



Communities Health Africa Trust (CHAT)

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

Qtr 2 GoK Report

April - June 2020



Name of the project:	Health People for a Health Environment.
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Regions covered by CHAT	<ul style="list-style-type: none"> • North Rift Ecosystem – Baringo (East Pokot), Nakuru (Mau Forest) • Lake Victoria Basin – Kisii • The Mara Ecosystem – Narok South • North Kenya Mountain Rangelands Ecosystem –Samburu, Isiolo, Laikipia, Marsabit <p>Presently CHAT is reaching into 13 counties - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii, Narok & Dagoretti in Nairobi</p>
CHAT Partners	Maliasili, 43 Community Own Resource Persons (CORPs); 33 grassroots Health Support Groups & Village Development Committees (VDCs) in Laikipia & Samburu; The Nature Conservancy(TNC); Global Fund TB via AMREF; Mpala Wildlife Foundation; East African Women's League; GoK includes the Kenya Ministry of Health & Ministry of Environment; Kenya Wildlife Trust (KWT);: Community Health & Sustainable Environments UK (CHASE); Community Health Africa Poverty Solutions (CHAPS) USA, Global Giving; GivingWay; Mission for Essential Drugs (MEDS Kenya); Milgis Trust, St George Trust, Moroney Foundation
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Problem Statement

A lack of access to family planning information and services contributes to poverty, suffering, and environmental degradation, which negatively impacts communities and their surrounding

NB - Please see our website at - www.chatafrica.org & or follow us on Facebook at - <https://www.facebook.com/communitieshealthafrica> & Instagram at - [Communitieshealthafricatrust](https://www.instagram.com/communitieshealthafricatrust)

IMPACT SUMMARY OF CHAT's INTEGRATED HEALTH SERVICES - USING A 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 2020
	Male	Female	Apr. - Jun. 2020	FPCORPs cumulative Jan. - Jun. 2020	Male	Female	Apr. - Jun. 2020	Motor Mobile Cumulative Jan. - Jun. 2020	Male	Female	Apr. - Jun. 2020	Cumulative Jan. - Jun. 2020	Apr. - Jun. 2020	Jan. - Jun. 2020
RH with a focus on FAMILY PLANNING ingegrated with components of ecological awareness and COVID 19 prevention sensitization (see below)														
Number of individuals mobilized and sensitized with Behavior change information i.e. family planning/ecological/COVID-19 awareness.	6,892	15,769	22,661	50,838	3,329	4,367	7,696	15,068	0	0	0	968	30,357	66,874
Number of men accompanying their women to RH/FP ecological & COVID-19 sensitization meeting..(Behavior change information)	5,982		5,982	13,671	1,567		1,567	3,461	0		0	99	7,549	17,231
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years pregnancy protection.		6,796	6,796	14,339		476	476	863		0	0	421	7,272	15,623
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-months pregnancy protection).		3,479	3,479	6,955		69	69	126		0	0	41	3,548	7,122
Number of women who chose pills as their method of contraception pregnancy protection.		657	657	1421		45	45	94		0	0	6	702	1,521
Number of women who chose IUCDs as their method of contraception pregnancy protection. (These are more suitable to those living in urban environments)		398	398	854		0	0	0		0	0	0	398	854
Number of women who chose TL as their method of contraception pregnancy protection.		0	0	0		0	0	0		0	0	0	0	0
Number of condoms distributed	19,431	0	19,431	41,460	1,034	3	1,037	3,238	0	0	0	1,576	20,468	46,274
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) - i.e. Behavior change information	2,042	3,479	5,521	10,127	427	1,054	1,481	2,796	0	0	0	710	7,002	13,633
Number of children immunized including revisits and referrals	476	582	1,058	1,883	23	48	71	164	0	0	0	0	1,129	2,047
Number of newly enrolled women provided with ANC services and revisits (including referrals)	0	223	223	621	0	61	61	182	0	0	0	7	284	810
Number of women referred for PMTCT	0	0	0	0	0	0	0	1	0	0	0	0	0	1
BASIC CURATIVES - vital entry point to family planning services														
Number of patients treated	0	0	0	0	278	321	599	1000	0	0	0	270	599	1,270
HIV/AIDS (CBHTCs) -														

Number of people counselled & tested disaggregated by sex & age	0	0	0	0	114	217	331	879	0	0	0	206	331	1,085
Number of individuals testing positive	0	0	0	0	1	1	2	5	0	0	0	2	2	7
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	141	90	231	513	0	0	0	0	0	0	0	0	231	513
Number of households with TB patients reached with health education on nutrition/infection control	152	109	261	574	0	0	0	0	0	0	0	0	261	574
Number of TB treatment interrupters traced	11	19	30	61	0	0	0	0	0	0	0	0	30	61

