

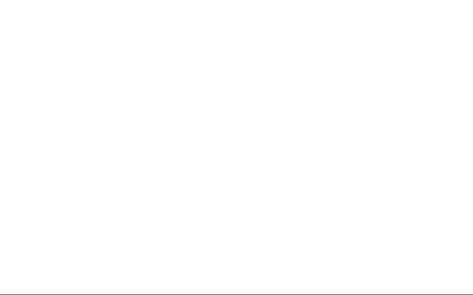


# Communities Health Africa Trust (CHAT)

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

Qtr.1 Report to GoK

Jan. - March. 2020



Name of the project:	Health People for a Health Environment.
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Regions covered by CHAT	Presently CHAT is reaching into 13 counties - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii, Narok & Dagoretti in Nairobi <ul style="list-style-type: none"> <li>• Tana River Ecosystem – Northern Kitui, Meru and Tharaka</li> <li>• North Rift Ecosystem – Baringo (East Pokot), Nakuru (Mau Forest)</li> <li>• Lake Victoria Basin – Kisii</li> <li>• The Mara Ecosystem – Narok South (opportunity here to scale up through indirect consultancy model)</li> <li>• North Kenya Mountain Rangelands (includes the Ewaso System) Ecosystem – Samburu, Isiolo, Laikipia, Marsabit</li> </ul>
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; Marie Stopes ; 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; Mission for Essential Drugs (MEDS Kenya); Suiyan Ltd; Small Foundation Canada; Milgis Trust, St George Trust, Givingways, Ewaso Lions Ltd, Grevy Zebra Trust, Lion Landscapes, Save the Elephant.
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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 ecosystems"**

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	Jan. - Mar. 2020	FPCORPs cumulative Jan. - Mar. 2020	Male	Female	Oct. - Dec. 2020	Motor Mobile Cumulative Jan. - Mar. 2020	Male	Female	Jan. -Mar. 2020	Cumulative Jan. - Mar. 2020	Jan. - Mar. 2020	Jan. - Mar. 2020
<b>RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS &amp; SENSITISATION (PHE approach)</b>														
Number of individuals mobilized and sensitized with Behavior change information i.e. family planning/ecological awareness.	9,645	18,532	<b>28,177</b>	<b>28,177</b>	2,476	4,896	<b>7,372</b>	<b>7,372</b>	273	695	<b>968</b>	<b>968</b>	36,517	36,517
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	7,689		<b>7,689</b>	<b>7,689</b>	1,894		<b>1,894</b>	<b>1,894</b>	99		<b>99</b>	<b>99</b>	9,682	9,682
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		7,543	<b>7,543</b>	<b>7,543</b>		387	<b>387</b>	<b>387</b>		421	<b>421</b>	<b>421</b>	8,351	8,351
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		3,476	<b>3,476</b>	<b>3,476</b>		57	<b>57</b>	<b>57</b>		41	<b>41</b>	<b>41</b>	3,574	3,574
Number of women who chose pills as their method of contraception protection.		764	<b>764</b>	<b>764</b>		49	<b>49</b>	<b>49</b>		6	<b>6</b>	<b>6</b>	819	819
Number of women who chose IUCDs as their method of contraception protection. (These are more suitable to those living in urban environments)		456	<b>456</b>	<b>456</b>		0	<b>0</b>	<b>0</b>		0	<b>0</b>	<b>0</b>	456	456
Number of women who chose TL as their method of contraception protection.		0	<b>0</b>	<b>0</b>		0	<b>0</b>	<b>0</b>		0	<b>0</b>	<b>0</b>	0	0
Number of condoms distributed	21,786	243	<b>22,029</b>	<b>22,029</b>	2,158	43	<b>2,201</b>	<b>2,201</b>	1,576	0	<b>1,576</b>	<b>1,576</b>	25,806	25,806
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) - i.e. Behavior change information	1,037	3,569	<b>4,606</b>	<b>4,606</b>	328	987	<b>1,315</b>	<b>1,315</b>	174	536	<b>710</b>	<b>710</b>	6,631	6,631
Number of children immunized including revisits and referrals	349	476	<b>825</b>	<b>825</b>	39	54	<b>93</b>	<b>93</b>	0	0	<b>0</b>	<b>0</b>	918	918
Number of newly enrolled women provided with ANC services and revisits (including referrals)		398	<b>398</b>	<b>398</b>		121	<b>121</b>	<b>121</b>		7	<b>7</b>	<b>7</b>	526	526
Number of women referred for PMTCT		0	<b>0</b>	<b>0</b>		1	<b>1</b>	<b>1</b>		0	<b>0</b>	<b>0</b>	1	1
<b>BASIC CURATIVES - vital entry point to family planning services</b>														
Number of patients treated	0	0	<b>0</b>	<b>0</b>	169	232	<b>401</b>	<b>401</b>	123	147	<b>270</b>	<b>270</b>	671	671
<b>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 &amp; counselled.</b>														

