

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)
Qtr 3 Report to GoK
July - September 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"> • Tana River Ecosystem – Northern Kitui, Meru and Tharaka. • 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 • Amboseli Ecosystem –Kajiado <p>Presently CHAT is reaching into 14 counties - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Kajiado, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii, Narok & Dagoretti in Nairobi</p>
CHAT Partners	<p>Maliasili, 45 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; GivingWays; Mission for Essential Drugs (MEDS Kenya); Milgis Trust, St George Trust, Moroney Foundation</p>
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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

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</u> mobile (cost share)				Reached by <u>camel</u> mobile (cost shared)				CHAT's overall these 3 mths	CHAT's Cumulative This Year 2020
	Male	Female	Jul. - Sept. 2020	FPCORPs cumulative Jan. - Sept. 2020	Male	Female	Jul. - Sept. 2020	Motor Mobile Cumulative Jan. - Sept. 2020	Male	Female	Jul. - Sept. 2020	Camel Mobile Cumulative Jan. - Sept. 2020	Jul. - Sept. 2020	Jan. - Sept. 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.	9,796	19,769	29,565	80,403	3,978	5,341	9,319	24,387	0	0	0	968	38,884	105,758
Number of men accompanying their women to RH/FP ecological & COVID-19 sensitization meeting..(Behavior change information)	6,849		6,849	20,520	2,314		2,314	5,775	0		0	99	9,163	26,394
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years pregnancy protection.		8,654	8,654	22,993		693	693	1,556		0	0	421	9,347	24,970
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-months pregnancy protection).		4,481	4,481	11,436		82	82	208		0	0	41	4,563	11,685
Number of women who chose pills as their method of contraception pregnancy protection.		986	986	2407		76	76	170		0	0	6	1,062	2,583
Number of women who chose IUCDs as their method of contraception pregnancy protection. (These are more suitable to those living in urban environments)		529	529	1383		0	0	0		0	0	0	529	1,383
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	23,418	0	23,418	64,878	1,238	0	1,238	4,476	0	0	0	1,576	24,656	70,930
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) - i.e. Behavior change information	2,947	4,562	7,509	17,636	1,664	2,532	4,196	6,992	0	0	0	710	11,705	25,338
Number of children immunized including revisits and referrals	579	645	1,224	3,107	35	48	83	247	0	0	0	0	1,307	3,354

Number of newly enrolled women provided with ANC services and revisits (including referrals)		189	189	810		52	52	234		0	0	7	241	1,051	
Number of women referred for PMTCT		0	0	0		0	0	1		0	0	0	0	1	
BASIC CURATIVES - vital entry point to family planning services															
Number of patients treated		0	0	0	0	364	476	840	1840	0	0	0	270	840	2,110
HIV/AIDS (CBHTCs) -															
Number of people counselled & tested disaggregated by sex & age		0	0	0	0	172	248	420	1,299	0	0	0	206	420	1,505
Number of individuals testing positive		0	0	0	0	0	0	0	5	0	0	0	2	0	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		124	65	189	702	0	0	0	0	0	0	0	0	189	702
Number of households with TB patients reached with health education on nutrition/infection control		153	84	237	811	0	0	0	0	0	0	0	0	237	811
Number of TB treatment interrupters traced		29	19	48	109	0	0	0	0	0	0	0	0	48	109
COVID 19 - see also above no.s integrated with fp services															
Number of CHATs CORP partners in the 14 counties who received COVID-19 PPE kits.		28	54	82	139	0	0	0	0	0	0	0	0	82	139
Door to door, one to one sensitisation & screening		9,796	19,769	29,565	80,403	3,978	5,341	9,319	24,387	0	0	0	968	38884	105758
Numbers of individuals with presumed COVID-19 referred to isolation and quarantine shelters for further diagnosis & care.		5	7	12	20	7	23	30	33	0	0	0	0	42	53

"In 1974, I led the Indian delegation to the World Population Conference in Bucharest, where my statement that 'development is the best contraceptive' became widely known and oft quoted. I must admit that 20 years later I am inclined to reverse this, and my position now is that 'contraception is the best development'." - Karan Singh, Indian politician

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, CHAT continued with its engagement with MALI ASILI- a professional American conservation capacity building organization based in Arusha Tanzania. The Partnership with Mali asili 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

Counties reached: Fourteen (14) counties - Isiolo, Laikipia, Baringo, Kitui, Tharaka Nithi, Narok, Kajiado, Samburu, Meru, Nyeri, Kisii, Marsabet, Nairobi and Nakuru Counties.

