



# Communities Health Africa Trust

## POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK - a 5 month Report

July - Nov. 2017



Name of the project:	Communities Health Africa Trust's (CHAT) integrated services focusing on family planning using a Population Health & Environment (PHE) approach
Submitted To	MoH Samburu County: <a href="mailto:cdhsamburu@gmail.com">cdhsamburu@gmail.com</a> ; <a href="mailto:thuran1975@gmail.com">thuran1975@gmail.com</a> ; <a href="mailto:chrisleng38@yahoo.com">chrisleng38@yahoo.com</a> ; <a href="mailto:jimsaina@yahoo.com">jimsaina@yahoo.com</a> ; MoH Laikipia County: <a href="mailto:laikipiacycountyhealth@gmail.com">laikipiacycountyhealth@gmail.com</a> ; <a href="mailto:ngerisusan@yahoo.com">ngerisusan@yahoo.com</a> ; <a href="mailto:dr.waihenyam@yahoo.com">dr.waihenyam@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:cdhmeru@yahoo.com">cdhmeru@yahoo.com</a> ; MoH Tharaka Nithi County: <a href="mailto:cdhtharakanithi@gmail.com">cdhtharakanithi@gmail.com</a> Ministry of Environment, Water and Natural Resources: <a href="mailto:Laikipiadevelopmentauthority@gmail.com">Laikipiadevelopmentauthority@gmail.com</a> ; <a href="mailto:bonifaceanyonyi@yahoo.com">bonifaceanyonyi@yahoo.com</a> ; Ministry of Agriculture, Livestock and Fisheries: <a href="mailto:mnmuchangi@yahoo.com">mnmuchangi@yahoo.com</a> ; MoH Nyeri: <a href="mailto:nyericdoh@yahoo.com">nyericdoh@yahoo.com</a> ; MoH Dagoretti: <a href="mailto:daqoretiscdphn@gmail.com">daqoretiscdphn@gmail.com</a> Kisii County: DPHN: <a href="mailto:leahbwari608@gmail.com">leahbwari608@gmail.com</a> ; <a href="mailto:leahbwari@yahoo.com">leahbwari@yahoo.com</a> ; Mwingi sub county: <a href="mailto:mwinginorthscounty@gmail.com">mwinginorthscounty@gmail.com</a>
Regions covered by CHAT	Presently CHAT is reaching into 12 Counties with integrated FP/ Ecological awareness activities - Laikipia, Samburu, Isiolo,Baringo, Marsabit, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii & Nairobi
CHAT Partners	The Nature Conservancy; 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 (CHASE), Community Health Africa Poverty Solutions, (CHAPS), Global Giving; Mission for Essential Drugs (MEDS), Suiyan Ltd, African Impact, Small Foundation;Milgis Trust, Northern Rangeland Trust, Mugie Ltd, St George Trust. 23 grassroots Health Support Groups through Laikipia & Samburu, and 27 Community own Resource Persons (CORPs) these are grassroots partners providing FP/ecological sensitization, HIV/AIDS & TB mobilization services
Program Coordinator	Shanni Wreford-Smith: <a href="mailto:mobileclinicsafrica@gmail.com">mobileclinicsafrica@gmail.com</a>
Reports Author	Programme Coordinator, Projects Officer, Assistant Projects & Data Officer, Field Coordinator, Field Assistant, Asst Finance Officer, volunteer auditor

### 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](http://www.chatafrica.org) & or follow us on Facebook at - <https://www.facebook.com/communityhealthafrica>*

