



Communities Health Africa Trust (CHAT)

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK Report- 3rd Quarter 2016

July - September



Name of the project:	Communities Health Africa Trust's (CHAT) integrated services focussing on family planning using a Population Health & Environment (PHE) approach
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Regions covered by CHAT	Presently CHAT is reaching into 9 Counties with integrated FP/ Ecological awareness activities
CHAT Partners	AMREF, Marie Stopes, GoK including the Kenya Ministry of Health & 'environment ministries', Africa Impact, Kenya Wildlife Trust, Community Health & Sustainable Environments (CHASE), Community Health Africa Poverty Solution (CHAPS), Ewaso Lions Project Ltd, 23 grassroots Health Support Groups through Laikipia & Samburu, and 22 Community own Resource Persons (CORPs) these are grassroots partners providing FP/ecological sensitization, HIV/AIDS & TB mobilization services
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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 updated website at www.chatafrica.org & or follow us on facebook

CHAT's INTEGRATED HEALTH SERVICES IMPACT SUMMARY RH/FAMILY PLANNING-ECOLOGICAL AWARENESS, BASIC CURATIVE, TB & HIV/AIDS)

Indicators	Reached by <u>back packing</u> FPCORPS (cost share)				CHAT overall reached by <u>motor mobile</u> (cost share)				Reached by <u>camel mobile</u> (cost shared)				CHAT's overall this quarter	CHAT's Cumulative this year 2016
	Male	Female	July 2016- Sept. 2016 (FPCORPs)	FPCORPs cumulative Jan. 2016- Sept. 2016	Male	Female	July 2016-Sept. 2016	Cumulative Jan. 2016 - Sept. 2016	Male	Female	July 2016-Sept 2016	Cumulative Jan. 2016 - Sept. 2016	July 16 - Sept. 16	Jan. - Sept. 16
RH with a focus on FAMILY PLANNING COMBINED WITH ECOLOGICAL AWARENESS using a Population Health & Environment (PHE) approach														
Number of individuals mobilized and sensitized on family planning/ecological awareness.	2,168	7,044	9,212	31,904	943	1,564	2,507	9,169	0	0	0	0	11,719	41,073
Number of men accompanying their women to RH/FP ecological sensitization meeting.	1358		1,358	4,332	541		541	3,238	0	0	0	0	1,899	7,570
Number of women who chose long term methods (implants) of contraception (3-5 years protection).		3,744	3,744	10,368		566	566	5,238		0	0	0	4,310	15,579
Number of women who chose an injectible' method of contraception i.e Depo provera contraception (3-month protection).		1482	1,482	3,855		119	119	1,146		0	0	0	1,601	5,097
Number of women who chose pills as their method of contraception protection.		362	362	1007		50	50	924		0	0	0	412	1,931
Number of women who chose IUCDs as their method of contraception protection.		70	70	245		0	0	0		0	0	0	70	245
Number of women who chose TL as their method of contraception protection.		3	3	3		0	0	0		0	0	0	3	3
Number of condoms distributed	21,594	262	21,856	52,606	13,683	0	13,683	40,873	0	0	0	0	35,539	93,479
Number of youth out of school sensitized on FP/ecological sensitisation aged between 15-35	688	1,664	2,352	9,600	188	509	697	7,114	0	0	0	0	3,049	16,714
Number of children immunized	0	0	0	0	2	4	6	122	0	0	0	0	6	122
Number of newly enrolled women provided with ANC services and revisits		0	0	0		3	3	59		0	0	0	3	59
Number of women referred for PMTCT		0	0	0		0	0	6		0	0	0	0	7
BASIC CURATIVES- an important 'entry point' to all our other interventions														

Number of patients treated including opportunistic infections and revisits	0	0	0	0	767	477	1,244	9079	0	0	0	0	1,244	2,079
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HIV/AIDS (CBHTCs)- Kenyan policy makes it compulsory that patients coming for treatment are tested & counselled hence, indicated under motor & camel mobile. (CHAT no longer has funding for this project- therefore a decrease in HIV activities)

Number of people counselled & tested disaggregated by sex & age	0	0	0	0	137	70	207	2,349	0	0	0	0	207	2,349
Number of individuals testing positive	0	0	0	0	2	3	5	16	0	0	0	0	5	16
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-Integral part of our service provision via CORPs

Number of contacts traced	81	43	124	451	0	0	0	0	0	0	0	0	124	451
Number of Household of TB patients reached with health education on nutrition/infection control	90	54	144	547	0	0	0	0	0	0	0	0	144	547
Number of defaulters traced	9	11	20	96	0	0	0	0	0	0	0	0	20	96

"If we don't halt population growth with justice and compassion, it will be done for us by nature, brutally and without pity- and will leave a ravaged world." Nobel Laureate Dr. Henry W. Kendall

Activity News

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

BACK PACK STRATEGY: Various donors predominantly motivates CHAT's grassroots partners, Community Own Resource Persons (CORPs) who work with CHAT whilst implementing CHAT's innovative door to door back pack strategy utilising public transport or going by foot. The focus is to provide unserved communities with access to a holistic family planning service that encompasses ecological awareness whilst using a Population Health & Environment (PHE) approach.