Communities reached in various ecosystems include:

1) Tana River Ecosystem:

Meru County: Karuri, Ngushishi, Sirimun, Mia Moja, , Kwa Ng'ang'a slums & Maritati .

Kitui

County: Kyuso, Mutanda, Kanزانو, Katse, Ngomeni ,Kamuongo, Kamusili, Tyaa, Waita Tseikuru, Mitamisiyi & Musavani.

Tharaka South: Kanjoro, Gitugu, Katungu, Tunyai, Gakurungu, Marimanti, Kamanjuki, Chiakariga, Kieraka, Kathwana, Nkondi, Gatunga, Maara, , Igambang'ombe, , Tharaka, Kamwathu, Kamanyiki, Keraka, Kamarandi & Muthambi.

2) Northern Kenya Rangelands Ecosystem:

Marsabit

County: Kamboe, Bricho, Manyatta Jillo, Merile, Goro Rukes, Jirime, Lchurai, Rongumo , Wambille, Barmin, Sahada, Lpendera, Laisamis, Sukoroi & Elemo .

Laikipia county: ,Shika adabu

slums, Mukima,Majengo slums,Gachathi,Baraka , Piliili, Ilpolei, Naibor, Nturukuma, Melwa, Kiwanja, Dipatas, Jericho slums, Rozzika, Pois, Ereri, Endana, Koija, Survey, Lorien, Sukutan, Kihato, Segera, Doldol Maaso, Ranch, Bokish Likii 'A' slums, Likii 'B' slums Ilmotiok, Naserian & Lekiji.

Samburu County: Martie Lepareu, Lorok, Louwa, South Horr, Soit

Nyiro, Ngilai, Sumuruai, Ndonyo wasin market, Suyian Lorora, Barsaloi, Nachola, Charda, Marti, Latakweny market, Loikumkum market, Sererit, Teremka, Masikita Chini, Arsim, Lesirkan, Seren, Loodua, Waso Rongai, Lonjorine, Kurungu market, Merimeji, Civicon, Masikita Juu, Lesirkan, Tangar market, Urura, Marti Kijiji, Moruakiring, Lailai, Lpendera, Nkii, Ndume, Meiwa, Ndonyo Wasin market, Sitini, Nanguya, Marti Ndorope, Sarai, Maralal, Naimoral , Loudowa, Tungar, Wamba, Kirim, Lolkas, Kisima, Lekuru, Naiborkeju, Seketet, Sirata, Naispae, Lolpurusho, Seramurutana, Arge market, Lorok Lolmong, Baragoi, Kalele, Lokorkor, Lchala, Taparsoit, Likeri, Nkurunit, Lodepe, Isil, Wota, Serenataraki, Ndir, Merimeji, Marti, Tangar, Soit Naibor Lolora, West gate, , Allamano, Rangau, Yamo, Laroiaokorok, Kijiji, Lekuru market, Ntepes, Lolponyi lolora, Lengei lolora, Kelele, Lolmong' , Lorok, Louwa, South Horr, Soit Nyiro, Ngilai, Sumuruai, Ndonyo wasin market, Suyian Lorora, Barsaloi, Nachola, Charda, Marti, Latakweny market, Loikumkum market, Sererit, Teremka, Masikita Chini, Arsim, Lesirkan, Seren, Loodua, Waso Rongai, Lonjorine, Kurungu market, Merimeji, Civicon, Masikita Juu, Lesirkan, Tangar market, Urura, Marti Kijiji, Moruakiring, Lailai, Lpendera, Nkii, Ndume, Meiwa, Ndonyo Wasin market, Sitini, Nanguya, Marti Ndorope, Sarai, Maralal, Naimoral , Loudowa, Tungar, Wamba, Kirim, Lolkas, Kisima, Lekuru, Naiborkeju, Seketet, Sirata, Naispae, Lolpurusho, Seramurutana, Arge market, Lorok Lolmong, Baragoi, Kalele, Lokorkor, Lchala, Taparsoit, Likeri, Nkurunit, Lodepe, Isil, Wota, Serenataraki, Ndir, Merimeji, Marti, Tangar, Soit Naibor Lolora, West gate, , Allamano, Rangau, Yamo, Laroiaokorok, Kijiji, Lekuru market, Ntepes, Lolponyi lolora, Lengei lolora, Kelele, Lolkas-Maralal, Opiroi , Ntepes, Sereolipi, Jerusalem slums, Tree top, Golgoltim & Loosuk .