Number of people counselled & tested disaggregated by sex & age	0	0	0	0	206	342	548	548	65	141	206	206	754	754
Number of individuals testing positive	0	0	0	0	1	2	3	3	1	1	2	2	5	5
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	179	103	282	282	0	0	0	0	0	0	0	0	282	282
Number of households with TB patients reached with health education on nutrition/infection control	199	114	313	313	0	0	0	0	0	0	0	0	313	313
Number of TB treatment interrupters traced	20	11	31	31	0	0	0	0	0	0	0	0	31	31

***“For the Nation to benefit from Demographic dividends, it calls for programs to increase access to family planning to prevent unintended pregnancies leading to fewer births. Reductions in fertility coupled with child and maternal mortality declines are all associated with a greater power for women to make decisions about how many children they want and how to raise them. As they stop spending their most productive years bearing and raising children, they can enter the workforce and contribute to economic production\*”***

*Quoted by: Dr Kibaru-Mbae - the director-general, National Council for Population and Development, and Siddharth Chatterjee the UNFPA Kenya Representative*

#### 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.

CHAT's Annual Audit for the year of 2019 is complete and has been shared with the Trustees . From the projections, CHAT has gently but slowly increased its funding over the years, however, with COVID 19 affecting world's economy, CHAT is not certain of this year's trend.

Between January - March 2020, CHAT has been assisted by a professional American conservation capacity building organization based in Arusha Tanzania called Maliasili. CHAT identified 2 areas that needed strengthening - fundraising & communication. CHAT's partnership with MALIASILI is hoped to continue for the next 2 years! Series of meetings have continued to be held in between CHAT & Maliasili, laying ground for a full pledged fundraising and communication capacity building workshop.

Now that that the external audit is complete, CHAT has started plans to develop their 2019 Annual report that hopefully will be ready by last half of May 2020 and will be shared with all CHAT stakeholders including donors and Trustees by mid-June 2020. To ensure that the whole process is a success, CHAT envisages to consult different consultants at different levels - this is only the second Annual Report CHAT has produced. However, CHAT has previously been compiling and sharing quarterly reports.

In mid Feb 2020, CHAT hosted a university student, Bronny, from UK for 2 weeks, she was compiling her thesis which was focussed about CHAT

#### BACK PACK STRATEGY

CHAT's primary outreach strategy is their Backpack strategy that engages CORPs to go door-to-door in their own and surrounding communities to provide information and counseling on family planning using a population, health and environment (PHE) approach. Working with men, women and other people present in the privacy of their own home 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.. The CORPs also engage with people about broader ecological and social issues that impact the community's overall well-being.