COVID 19 - see also above no.s integrated with fp services

Distribution of COVID 19 PPE materials to all CHATs CORP partners in the 13 counties.	14	43	57	57	0	0	0	0	0	0	0	0	57	57
Door to door, one to one sensitisation & screening	6892	15769	22661	50838	3329	4367	7696	15068	0	0	0	0	30357	65906
Numbers of individuals with presumed COVID 19 & referred to isolation and quarantine shelters.	4	4	8	8	2	1	3	3	0	0	0	0	11	11

"We cannot confront the massive challenges of poverty, hunger, disease and environmental destruction unless we address issues of population and reproductive health"
~ Thoraya Obaid

Activity News

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

Communities Health Africa Trust (CHAT) is a Kenyan based organization that provides family planning services as a way of ensuring long-term community well-being and environmental sustainability. CHAT focuses their work at the nexus of where ecosystems are fragile and communities are the most underserved. CHAT focusses on the following goals:

1. Increase access and use of family planning.
2. Enable positive behavior change for increased family planning uptake and environmental sustainability.
3. Increase empowerment and resilience of communities through self-sustaining governance structures.

In this quarter, continued with its engagement with MALIASILI- a professional American conservation capacity building organization based in Arusha Tanzania. The Partnership with Maliasili has been very helpful in strengthening CHAT's fundraising and communication capacity, a partnership that is hoped to continue for the next two years. It is hence anticipated that this engagement will play an instrumental role in ensuring CHAT has had reliable communication system as well as fostering a reliable and sustainable fundraising capacity.

BACK PACK STRATEGY

This is CHAT's primary outreach strategy which engages CORPs to go door-to-door in their own and surrounding communities and provide information and counseling on family planning using a population, health and environment (PHE) approach. Working with men, women, youth and other people present in the privacy of their own home including people with disability(PWD), that allows people to feel at ease and make informed decisions in a confidential and low-pressure environment. The CORPs provides referrals to local health facilities and assists individuals to access the family planning and basic health service they may need.

Following the GOK guidelines on COVID 19, the CORPs together with the link health facility nurses have been taking stringent measures as they go door to door to provide their health services with a focus on fp services.

With various donor's generous support, - CHAT procured, distributed and delivered COVID 19 PPE - these were:

- Gowns
- Masks
- Sanitizers
- Gloves
- Water containers
- Thermo guns
- Soaps
- Printed IEC materials detailing protective and preventive protocols

The PPEs were distributed and demonstrated by 45 CORPs to 13 counties reaching 196 communities within the quarter. Thanks to ALL donors & stakeholders who supported CHAT!

Counties reached: Thirteen (13) counties - Isiolo, Laikipia, Baringo, Kitui, Tharaka Nithi, Narok, Samburu, Meru, Nyeri, Kisii, Marsabet, Nairobi and Nakuru Counties.

Communities reached in various counties include:

- 1) **Nakuru county:** Sasumwa, Njoro, Set, Githiriga, Njoro, Molo, Willa and Matunda.
- 2) **Laikipia county:** Majengo slums, Gachathi, Baraka. Shika adabu slums, Mukima, , Pilili, Ilpolei, Kiwanja, Dipatas, Rozzika, Pois, Eleri, Endana, Ilmotiok, Naserian, Lekiji, Naibor, Nturukuma, Melwa, Koija, Survey, Lorien, Kihato, Segera, Doldol Maaso, Ranch, Sukutan , Bokish Likii 'A' slums, Likii 'B' slums & Jericho slums.
- 3) **Baringo County:** , Keneroi, Ngarie, Mochongoi Koimugul & Kasiela.
- 4) **Isiolo County:** , KK, Wabera, Tulla Roba, Merti, Korbesa, Ola odha, Sericho, Shambani, Tulele, Odha Bulle Bissan Biliquo, Biliquo marara, Chechelesi, Ngare mara, Kambi Gabra, Kambi juu slums, Oldonyiro, Nkorika, Labarsherek, Kambi ya juu, Naturatura, wabera Kiwanjani, Bulla Pesa slums & Marere, .
- 5) **Kisii:** Soseera, Bogonta, Nyaganchi, Kenyena, Nyambogo Tengereri, Risa and Kantigo.
- 6) **Kitui:** Tyaa, Waita, Kyuso, Mutanda, Musavani, Kanzanu. Kamuongo, Kamusili, Tseikuru, Katse, Ngomeni & Mitamisyi,
- 7) **Tharaka:** Chiakariga, Kieraka, Tunyai, Gakurungu, Marimanti, Kamanjuki, Kamwathu, Kamanyiki, Kanjoro, Gitugu, Nkondi, Gatunga, Maara, , Igambang'ombe, Muthambi, Tharaka, Keraka, , Kamarandi, Kathwana & Katungu.
- 8) **Meru:** Ngushishi, Mla Moja, Maritati, Karuri , Kwa Ng'ang'a slums and Sirimun.
- 9) **Marsabit:** , Jirime, Bricho, Sukoroi, Manyatta Jillo, Goro Rukes, Lchurai, Kamboe, , Elemo, Wambille, Barmin, Sahada, Lpendera, Laisamis, Merile & Rongumo.
- 10) **Narok:** , Ntulele, Olesakwana, Ololoni, Olepolos Mara beef , Olunini Olkenyei, Kiroki, site, Aitonga Manyatta, Suparet, Ololung'a, Melelo, , Enkutoto, Olomokoye & Emarti .
- 11) **Samburu:** Ndongyo wasin market, Martie Lepareu, Lolmong', Lorok, Louwa, Suyian Lorora, Barsaloi, Nachola, Charda, Marti, Latakweny market, Loikumkum market, Sererit, Teremka, Masikita Chini, Arsim, Lesirkan, Seren, Loodua, Waso Rongai, Lonjorine, South Horr, Soit Nyiro, Ngilai, Sumuruai, Kurungu market, Merimeji, Civicon, Masikita Juu, Lesirkan, Tangar market, Urta, Marti Kijiji, Moruakiring, Lailai, Lpendera, Nkii, Ndume, Meiwa, Ndongyo Wasin market, Sitini, Nanguya, Marti Ndrope, Sarai, Naispae, Lolpurusho, Seramurutana, Arge market, Lorok Lolmong, Baragoi, Kalele, Lokorkor, Lchala, Taparsoit, Likeri, Nkurunit, Lodepe, Isil, Wota, Serenataraki, Ndirir, Merimeji, Marti, Tangar, Soit Naibor Lolora, West gate, Sereolipi, Jerusalem slums, Tree top, Golgoltim, Loosuk, Allamano, Rangau, Yamo, Laroiakorok, Kijiji, Lekuru market, Ntepes, Lolponyi lolora, Lengei lolora, Kelele, Maralal, Naimoral , Loudowa, Tungar, Wamba, Kirim, Lolka, Kisima, Lekuru, Naiborkeju, Seketet, Sirata, Loosuk, Lolka-Maralal, Opiroi & Ntepes .
- 12) **Nyeri:** Nairutia IDP camps & Kona Mbaya.
- 13) **Nairobi:** Waitthaka, Muthua, Dagoreti Center, Dagoretti market, Thogoto, Gachui, Kwara and Kikuyu .

MOTOR MOBILE STRATEGY (cost shared)

Different donors enabled CHAT to undertake 3 motor mobile outreaches, each camping out for 10-days, at the same time we intergrated monitoring and evaluation activities. In implementing this strategy, the CORPs usually liaise with community leaders, facility staff and other community representatives in mobilising and also assessing their respective communities and prioritizing the communities that are in more need of the services. The motor mobile outreaches usually intergrate different services including basic curative treatment, immunization, child welfare, antenatal, post-natal care services, HTC, amongst others - these CHAT use as entry points to their main focus which is to avail family planning services to needy communities identified by the CORPs, in liaison with community representatives through their various structures e.g Nyumba Kumi, Chief etc

The strategy is usually implemented by engaging a driver and a nurse; household funding be enough, also a nurse aid - and the CORPs ..

Counties reached: Four (3) counties - Isiolo, Laikipia, Samburu counties.

Communities reached: Twenty two (22) communities reached included;

- 1) **Laikipia County:** Suguta Naibor, KMC , Nkiroriti - Lorora "A" & "B" , Musul, Pilili, Munichoi, Namelok, Olkinyei, Tool, Rumrum, Ntabas, Morijo, Kiwanja ndege,
- 2) **Isiolo County:** Ntepes.
- 3) **Samburu County:** Lekasuiyan, Latakweny, Masikita, Teremka, Ngilai and Opiroi

CAMEL MOBILE STRATEGY :-

No camel mobile clinic was implemented this quarter

Monitoring & Evaluation (M & E)

Monitoring and Evaluating a family planning impact assessment of community self sustainability was a key activity this quarter.

M&E activities were conducted with CHAT's project officers visiting some sampled health facilities where CHAT's supported CORPs refer - included both older and newly established facilities - comparing self-referral family planning clients against those number of clients that were referred by CHAT's CORP partners.

The purpose of the study was to compare those community health facilities that, as a result of CHAT's support, have graduated to being self-sustainable and being able to access their own family planning needs, thus requiring less support from the CORPs, to those communities that still require the rigorous referral interventions of the CORPs door to door family planning services. This will guide CHAT in program planning and decision-making, it will include consider value for money, emphasizing on community's health sustainability and enabling CHAT's decision on exit strategies and possibly beign able to channel this vital support to other more needy, marginalized, and inaccessible communities. This process is ongoing and once completed a detailed report will be available on request.