**USING A PHE APPROACH, CHAT's INTEGRATED HEALTH SERVICES IMPACT SUMMARY**

Indicators	Reached by <u>Back Packing</u> FPCORPS				Reached by <u>motor</u> mobile (cost share)				Reached by <u>camel</u> mobile (cost shared)				CHAT's overall these 5 mths	CHAT's Cumulative this year 2017
	Male	Female	July, 2017 - Nov. 2017 (FPCORPS)	FPCORPS cumulative Jan. 2017- Nov. 2017	Male	Female	July, 2017- Nov. 2017	Motor Mobile Cumulative Jan. 2017 - Nov. 2017	Male	Female	July, 2017-Nov. 2017	Camel mobile Cumulative Jan. 2017 - Nov. 2017	July- 17 - Nov. 17	Jan. - Nov. 17
<b>RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS &amp; SENSITISATION using a Population Health &amp; Environment (PHE) approach</b>														
Number of individuals mobilized and sensitized on family planning/ecological awareness.(Behavior change information)	8,353	17,108	25,461	45,748	4,443	9,956	14,399	22,761	0	0	0	2,477	39,860	70,986
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	3570		3,570	6,496	3,082		3,082	4,985	0		0	534	6,652	12,015
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		7,740	7,740	13,235		3,768	3,768	5,753		0	0	518	11,508	19,506
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		1424	2,080	4,668		851	851	1,526		0	0	146	2,931	6,340
Number of women who chose pills as their method of contraception protection.		574	574	1186		352	352	668		0	0	0	926	1,854
Number of women who chose IUCDs as their method of contraception protection.		71	71	147		0	0	0		0	0	0	71	147
Number of women who chose TL as their method of contraception protection.		0	0	5		0	0	0		0	0	0	0	5
Number of condoms distributed	33,345	368	33,713	74,332	71,937	286	72,223	108,044	0	0	0	3100	105,936	185,476
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) .(Behavior change information)	1770	3,514	5,284	8,185	1,361	3,038	4,399	5,993	0	0	0	381	9,683	14,559
Number of children immunized including revisits	0	0	0	0	72	47	119	332	0	0	0	0	119	332
Number of newly enrolled women provided with ANC services and revisits & Referrals		79	79	79		105	105	162		0	0	0	184	241
Number of women referred for PMTCT		0	0	0		2	2	5		0	0	0	2	5
<b>BASIC CURATIVES- an important 'entry point' to all our other interventions</b>														
Number of patients treated	0	0	0	0	1347	1032	2,379	5596	0	0	0	157	2,379	5,753
<b>HIV/AIDS (CBHTCs) CHAT no longer has funding for this intervention - therefore a decrease in HIV activities. However, it is a Kenyan policy thus compulsory that patients coming for treatment are tested &amp; counselled.</b>														
Number of people counselled & tested disaggregated by sex & age	0	0	0	0	255	393	648	2,802	0	0	0	200	648	3,002
Number of individuals testing positive	0	0	0	0	1	3	4	7	0	0	0	1	4	8
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
<b>TB - an integral part of our service provision working with CORPs predominantly in Laikipia &amp; Isiolo</b>														

Number of contacts traced	188	98	286	655	0	0	0	0	0	0	0	0	286	655
Number of Household of TB patients reached with health education on nutrition/infection control	228	132	360	826	0	0	0	0	0	0	0	0	360	826
Number of defaulters traced	40	34	74	161	0	0	0	0	0	0	0	0	74	161

***“The key problem facing humanity in the coming century is how to bring a better quality of life — for 8 billion or more people — without wrecking the environment entirely in the attempt.”***

***Edward O. Wilson***

### Activity News

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

Donors' support goes towards a variety of CHAT's integrated strategies and health services - whist having a focus on a holistic family planning (FP) ecological awareness intervention using a PHE approach. CHAT's core objective is building community sustainability, thus CHAT motivating 38 grassroots partners called Community Own Resource Persons (CORPs) whom work alongside CHAT implementing CHAT's innovative door to door 'Back Pack' strategy that utilises public transport or going by foot. This strategy is supported by a motor mobile integrated clinic and and sometimes camel mobile integrated health services. The following services are offered - basic curative treatment integrated with HIV/AIDS services, other RH/Maternal Health services such as ANC, immunisation, STI treatment - and TB defaulter & contact tracing - all include a package of positive behaviour change and nutritional information.