CHAT supported 45 backpacking CORPs, 15 were not supported because the donor TNC, funding has been delayed until possibly May 2020,

**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: Matunda, Willa, Sasumwa, Set, Njoro, Molo, Set and Githiriga.
- 2) Laikipia county: Likii 'A' slums, Likii 'B' slums, Jericho slums, Majengo slums, Gachathi, Baraka. Shika adabu slums, Mukima, Nturukuma, Melwa, Koija, Survey, Lorien, Kihato, Piliili, Ilpolei, Kiwanja, Dipatas, Rozzika, Pois, Eleri, Endana, Ilmotiok, Naserian, Lekiji, Naibor, Segera, Doldol Maaso, Ranch, Sukutan & Bokish.
- 3) Baringo County: Mochongoi, Keneroi, Ngarie, Kasiela & Koimugul.
- 4) Isiolo County: Ola odha, Sericho, Shambani, Tulele, Odha Bulle, KK, Wabera, Tulla Roba, Merti, Korbasa, Bissan Biliqou, Biliqou marara, Chechelesi, Ngare mara, Kambi Gabra, Kambi juu slums, Kiwanjani, Bulla Pesa slums, Marere, Oldonyiro, Nkorika, Labarsherek, Kambi ya juu, Naturatura & wabera.
- 5) Kisii: Nyaganchi, Sosera, Bogonta, Kenyena, Kantigo, Risa, Nyambogo and Tengereri.
- 6) Kitui: Kyuso, Kamuongo, Tyaa, Waita, Kamusili, Tseikuru, Katse, Ngomeni, Mitamisyi, Mutanda, Musavani & Kanzanu.
- 7) Tharaka: Kamwathu, Gitugu, Chiakariga, Kieraka, Tunyai, Gakurungu, Marimanti, Nkondi, Gatunga, Maara, Kathwana, Igambang'ombe, Muthambi, Tharaka, Keraka, Katungu, Kamarandi, Kamanyiki, Kanjoro & Kamanjuki.
- 8) Meru: Mla Moja, Maritati, Ngushishi, Sirimun, Kwa Ng'ang'a slums and Karuri.
- 9) Marsabit: Manyatta Jillo, Goro Rukes, Jirime, Bricho, Sukoroi, Lchurai, Rongumo, Elemo, Wambille, Barmin, Sahada, Lpendera, Laisamis, Merile & Kamboe.
- 10) Narok: Olkenyei, Kiroki, site, Aitonga Manyatta, Ntulele, Olesakwana, Ololoni, Suparet, Ololung'a, Melelo, Emarti, Enkutoto, Olomokoye, Olepolos Mara beef & Olunini.
- 11) Samburu: 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, Laroiaorok, Kijiji, Lekuru market, Ntepes, Lolponyi lolora, Lengei lolora, Kelele, Maralal, Wamba, Kirim, Lolkas, Kisima, Lekuru, Naiborkeju, Seketet, Sirata, Loosuk, Lolkas-Maralal, Opiroi, Naimoral, Ntepes, Loudowa & Tungan.
- 12) Nyeri: Nairutia IDP camps & Kona Mbaya.
- 13) Nairobi: Dagoreti Center, Dagoretti market, Thogoto, Gachui, Kikuyu, Kware, Waitaha and Muthua.

**MOTOR MOBILE STRATEGY (cost shared)**

During this first quarter (Jan-Mar. 2020), different donors made it possible for CHAT to implement two motor mobile outreach combined with M&E activities each for -10 days out-camping. In undertaking this, the CORPs are required to liaise with the community members, Liaison persons, local and administrative leaders to identify which specific areas within their communities are in dire need of the Health services to be prioritized. The motor mobile clinics are organized in a way that depending on the identified need, an integration of basic health services entailing Basic curatives, Reproductive health, immunization, Referrals, Antenatal, postnatal and child welfare care services are provided. In implementing the strategy, basically a driver, a nurse, Family planning CORP and a nurse aid or community Liaison person are actively involved.