Isiolo County: Merti, Korbasa, KK, Marere, Wabera, Bissan Biliquo, Biliquo marara, Chechelesi, Tulla Roba, , Ola odha, Sericho, , wabera Kiwanjani, Bulla Pesa slums, Shambani, , Kambi Gabra, Kambi juu slums,Oldonyiro, Nkorika, Labarsherek, Kambi ya juu, Tulele, Odha Bulle, Ngare mara & Naturatura .

3) Lake Victoria Basin:

Kisii County: Kantigo. Bogonta, Tengereri, Nyaganchi, Kenyenia, Nyambogo Tengereri & Risa.

4) The Mara Ecosystem:

Narok County: Aitonga Manyatta, Suparet, Ntulele, Olesakwana, Ololoni, Olomokoye, Emarti, Olepolos Mara beef , OluniniOlkenyei, site , Ololung'a, Melelo, Enkutoto & Kiroki.

5) Amboseli Ecosystem:

Kajiado County: Oltome, Nchura, Olasity, Kangere, Esiteti, Kankerre, Embaringoi, Inchura, Olasiti, Oldule, Oltiyani, Ngong-Narok & Oloshaiki

6) North Rift Ecosystem:

MOTOR MOBILE STRATEGY (cost shared)

During this quarter, CHAT was enabled by different donors to undertake motor- mobile outreaches intergrated with monitoring and evaluation activites. 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 FP services. The motor mobile outreaches usually intergrate different services including basic curative-treatment, immunization, child welfare, antinatal, 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, village administration, etc

The strategy is usually implemented by engaging a driver, a nurse and M & E person, however, in the event of enough funding FP CORP and nurse aid are usually involved.

Counties reached: Four (4) counties - Isiolo, Laikipia, Samburu & Marsabert counties. **(Northern Range Ecosystem)**

1) Laikipia County: Rongai, Musul, Lekasuyian,Suguta Naibor, KMC , Nkiroriti - Lorora "A" & "B" , Piliili, Munichoi, Namelok, Olkenyei, Tool, Rumrum, Ntabas, Morijo & Kiwanja ndege

2) Isiolo County: Ntepes, Nkorika & Longopito.

3) Samburu County: Seren, Soit Nyiro, Ntepes, Barsaloi, Suguta marmar market, Ngilai and Opiroi.

4) Marsabert County: Lependera, Civicon & Sukuroi/Illaut

CAMEL MOBILE STRATEGY :-

No camel mobile clinic was implemented this quarter

Monitoring & Evaluation (M & E)

During this quarter, CHAT M & E team continued with assessing the sustainability of communities in relation to FP intervention. The exercise entailed visiting of sampled health facilities, both existing and newly-established facilities by CHAT staff whilst identifying the FP uptake attributed to CORP referral compared to self referrals.

This sustainability assessment is in a continuous process with various facilities/communities being at different levels. It is proving to be very instrumental in establishing the impact that CHAT has had within the communities, determining which communities have been capacity build and empowered to have self - FP/health care seeking behaviours, establishing the communities that still needed thorough door-to-door sensitization by the CORPs and those that require mentorship activities and those that have weak/strong VDCs/CHCs for advocacy purposes. This will guide CHAT in program planning and decision-making to invest in activities that embraces value for money, sustainability and exit strategies to other more needy, marginalized and inaccessible communities. CHAT will continue to undertake this vital exercise and a more detailed report will be prepared upon conclusion.

Volunteering Monitors & Other Support

Due to the COVID-19 pandemic, CHAT did not manage to have volunteers physically, though wellwishers have continued to offer support to CHAT on virtual capacities. 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. During this quarter, Maliasili - a conservation capacity building organisation has continued supporting CHAT in strengthening its communications capacity and in the fundraising initiatives.

Program Challenges/Risks encountered

CHAT has continued to passionately undertake various projects especially focusing on increasing communities access to FP services using the PHE approach. CHAT has however encountered different shortcomings 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 so as to ensure that the anticipated project deliverables are optimally achieved and to the benefit of the communities.