Volunteering Monitors & Other Support

For the last three months, due to the COVID-19 pandemic, we did not have volunteers joining us physically at CHAT, however several volunteers and wellwishers have continued to support CHAT remotely. This included Dossie & Diana of the UK who supported CHAT in reviewing and editing CHAT's fundraising proposal documents, also a former volunteer from the UK, Bronwyn Thomson, linked CHAT with an online portfolio, Rhimani, who sells beaded products made in Kenya online; she donated 10% of her May sales proceeds to CHAT.

Diana Hague, a finance comptroller in Crete, Greece, continues to help a most grateful CHAT with its financial reporting functions. Maliasili - a conservation capacity building organisation is supporting us with building on our communication & resource mobilisation.

Program Challenges/Risks encountered

During this reporting quarter, CHAT has continued to undertake various projects activities, all of which have a keen focus on community sensitization & providing access to family planning services whilst using their PHE approach. However, in doing so, CHAT has encountered different challenges most of which have been and are being addressed on different levels, whilst they have also formed a learning basis for the CHAT fraternity on how such challenges can be best addressed - in an effort to ensure that the anticipated outputs, outcomes, deliverables and impacts are being realized in the long run.

1. Unmanageable population growth. The 13 counties presently reached with various donor's support experience a high population growth rate, with an average fertility rate of 5.7 per woman, compared to a national average of 3.6 children per woman. The need for family planning is high. CHAT tries to provide access to family planning taking into consideration traditional and cultural beliefs and practices.
2. Lack of access & support. There is an increasing demand for smaller families and the use of modern contraception among women in these and other counties. By addressing barriers to access and use of family planning would further reduce fertility rates. However, inadequate government resource allocations for fp interventions, that is compounded with a lack of donor support for fp intervention projects in these areas has been and continues to be a challenge experienced in these communities.
3. Increasing poverty. Currently, the populations are dominated by young people who are being supported by the very few of those in the workforce. Almost three-quarters of the population is under 30 years old and about half is under 15 years. The environmental action plans in these counties identify the young population and high unemployment as threats to development – scarily this means that the population will continue to grow for several generations. However, if willing donor support would focus their support for fp interventions to these counties, then birth rates will decline rapidly, and the age structure of the population would shift and there would be more working-age adults relative to children. Consequently, the counties could benefit from what is called the “demographic dividend” – economic growth resulting from increased productivity and greater savings due to a lower number of dependents. Benefits of the demographic dividend are optimized when accompanied by investments in health and education, and pro-growth, job-creating economic reforms - thus fp interventions becoming key to immediate & future plans
4. Community apathy and unresponsiveness to information delivered to them remains a challenge
5. Weak commodity supply chain systems. A significant shortage of FP commodities hence limiting freedom of choice of family planning method at the health facilities
6. Unfair resource allocation on family planning initiatives by governmental and non-governmental entities.
7. Ego – at all levels of society.

Case Story

A new dawn

*Not their real name.

Wacu* lives in a slum surrounding Nanyuki and was 20 years old when she became pregnant. After birth, she confided to a neighbor that she didn't want to have another baby out of wedlock. She had experienced how being a single parent in the slums was such a hard thing especially with the poverty.

Wacu's neighbor, Kanini* told Wacu of a lady called Rose Mulonzi, who is a community own resource person (CORP) that partners with CHAT by mobilizing for family planning services. Kanini took Wacu to Rose who took time to educate her about family planning, integrating a strong component of environmental conservation and COVID 19 protection within the sensitisation.

After their discussions they agreed that Rose was going to visit Wacu with a nurse at her house for service provision. Rose discovered Nurse Ann, CHAT's nurse, taking her monthly “off” days, so Rose requested Nurse Ann to accompany her to the slum to provide family planning for the clients that she had sensitized.

Having been counseled on a range of family planning methods Wacu decided upon choosing the 5 year contraceptive pregnancy protection Implant method. “I chose this method because it lasts for 5 years,” Says Wacu. “You can't forget to take it like you can with “the pill” - this method is a five year guarantee protection - against unwanted pregnancies.!” She adds.

Through CHAT, women like Wacu are transforming their lives by accessing family planning services. With access to fp contraceptives she now has the choice to plan for the future. At long last she is ‘empowered’ and better equipped to plan for a better life. “This is where women's empowerment begins I have more ‘power’ to now control my future and plan for it. Wait until I share this with my friends and relations who have gone through horrible suffering such as unskilled abortions, infanticide, school girl pregnancies, please, wait let me go and call them”.

"It's long been accepted as fact that the availability of family planning services saves lives. Where women have access to these services, children and families are healthier, and society at large benefits",

~ Martha Plimpton