Counties reached: Within the quarter under review, various donors contributed to support eighteen (18) FPCORPs implementing CHAT's innovative 'Back Pack door to door' strategy in various Counties within the country including Nakuru, Meru, Laikipia, Isiolo and Samburu Counties & East Pokot sub county.

Communities reached in various counties included:

- 1) **Nakuru county:** Matunda, Sudo, Langweda, Githeriga, Miteme, Sasumwa, Mungetho, Murundiko, Tamnyota, Barigo and S/River
- 2) **Laikipia county:** Kimanjo, Oldonyiro center, Rimate, Loruko, Loturo, Nkorika, Ntepes, Miima Chui, Parkuruk, Matundai, Kambi ya juu, Likii, Sirima, Mwioko, Nyabugushi, Misiri, Ruai, Rutunguru, Endana, Majengo, Loborsoit, Jerusalem, Segera gate, Parkuruk, Eleri, Dipatas, Rimate, Nkorika, Ntepes, Naibor, Jua kali, Kariunga, Kisaragei, Bosnia, Makandura, Ilpolei, Bondeni, Kiwanjani, Check, Container, Rumuruti, ADC, Haba, Gatundia, Kanga A & B, Junction and Melwa;
- 3) **Samburu county:** Erimeji, Nesamar, Sirata, Soweto, Town center, Evergreen, Wamba, Jijja, Sokotei, Kasipo, Kamomo, Kuranyeni, Siambo, Moran, Loruko, Naimaralal, Mpuyaput, Laworit, Mputaput, Isil, Loikumkum, Arsim, Loruko, Parkuo, Kisima, Baawa, Ngamata, Noontoto, Lpetpet, Sirata, Rabal, Ladala, Seketet, Maralal town, Lporro, Rangau, Loruko, Allamano, Loikas and Loltulelei
- 4) **East Pokot sub county:** Tugen, Nyimbei, Mutito, Kapyemit, Waseges, Sambaka, Kaptombes, Koitilit, Kereno and Yemit
- 5) **Isiolo County:** Garbatulla town, Merti town, Kambi Gabra, Mwangaza, Kula mawe and Tulla Roba.
- 6) **Meru County:** Timau and Mia moja.

MOTOR MOBILE STRATEGY (cost shared)

CHAT's motor mobile presently works to a 'needs driven' itinerary; For this quarter, integrated health services via the motor mobile were implemented in Laikipia county - Laikipia North sub county and Samburu county - Samburu Central & East sub counties. In this quarter, CHAT hosted two (2) volunteer, - Paula Murira, a Kenyan Project management student and an intern from Kenya Institute of Management (KIM) and Tatiana Spens-studying nursing. The volunteers accompanied the motor mobile and assisted with dispensing of drugs, monitoring and evaluation (on behalf of the donors); collected human case stories, field experience report and photos of which some are attached herein. CHAT also sources locum nurses through the MoH to ensure provision of quality health services.

Gaps identified during the motor mobile outreach included:- poor social community mobilization, Random shifting of communities, unbearable weather conditions, inadequate water supplies to targeted communities-making communities move to higher grounds in search of water & pasture. With such experiences, motor mobile team had to change itineraries in between to follow the moving communities to their new destinations. Targets reached via motor mobile is as shown in the table above.

Counties reached: Five (5) Sub Counties - Laikipia North, Laikipia East, Mbuuri, Isiolo, and Samburu East.

Communities reached in various counties included:

- 1) Laikipia North: Ngare nyiro, Ewaso, Mpala, Ilmotiok, Lekiji, Labarsherek, Sukutan Oldonyiro and Chumvi
- 2) Laikipia East: Naibor market
- 3) Mbuuri : Timau slums
- 4) Samburu East: Archers Post, Loruko, Laresoro, Mabati, Ndirir, Silango Nanyeke, Munanda, Tree top, Lolkuniani, Majengo/ Archers Post slums, Lerata and Lolkeresire.
- 5) Isiolo: Nororoi, Kipsing



Monitoring & Evaluation

In the month of September 2016, CHAT conducted a thorough program monitoring and evaluation exercise.

Approximately between 10-12% of each donations will go towards this important activity. CHAT conducts program monitoring and evaluation on a regular basis (daily, monthly, quarterly & when necessary). By conducting M&E, CHAT, the MoH and other stakeholders can be informed about the program progress and activity dynamics- and ensures sensible project planning. CHAT's monitoring activity results go to inform CHAT, govt, other stakeholders and supporters about the program progress and activity dynamics.