#### BACK PACK STRATEGY:

**Counties reached:** Twelve (12) Counties- Laikipia, Samburu and parts of Marsabit, Baringo, Isiolo, Kisii, Tharaka Nithi, Kitui, Nakuru, Meru, Nyeri & recently Nairobi county

**Communities reached in various counties include:** This quarter, different donors supported twenty six (26) FPCORPs implemented CHAT's innovative 'Back Pack door to door' strategy in 172 communities.

- 1) **Nakuru county:** Bararget, Nyakinywa, Karama, Gacharage, Sirikwa, Tuluwet, Milimet, Keringet, Sasumwa, Kuresoi, Sirikwa, Nyakinywa, Karema, Gacharange and Karama.
- 2) **Baringo county:** Kabel center, Muchongoi, Koimugul, Keneroi, Kabel market, Arabal, Kapkerich, Sumuruai, Kongasis, Kasiela and Tuiyobei.
- 3) **Laikipia county:** Njoguine, ADC, Bondeni, Kiwanjani, Matundai, Ntepes, Mlima Chui, Kambi Juu, Ewaso, Kirimon, Kisurugi, Dipatas, Shabaha, Endana, Chumvi, Lotacha, Lokirisiai, Likii slums, Kisargei, Depatas, Samaria, Rucika, Powys, Kiamariga, Nanyuki open market, Majengo, Mlima Chui, Melwa, Check, Ntepes, Matundai, Lobarsherek, Ewaso, Kimanjo, Labarsherek, Kipsing market, Kiwanja, Bondeni and ADC.
- 4) **Isiolo County:** Isiolo slums, Tulla Roba, Bula Pesa, Kambi Garba, Chechelesi, Ltingai, Oldonyiro, Narrapu, Kipsing market and Kambi Juu.
- 5) **Samburu County:** Baragoi, Sirata, Nkejemuny, Loiragai, Loosuk market, Kisima, Suiyan, Barsaloi, Loikas slums, Alamano, Rangau, Lenkure, Sericho, Latakweny, Merimeji, Norparsaa, South Horr Town, Naibor keju, Lesirikan, Sokotei, Noontoto, Wamba, Sagumai, Parkare, Morijo, Martielepareu market, Sura adoru, Lodungokwe, Kiltamany, Ndarapani, Reteti, Lolkuniani market, Ndonyo Nasipa, Lokuchum, Losemate, Morinjoi, Lolpanya, Loshoorong, Lerata, Archers Post market, Long'orate, Lekasuiyan, Kirimon market, Suguta marmar, Longewan, Loikumkum, Isil, Sumuruai2, Seren and Kurungu market.
- 6) **Kitui County:** Marisi, Gai, Matooni, Waita, Mauru, Matooni, Malava, Kamusili, Kamuongo, Mbukoni, Kaya, Katse, Nyamanzei, Kangii and Kwangu.
- 7) **Tharaka Nithi County:** Ciakariga, Kiboka, Gakurungu, Kagucha, Kamarandi, Mitongoro, Nkondi, Materi, Tunyai, Gatunga market, Marimanti market, Kibera slums, Soweto slums and Mathiga.
- 8) **Marsabet County:** Laisamis, Logologo, Merille, Harulla, Marsabet town and Namarei.
- 9) **Kisii County:** Sosera, Ramasha, Ekona, Riami and Chokira.
- 10) **Meru County:** Thagara, equator, Nkubu, Taita slums, Kariene, Muguru and Rukura.
- 11) **Nyeri County:** Karemuni and Kona Mbaya.
- 12) **Nairobi County:** Dagoreti and Waithaka slums.

#### MOTOR MOBILE STRATEGY (cost shared)

During this period (5 months), various donors enabled (cost shared) CHAT to implement integrated health services via an integrated motor mobile strategy usually consisting of a nurse, driver and Family Planning Community Own Resource Person(CORP).

