innovative ‘Back Pack’ door to door strategy

1. **Nakuru county:** Mung’eitho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olbumbu, Sasumua, Bararget, Kimkasa and Kikigi.
2. **Baringo county:** Kapompes, Mutito, Tiyoyei, Kipagenge and Kimoriot.
3. **Samburu County:** Anderi market, Arge, Merimeji, Latakweny, Sokotot, Loikumkum, Ntisi, Ikramat, Didil, Seleyan, Sunoxi, Lowabene, Lpempet, Loosuk, Allamano slums, Loikas slums, Chang’a, Rangau, Lesidai, Seketet, Kisima, Noontoto, Ladala, Sirata, Oldonyiro market, Dipatas, Ruzzika, Kariunga, Eldawn, Tripple "A" Farm, Raap, Millma Chui, Mikorit and Bosina.
5. **Marsabit County:** Lmorgoi village, Hanugula Village, Lekuchula, Merille, Laisamis, Dubasahai village and Loroko
6. **Isiolo County:** Tulla Roba, Isiolo slums, Bula Pesa, Bula Odha, APJ, Merti, Garbatulla, Manyatta Arba, Chechenesi and Kula mawe.
7. **Meru County:** Gacaine, Uruku and Nakubu slums.
8. **Tharaka Nithi County:** Tunyai and Mariene

**MOTOR MOBILE STRATEGY (cost shared)**

Various donor support facilitated CHAT to implement integrated health services with a focus on FP/ecological awareness, via motor mobile which usually consists of a driver, nurse and often a volunteering monitor. Quantitative achievements are as recorded in the table above.

**Counties reached:** Two(2) counties - Laikipia and Samburu Counties

**Communities reached in various counties included:**

1. **Laikipia County:** Nabor market, Mpala Research, Mpala Ranch, Lekiji, Ilmotiok and Sukutan
2. **Samburu County:** Loikas slums, Maralal town, KMC, Longewan, Kirimon, Lowabene, Lomolong, Kiltamany, Sasaab and Kitobor

**CAMEL MOBILE STRATEGY (cost shared)**
CHAT implemented a one (1 month) integrated health services with a focus on FP services, using this strategy. Fifteen (15) camels for 2 weeks and nine (9) for extra two (2) weeks, Eleven (11) camel handlers for two (2) weeks and seven (7) camel handlers for extra two (2) weeks, one (1) Nurse, 1 CBHC Counsellor and three (3) FPCORPs, transversed both Baringo East and Laikipia West sub counties border. Additional camels and handlers were added to assist the film crews who accompanied them for 5 days. The camel mobile was accompanied by four (4) Germany film crew who filmed CHAT integrated camel mobile activities for five (5) days. CHAT is yet to receive photos and clips from the film crew that is deemed to assist CHAT in publishing CHAT’s interventions and for fundraising purposes as well. 2 camels died as a result of contracting a disease - We have never lost this number of camels in all clinics 17 years!

County reached: Laikipia and Baringo counties borders

Communities reached in Laikipia West & Baringo South Sub counties included:
1) Laikipia West Sub county: Tandare, Sipli, Ndurumo and Ayam.
2) Baringo South Sub county: Kabet, Waseges, Sambaka, Nyimbé, Boma Site and Ngarie.

ENVIRONMENT

Communities reached in various counties include:

1) Nakuru county: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
2) Baringo county: Kapotombe, Mutito, Tiyobie, Kipageng and Kimoriot.
5) Marsabet County: Lmongoi village, Harugula Village, Lekuchula, Merille, Laisamis, Dubsahai village and Loruko.
6) Taita County: Tulla Roba, Isiolu slums, Bula Pasa, Bula Odha, APU, Merti, Garbatula, manyatta Arba, Chechelesi and Kula mawe.
7) Meru County: Gacaine, Uruku and Nkubu slums.
8) Tharaka Nithi County: Tunyai and Mariene.