It is through these M&E activities that CHAT, together with the CORPs, have identified the gaps and challenges that are experienced in the field and then try to develop workable solutions to mitigate them.

Program Challenges/Risks encountered	How the Challenges were addressed
Low numbers of community beneficiaries who turned up for CHAT's integrated outreaches in most parts of the counties especially in Isiolo, Samburu, Laikipia & East Pokot counties.	CHAT as usual had to change the itinerary and follow up the communities to where they had moved in and offered services though at a low rate due to time spend on follow-up.
Extreme hot weather condition challenged both communities and staff on effective service delivery.	CHAT staff had To change the working hours schedule- To start early in the morning and later in the evening when hot weather had cooled down.
Lack of adequate prior mobilization by FPCORPs	CHAT team had to hold meetings with concerned mobilizers to identify the reasons for poor mobilization, where some of the reasons given by mobilizers were inadequate transport facilitation to some areas where public transport was unavailable hence resulting to boda-bodas that are more costly. - This was resolved by the Management reviewing transport allocation to mobilizers.
Some of GoK facilities are still charging for family planning services despite the ministry declaring it as a free service to all, this was realized in Timau, Meru county. This has made quite a number of vulnerable clients going back unattended.	CHAT is talking to relevant authorities To overcome this.

Lessons Learnt/ Best Practices

Despite intensified health education provided to youth in schools, school dropouts due to unwanted pregnancies are still at a higher rate. - CHAT is trying to encourage FPCORPs to work more closely with the teachers and parents to enhance health education and accessibility of contraception's to enable girls complete their education.

Long-term contraception protection (5 & 3 yr. protection - implants) are the preferred methods chosen most of these communities.

Unlike before, with county government, most of health facilities- dispensaries are now providing family planning services thus enhancing accessibility

Though CHAT has done a lot through FPCORPs on enhancing health education in family planning encompassing ecological sensitization, more efforts needs to be done on the same.

CHAT has a manual of compiled challenges & lessons learnt- this can be availed on request.

Case Story

Sameli* is a pretty 25 year old woman and the single mother of three child. FPCORPs, Susan and Jane, met her while doing door-to-door mobilization in Umoja village in the slums around Archers Post, an all-female matriarch village and a sanctuary for homeless survivors of violence against women and young girls running from early/forced marriage.

"I had been married for 10 yrs., but ran to this rescue center as my parents had married me off to an old Samburu man who used to molest me claiming that he paid my parents enough wealth that he was free to do whatever he wanted with me," Judy recalls. "I have to provide food, school fees, clothing and many other things - am the sole bread winner of my family," Judy says with tears rolling down her face.

She confirmed that her first time to hear about family planning was seven (7) yrs. ago from her friends (age mates) who gave her all the information, but she did not start using it as she didn't know where to get these services.

It happened that 3 years ago, after she gave birth to her last child, her husband had an accident and passed away, then her in-laws sent her packing, claiming that she was the one who killed her husband; then she was rescued by one of the staff working at the 'rescue center' who took her in and helped her to set up a small business to be able to provide for her children.

It took a lot of time for CHAT mobilizers (Susan & Jane) to provide thoroughly inform Judy and help her to understand and forget the myths and misconceptions she had about the 'scientific' family planning methods before she finally chose the five (5) yrs. Implant this choice would not only would help her reduce the expenses of buying pills every month, but also to ensure self and sustainability and hence help her to maintain the number of children she already had as that was her ideal family size.

"Instead of controlling the environment for the benefit of the population, maybe we should control the population to ensure the survival of our environment," Judy said and smiled.

"I support Judy's saying as actually, in most of the often poor communities we visit with the motor mobile, we have noted quite a high birth rate is common amongst schoolgirls, starting as young as a 13 years old, with most woman getting pregnant for most years of their reproductive life, but they only acknowledge having 7-9 children (culturally death is not talked abou). Therefore 'unwanted pregnancies' are the norm, thereby resulting in horrific suffering and trauma - experiencing unskilled abortions and infanticide, school girls dropout and early/forced marriages" CHAT's nurse Nunu confirmed. "This is the norm in so many underserved poor communities we visit - I understand that at least 40% of maternal health issues could be mitigated if women could access contraception protection," CHAT nurse Nunu laments before being called away to provide fp serivecs to another 2 women waiting nearby.

"We must alert and organise the world's people to pressure world leaders to take specific steps to solve the two root causes of our environmental crisis- exploding population growth and wasteful consumption of irreplaceable resources. Overconsumption and overpopulation underlie every environmental problem we face today." Jacques-Yves Cousteau