**Counties reached:** Four (4) counties - Isiolo, Laikipia, Samburu & Marsabit Counties

**Communities reached:** Eighteen (18) communities reached included;

- 1) Laikipia County: Lpingwan market, Naibor, KMC, Twala, Katonga, Musul, Piliili, Municho, village 28, Galaxy flower farm, Tulanga flower farm, Aiyam, Gatundia, Kambi ya Simba & Karaya.
- 2) Isiolo County: Ntepes, Nolturot & Parkuruk.
- 3) Samburu County: Loikumkum
- 4) Marsabit County: Ngurunet & Illaut

**CAMEL MOBILE STRATEGY**

During this reporting period (Jan-March. 2020) CHAT camel mobile outreach transversed communities in Isiolo, Laikipia and Samburu counties for one month. This particular camel mobile was funded by TNC. The selection criteria for the areas of coverage is established in liaison with the CORPs and community liaison persons who screen their communities to determine which areas are hard-to-reach and in need of family planning services. The camel mobile clinic offers integrated health services focusing on family planning services using a PHE approach, with basic curative used as an entry point.

**Counties reached:** Four (4) counties - Isiolo, Samburu, Marsabit & Laikipia Counties

**Communities reached:** Eleven (11) communities reached included;

- 1) Laikipia County: Sangumai, Ntabas, Rumrum & Sukutan.
- 2) Isiolo: Ntepes, Lpusi Natedu, Palkare & Labarsherek.
- 3) Samburu: Lpusi Lapesion, Mugur & Lawoti.

**Monitoring & Evaluation (M & E)**

Between 10% and 12% of the project budget was allocated for this important activity. The M & E remains a significant activity of the project as it ensures that the project is being implemented as per the project design and plan, creating an opportunity to screen for any deviations from the latter, identifying the causal roots of the deviations - and brainstorming for the best solutions to bring the project back on track so that the desired deliverables are best achieved..

The M & E undertaken during the quarter being reviewed had the following key findings as summarised:

- 1. The social behavior change was equally carefully monitored in an effort to establish how the communities perception had changed over time - and it was found that there is a notably gradual improvement as communities started to comprehend the close links between population and ecological inter-dependence; as well as its economic interpretation. It was however noted there are neighboring communities needing further enlightenment - using the Population, Health and Environment (PHE) approach.
- 2. The evaluation also focused on finding out the sustainability level of the counties in terms of providing reproductive health services to the communities. The finding on this aspect is that there still existed the challenge of FP commodity stock-outs at some GoK facilities - and hence implying that CHAT's presence and operations in these areas is still very necessary to ensure that these important services are delivered to these very needy communities.
- 3. Social cultural practices and beliefs still remains a barrier to fp service delivery in some pockets of these communities who still can have misconceptions – possibly associated to high illiteracy levels. CHAT's door to door approach, and with the use of CORPs who are locally ensconsed within these communities are positively working to reduce these communities myths and misconception attitudes.

### Volunteering Monitors

CHAT was supported by 2 volunteers based in Nanyuki from the British Army base – BATUK. Meredith & Laura who voluntarily assist CHAT with marketing, social media including Instagram, Facebook and website, fundraising/resource mobilization until mid-March when COVID-19 was declared a Public Health pandemic in Kenya, and they had to fly back to UK. CHAT hopes Meredith and Laura will continue supporting CHAT remotely from their home country.

During this quarter under review, CHAT engaged various reliable and resourceful personnel on a voluntary basis

Kasmira of the Maliasili group has been of great help to CHAT with capacity building, ensuring CHAT strengthens communication plans that adhere to strategies and enhance fundraising mechanisms e.g. development of a fundraising deck.

Diana, in Crete, Greece, continues to help CHAT with its financial reporting functions.

In mid March 2020, CHAT was approached by an Israel based fundraising & volunteer platform called GivingWay - this new partnership has an aim of strengthening CHAT's fundraising mechanisms. CHAT is in the process of completing the organizational profile that would be the foundation of all actions, including provision of online volunteers with diversified technical capacities- e.g help with updating social media and web site.,

Diana in Crete, Greece, continues to help a most grateful CHAT with its financial reporting functions

### Program Challenges/Risks encountered

1. Though the project faced some obstacles during the implementation process, there is an improved level of family planning awareness, with individuals' positive attitudes showing a significant improvement and a fair level of utilization of family planning methods.