1. High Population influx: There has been experienced a high population growth rate in the 14 counties where CHAT operates, with an average fertility rate of 5.7 per woman which is relatively higher compared to a national average of 3.6 children per woman. Consequently, this has resulted to an increase in demand for family planning, an aspect that CHAT has been focusing on through fostering the access to FP services despite the socio-cultural barriers.
2. Lack of access & support: An increase in demand for manageable family sizes and uptake of the modern contraception methods is currently being experienced across the country. By addressing barriers to access and use of family planning would further reduce fertility rates. Despite the progress, there has however been a challenge of 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 especially in matching the increasing demand for the intervention.
3. High dependency ratio resulting to increased poverty: The general population structure entails a composition of a youthful population most of who are dependants on the small population of those who are engaged in economically productive activities, hence translating to high dependency ratio and consequently high poverty levels. 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, the availability of reliable donor funding for the FP interventions would be so instrumental in enhancing a lower birthrate and resultantly a significant decrease in population growth. As such, this will play a pivotal role in bringing an economically sound demographic structure which greatly translates to a development-viable society. 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. Unreliable Chain supply system of FP commodities: The stock-outs of FP commodities has to an extent limited the freedom of choice of the desired family planning methods by the FP clients and prospects.
6. Inadequate resource allocation for family planning intervention at both governmental and non-governmental levels.
7. Ego – at all levels of society.

Case Story

Some Light

It's a sunny morning at the Oltome village in Ngare Narok- Kajiado County. Passionate about women empowerment through family planning, Susan (CORP) a Maa speaking mentor all the way from Samburu is on her way to the communities alongside the newly identified CORP from Oltome. They find themselves discussing the plight of school-going girls especially in the prolonged holidays resulting from the C19 pandemic, some carrying unwanted pregnancies. Their worry was how the vulnerable girl-child would end up competing with their male counterparts later in life, an aspect that made Susan rethink the women empowerment need through access to FP. This was a source of motivation as they went to various households sensitizing them on the FP initiative using CHAT's PHE approach.

It was in the afternoon and they had thoroughly sensitized a good number of households by then whilst referring them to the Ngare Narok dispensary for FP services. They would later visit the facility to confirm whether the referred prospects had started arriving at the facility. The new CORP wasn't confident whether the prospects would have started seeking the services already by then, but to their surprise, they found some of them already in the service queue.

While they waited to see the facility nurse who, by then, was having clients, Susan notices some girls who were seemingly quite young but had babies. She could not hide her feeling for them and being a mother, she almost shed tears but got stronger and approached them for a talk. She was keen to offer them a passionate health talk especially about FP and how important it was for them at their age. As a result five of the girls opted for long-term methods whilst two of them chose depo as their FP method of choice.

She was glad that she was touching the lives of young people, especially the girl-child who she was always passionate about.

Little did she know that one of their teachers at Ngare Narok primary school had already spotted her having a conversation with the girls who happened to be former pupils at the school. The teacher, who had come to seek for services, could not avoid approaching Susan - the stranger he had spotted talking with the girls - and was eager to know what exactly she had shared with his ex-pupils. Susan was kind enough to narrate what their conversation had been about and how passionate she was in empowering the girl-child to have a better future as a result of accessing FP. The teacher was so surprised to realize Susan's passion for the girls because she was not a native of the community.

He then did not hesitate to mention that it was quite sad that their school was almost turning to a boys' school as most of the girls had dropped out due to unwanted pregnancies and early marriages. His greatest worry was that he wasn't sure whether there would be any girls reporting back to school when schools resume after the COVID-19 curve flattens, especially with the increasing number of schoolgirl pregnancy cases being reported countrywide. He wished that Susan would have come earlier to the rescue of “their” girls, but she assured him that she would mentor the new CORP who would be on the frontline in sensitizing the communities on the latter. She was keen to request the teachers to support the CORP in enlightening fellow men too who were not well informed about the FP intervention as a way of women empowerment. On the other hand, the girls also pledged to spread the information to their colleagues so that they don't fall victim, like they had.

It was so satisfying to CORP Susan from Samburu, that her efforts to champion FP interventions was yielding fruits and empowering lives- so quickly - What a joy to behold!

"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