Environmental/water committees were reached in the following communities:

Communities reached in various counties include:

1) Nakuru county: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
2) Samburu County: Loosuk, Lesidai, Sekket, Noontoto, Ladala, Sirata, Ngutuk E Nyiron, Ngolgotin and Lporo.
4) Meru County: Gacaine, Uruku and Nkubu slums.
5) Tharaka Nithi County: Tunyai and Mariene.

Households who keep over <20 head of livestock were predominantly from the following communities:

Communities reached in various counties include:

1) Nakuru county: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
2) Samburu County: Loosuk, Sirata and Lporo.
3) Samburu County: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
4) Meru County: Gacaine, Uruku and Nkubu slums.
5) Tharaka Nithi County: Tunyai and Mariene.

Communities reached in various counties include:

2) Samburu County: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
3) Marsabet County: Lmongoi village, Harugula Village, Lekuchula, Merille, Laisamis, Dubsahai village and Loruko.
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5) Tharaka Nithi County: Tunyai and Mariene.

Tree planting/forestry committees were reached in the following communities:

Communities reached in various counties include:

1) Nakuru county: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
2) Samburu County: Loosuk, Sirata and Lporo.
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6) Taita County: Mung’etho, Tembwo, Sudu, Blue gum, T/Nyota, Soetto, Michorwa, Olumbu, Sasumua, Bararet, Kimkasa and Kikigi.
How the Challenges were addressed

Men were especially receptive to this form of ‘logic’ communities make informed resource allocation and distribution decisions in relation to their family size, influencing communal decisions and realising that their high population growth rate at this time, impacts negatively on the entire community.

Offering a full package of integrated services (a PHE approach to FP & basic curatives) increases a high uptake to services - with men and boys now more able to participate in the ‘family planning conversation’

Utilising all community gatherings for mobilisation, including youth/women group meetings, market days, churches, schools - and also including chiefs, natural leaders, and any other respected leaders in the community, enhances clients’ attendance to the integrated mobile clinic services. CHAT embraces such gatherings, where all market days have been marked and always considered during planning and mapping out of communities to be targeted in a particular region/community.

Utilising all community gatherings for mobilisation, including youth/women group meetings, market days, churches, schools - and also including chiefs, natural leaders, and any other respected leaders in the community, enhances clients’ attendance to

CHAT mobile outreach team is liaising with GoK administration - chiefs and sub chiefs, police and KDF officers on regular baisis about security matters thus assisting CHAT to plan more sensibly

CHAT has worked with this situation for many years - and have developed strategies and capacity to try and overcome this challenge

Communities reached in various counties include: This quarter, different donors supported nine (9) FPCORPs implemented CHAT’s innovative ‘Back Pack door to door strategy
1) Nakuru county: Mung’etho, Blue gum, T/Nyota, Mchorwa and Kiligi.
2) Baringo county: Tuiyobei, Kipagenge and Kimoriot.
4) Laikipia county: Matundai, Loturo, Labarsherek, Nkasurian, Ntepens, Lobosorit, Ereri, Endana, Jerusalem, Likii, Check, Bondeni, Kiamariga, Container, Bondeni, Habababa, Majengi, Thingithu, Kambi ya juu, Oldonyino market, Dipatas, Kariungu, Raap, Milima Chui, Nkorika and Bosnia.
5) Marsabit County: Urumoi village, Hanagula Village, Lekuchula, Dubsahai village and Loruko
6) Isiolo County: Merti, Manyatta Arba and Kula mawe.
7) Meru County: Gacaine, Ururu and Nikubu slums.
8) Tharaka Nithi County: Mariene*.

Monitoring & Evaluation

Program Challenges/Risks encountered

Within the quarter, Laikipia county experienced political instigated livestock invasions mainly from Sambur & Baringo County, targetting small holders and private ranches & conservanices - this continues to cause tension. This does affect CHAT's logistic operations with considerably higher insecurity in some of the areas CHAT tries to reach

Unable to fulfil the demand - CHAT were unable to meet the demand on this one camel mobile trip and so regrettably many clients remain needy & unattended.

Inadequate funding to support CHAT to re visit needy communities, let alone visit new areas. During this last camel mobile CHAT visited communities unaware of the concept of FP and its potential for the alleviation of suffering (i.e. unwanted pregnancy, unskilled abortion and often infanticide).