**Counties reached:** Five (5) counties - Kitui, Isiolo, Tharaka Nithi and the larger Laikipia and Samburu Counties

**Communities reached:** Over seventy (70) communities reached included;

- 1) **Laikipia County:** Kiawara market, Ewaso,Withare, Sangumai, Soito udo, Bokish, Seeki, Nkioriti, mpala,Sukuroi, Lekiji, Mutara, Thome, Keni, Lorein, Kambi Simba, 54 IDP Camp, Kadutura, Lorora, Maundu meri, Solio Village 3,5 & 7.
- 2) **Samburu County:** Loikas slums, Maralal town, Sura adoru, Lowabene, Kirimon market, Ngarama, Mugur, Ntepes, Naimaralal, Waso Rongai, Tuum, Laresoro, Ngilai, Loikumkum, Masikita Chini, Suiyan, Ndonyo Nasipa, Ngokoyei, Reteti, Kirish, Kiltamany, Sererit, Latakweny market, Angata Nanyeki, Matepes-Lorora and Soit Nyiro.
- 3) **Tharaka Nithi County:** Rukurini, Karungaru, Kamatungo, Kaamarandi, Karani, Gacheraka, Gakurine and Murinda.
- 4) **Isiolo County:** Langaaman, Ltingai, Lpusi, Kipsing market and Lenguruma,
- 5) **Mwingi County:** Tyaa, Kamuongo, Kaningo, Tseikuru, Katse, Kyuso, Kimangao and Waita

#### CAMEL MOBILE STRATEGY

CHAT was not able to implement integrated health services via camel mobile this quarter -

### 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 programs progress and activity dynamics and ensures sensible project planning. With an objective of improving current and future management of outputs, outcomes and impact which at other times includes the MoH and other relevant ministries providing supportive supervision for quality assurance and quality improvement. Other activities include, but are not limited to: conducting routine monitoring activities by visiting health facilities to verify especially FPCORP partner data from the registers; impromptu visits to FPCORPs as they carry out their door to door activities; interviewing beneficiaries either in a group or in one to one discussions; support supervision by the CHMT/SCHMT (GoK); checking with both the Sub County Information Records Officer & County Information Records Officer to ensure CHAT's contribution is captured in the District Health Information System (DHIS) and nationally. For the 5 months, CHAT's M&E and GoK technical team conducted facility based data verification exercises, observed quality of service delivery by the motor mobile clinic team in the field, administered client exit interviews and community overviews on the entire program - among other key quality issues. Within the reporting period, CHAT monitored the process and output indicators in all the counties covered via various approaches that included telephone calls, site visits, desk reviews etc. (Detailed reports on the findings is available on request.)

### Volunteer Monitors

During this period of five (5 months) CHAT was assisted by two (2) volunteer monitors. One (1) Kenyan volunteer- Tomas Mwangi Njogu who was a student pursuing Linguistic and International relations at Maseno University - he provided invaluable support by assisting with monitoring activities, compiling case stories, data verification and entry strategies. (2) Helen Lengat is from France and she assisted with CHAT's still weak mapping documentation. 3) Diana, in Crete continues to assist us using her considerable accounting skills by providing CHAT with comptroller support- (Diana has been helping CHAT for 6- 7 years.

### Program Challenges/Risks encountered

### How the challenges were addressed

1) Inadequate supply/flow of FP commodities from Gok health facilities due to a prolonged nurses strike that lasted over 6 months.

CHAT had to procure FP commodities to bridge this gap

2) Overwhelming service delivery demand especially for FP/ MCH services that required frequent revisits - including immunization services. CHAT experienced treating several zero dose cases in hard to reach areas.

Through the implementation of integrated services, CHAT captured such immunisation cases. Same cases have been reported & referred to the relevant counties/sub counties for continuing intervention.