However, some significant obstacles still remain - these can be:

- long distances to a health facility,
  - unavailability of preferred contraceptive methods,
  - absenteeism of family planning providers,
  - high cost of managing side effects,
  - desire for big family size,
  - children being less than five years old dying,
  - husbands forbidding women from using family planning and
  - inadequate community leaders' involvement in family planning programs in some areas.
2. Some women presented with side effects of certain modern contraception methods thus influencing and scaring their fellow women from taking up certain methods.
3. There are still some 'neighboring' communities who initially experience knowledge gaps about family planning; most of these being living a
4. Although CHAT tries to encourage coordination of stakeholders – this is still a weak link
5. Weak or inadequate supply chain management for family planning commodities in the counties
6. Limited human resource for service delivery

7. Kenya's first COVID 19 patient was identified in mid March. Though COVID 19 did not present its impact in Q1, it is anticipated the prohibition of social gathering will directly affect some instances of community mobilization strategies that are provided through religious gathering avenues, markets and other social gathering events.

However, CHAT's Back Pack door to door sensitization being implemented by the CORPs remains to be the most ideal strategy at the moment whilst maintaining social distancing and able to manage & mitigate any overcrowding – thus keeping with in GoK & COVID 19 prevention protocols

### Case Story

#### Positive impact

As told to CORPs Supervisor, Paula, by Mrs Pauline Lokipi

\*not their real name

It's just an ordinary morning for Lokipi who has just finished milking her cattle and heading to her manyatta to prepare tea for her family. As she approaches her manyatta from the cattle shed, she almost collides head on with her brother-in-law, - almost makes her more shocked- shocked because for about three years now they had completely differed with her after engagement with CHAT in pursuit of the FP endeavors. She would recall Ekwam\* (her brother in-law) had gone further to incite her husband to abandon her as she was becoming a misfit in the community- just because she was passionately enlightening her community members about importance of having manageable families, and having decided to be a role model too by spacing her children.

For the first time in the last three years, Ekwam\* was smiling at her as he stretched his hand to greet her. They would later enter the manyatta to partake of the breakfast as a family, (together with Lokipi and her husband). As she busied herself preparing the tea, the two brothers were having a "men's talk" while she eavesdropped their conversation. "Brother, I was wrong to hate your wife. This 'thing' (referring to the ideology of spacing children) has really transformed you!" Ekwam confessed. "Lokipi's husband would laugh loudly and respond, "Don't feel guilty, I also had the same attitude at first, but I decided to give it a try. And it worked really!"

Pretending not to have heard what they were talking about, she served the breakfast and joined their seating. The in-law was almost kneeling before her just to say sorry that he had gotten it wrong all through, admitting that he was honestly jealous of the better and happy life the two were living unlike his polygamous family with 7 children which had pressed him far too much to provide for. He had also become an enemy of the community for blackmailing Lokipi as the community members would rebuke him saying that their 'Community doctor' had impacted positively to many not only the surrounding families, but also the entire society, by enlightening them on the need to have manageable family sizes.

As the in-law left Lokipi's house, he requested Lokipi to sacrifice her time and visit his two wives at his home to enlighten them too, since they were becoming the 'odd-ones out' in the community which had embraced her approach to their own benefit.

Lokipi would then burst into tears and as her husband questioned her what was happening, she responded "I'm imagining of how a person once perceived as a societal misfit has ended up being a role model!". As she leans on her husband's chest she would whisper to his ears "I'm glad you stood by me, and now we are impacting to other peoples' lives"

It was her joy that her community was appreciating her little efforts to efforts to secure their better tomorrow, a remark which everybody would be glad to hear.

☺

***"We cannot tire or give up. We owe it to the present and future generations of all species to rise up and walk!" Wangari Maathai***