Prolonged drought causing inadequate water and grazing for the animals affected the mobile population - leading the pastoralist communities to move vast distances from one place to another in search of water and resorting to criminal behaviour.

Poor road network – tough driving terrain.

How the Challenges were addressed

CHAT mobile outreach team is liaising with GoK administration - chiefs and sub chiefs, police and KDF officers on regular baisis about security matters thus assisting CHAT to plan more sensibly

CHAT will keep on fundraising to try to find support - and lobbying to the county governments to prioritize family planning in their county budget allocations

CHAT’s grass root partners tried to follow the ‘herds’- consuming more time in movement rather than service provision - but still were able to reach these communities

Lessons Learnt/ Best Practices

Active involvement of MoH medical team in both support supervision and social public mobilization proved beneficial to all participants – and facilitated trust between the parties involved

Utilising all community gatherings for mobilisation, including youth/women group meetings, market days, churches, schools - and also including chiefs, natural leaders, and any other respected leaders in the community, enhances clients’ attendance to the integrated mobile clinic services. CHAT embraces such gatherings, where all market days have been marked and always considered during planning and mapping out of communities to be targeted in a particular region/community.

Offering a full package of integrated services (a PHE approach to FP & basic curatives) increases a high uptake to services - with men and boys now more able to participate in the ‘family planning conversation’

CHAT’s innovative PHE approach - ecological sensitization being integrated into the FP intervention - was a new perspective to the communities about 2 years ago and has been received with a lot of excitement and internalization. It will help communities make informed resource allocation and distribution decisions in relation to their family size, influencing communal decisions and realising that their high population growth rate at this time, impacts negatively on the entire community. Men were especially recepitve to this form of ‘logic’
Case Story

It is during one of CHAT’s month long camel mobile clinics on the border of Pokot East & Laikipia West that Lokipi, a CHAT FPCORP, met with a young lady and wanted to understand the young lady’s views about family planning and PHE.

"Being married at the age of 16 years in 2006 and having seven children now, I wish I could have met you a long time ago to receive these services that you are bringing us today. The tribal clashes we are experiencing right now is as a result of us women experiencing unwanted pregnancies, thereby unable to cope - nor is the environment able to cope. Actually, my children and I came here a few days ago to seek refuge after the Pokot community raided our manyatta killing some of my neighbors and leaving many of my friends severely wounded including my husband who is currently hospitalized as a result of a gunshot. Here I am today with nothing but pain - I don’t know who to turn to, or where to turn to" Chepchumba narrates.

"I met with Lokipi while she was mobilizing for FP services and decided to visit the clinic to enquire further as I believe that human beings are the unwitting root cause of all the problems we are encountering day in day out. I believe that with access to only such information as the kind Lokipi is sharing with us will surely enable our communities to live happily ever!" Chepchumba explains to the nurse. (Lokipi was one of three mobilisers accompanying the camel mobile)

The nurse counseled Chepchumba, sharing with her about the different Family Planning methods - which was followed by several tests, the nurse informed her that the hormonal contraception were not suitable for her so Chepchumba was referred to Muchongoi Health Center where after further counselling, she was provided with IUCD.

"There is an urgent enormous need to make voluntary contraception available and accessible so that we can be able to start to work towards living healthier, safer and even productive lives. During drought/famine, we experience an even harder life - many lives are lost, with children being orphaned and also the number of widows increasing yearly; all these as a result of tribal clashes - mainly between the Tugen and Pokot. Our pastors and elders have tried to hold peace talks but all in vain. Truly you –Lokipi and CHAT - are our savior as we believe that if we all embrace FP maybe peace will reign and our children will have a chance at a happy life," Chepchumba lamented.

Chepchumba were very grateful to Nurse Ruto and especially CHAT & the donors who supported the program.

"We must speak more clearly about sexuality, contraception, about abortion, about values that control population, because the ecological crisis, in short, is the population crisis. Cut population by 90% and there aren't enough people left to do a great deal of ecological damage" Makhail Gorbachev