3) Overpopulation is causing what many Kenyans want to call a "prolonged drought" - in reality the high fertility rate is causing the depletion of numerous natural resources such as water, wood, food and fertile soil; this is causing populations that are not usually mobile to be mobile - not necessarily just to find grazing for their desperate livestock but pastoralist communities moving from one place to another in search of water. Water used to be a free commodity, however most communities are having to pay for their water supplies now. This situation is resulting in CHAT's grass root partners, the CORPs, having to follow them thus increasing their time "on the road" rather than on actual service provision.

Motivating their grass root partners, CHAT are trying to develop and provide communities with sustainable access to contraception in all the counties CHAT reaches (this is presently 11 counties).

4) It was realized that there are isolated and stigmatized groups in Laikipia Central, some of them being internally displaced persons that have been forgotten both by the government and the communities surrounding at large. This has proven that they barely receive health services including family planning. Thus a huge need identified in these communities.

CHAT's grass root partners will be organizing regular 'back pack' outreach services to try and reach these vulnerable groups to provide integrated family planning services - using a PHE approach

5) There has been political tension identified all over the country that has left everyone in uncertainty of the oncoming future - most public services came to a halt as people awaited for processes to be completed. This caused private health facilities to be overwhelmed.

CHAT is a non political & an independent organisation and therefore, tries not to be involved in any politics, hence running its activities smoothly

6) Northern counties culturally being mobile communities i.e nomadic/pastoralists

CHAT has developed various culturally accepted approaches and strategies to ensure positive outcomes despite unpredictable movements of communities.

7) National election outputs hindered CHAT from sending out the camel mobiles due to insecurity concerns.

CHAT plans to send the camels early next year

8) "Ego" is CHAT's most common and frustrating challenge!

Patience & counselling!

### Case Story - "Stemming the Tide"

It was in the evening, the sound of bells was heard in the far distance as shoats (sheep & goats) and cattle were seen streaming into their bomas for the night, with soft songs and the whistling of morans now hungry after a long days trek - which was in search of water and pasture - in the Kirisia Mountains in Samburu County.

At the same time girls of ages between 11 -16 years - who will also be mothers of 2-4 children - were flowing into Lemunyete's manyatta to celebrate a "third born" of a teenage mother, Napakuri\* - who is aged 16 years old.

Also a group of men were at the far end of the manyatta staring at their sick animals realising that some of the animals will not survive the night

Meanwhile, the traditional birth attendant, Rosanoi\* who assisted with the 'home delivery' went to the men, bowed down as a sign of respect to the men and pleaded with them to slaughter a sheep for the mother who had delivered but had no strength due to heavy bleeding – and general malnutrition.

"You silly woman, can't you see we are mourning our dying animals that have no hope of surviving and you dare come hear pleading for a sheep," Aggrieved Lemunyete\* - a village elder, lamenting while lifting his stick to strike the woman.

As Rosanoi was going back to the delivery shelter, disappointed and speechless about what to say to the other women - and more so to Napakuri, the mother of the new born, she saw a lady carrying a bag on her back heading to where some women were seated who were waiting for The Birth Attendants feedback from the men. The lady happened to be Namusungu - a CHAT FPCORP - who was coming to mobilize and sensitize the same manyatta about family planning whilst integrating this with a strong element of ecological information – thus providing a solution to many of their problems – and opening the debate of ways forward for the future

Suddenly both women AND men hopelessly converged under a tree where Namusungu continued to convey messages and information about the sense of spacing their children, keeping manageable sizes of livestock and using alternative cooking sources - alternatives to charcoal burning which had devastated their surrounding environment and that is now left treeless with deep lifeless gullies cut into the earth.

Namusungu referred the weak mother to the Waso dispensary in Laikipia North for post-natal care, immunization and continued family planning services.

After a short consultation of the elders, Lemunyete, the owner of the manyatta invited the FPCORP, Namusungu, to return soon and provide yet more information which seemed to offer vital solutions to him, his people and their land.

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