Communities Health Africa Trust (CHAT)

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK - Qtr 4 2020 Report

Oct. - Dec. 2020




Name of the project:	**Health People for a Health Environment.**
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Regions covered by CHAT	• Tana River & Mt Kenya Ecosystems – 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 • Others- Nairobi (Dagoretti slums) & Nyeri (IDP camps) Presently CHAT is reaching into 14 counties - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Kajiado, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii, Narok & Nairobi
CHAT Partners	Maliasili, 43 Community Own Resource Persons (CORPs); 33 grassroots Health Support Groups & Village Development Committees (VDCs) in Laikipia, Samburu & Isiolo; The Nature Conservancy (TNC); Global Fund TB (via AMREF); GoK includes the Kenya Ministry of Health & Ministry of Environment; East African Women's League; 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, Mpala Wildlife Foundation; Ol Jogi, Loisaba, Naibung'a, Nkoteiya, Kirimun, Nannapa, Narrupa & Oldonyiro Conservancies
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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

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 Back Packing FPCORPS				Reached with by motor mobile (cost share)				Reached by camel mobile (cost shared)				CHAT's overall these 3 mths	CHAT's Cumulative This Year 2020
	Male	Female	Oct. - Dec. 2020	FPCORPs cumulative Jan. - Dec. 2020	Male	Female	Oct. - Dec. 2020	Motor Mobile Cumulative Jan. - Dec. 2020	Male	Female	Oct. - Dec. 2020	Camel Mobile Cumulative Jan. - Dec. 2020	Oct. - Dec. 2020	Jan. - Dec. 2020
RH with a focus on providing acceess to integrated FAMILY PLANNING using a Population Health & Environment (PHE) approach														
Number of individuals mobilized and sensitized with Behavior Change information (BCC)	5,726	11,119	**16,845**	**108,259**	2,853	4,295	**7,148**	**43,550**	0	0	**0**	**968**	**23,993**	**152,777**
Number of men accompanying their women to RH/FP bcc	3,219		**3,219**	**24,739**	1,023		**1,023**	**9,941**	0		**0**	**99**	**4,242**	**34,779**
No. of women choosing Long Acting Reversible Contraception (LARC) 3-5 years pregnancy protection (implant method)		7,326	**7,326**	**31,319**		596	**596**	**8,653**		0	**0**	**421**	**7,922**	**40,393**
No. of women who chose injectable method of contraception i.e. Depo Provera providing 3 mth pregnancy protection.		2,471	**2,471**	**15,940**		103	**103**	**811**		0	**0**	**41**	**2,574**	**16,792**
No. of women who chose pills - daily method of contraception pregnancy protection.		1018	**1,018**	**4107**		73	**73**	**646**		0	**0**	**6**	**1,091**	**4,759**
No. of women who chose IUCDs as their method of contraception pregnancy protection (The coil)		612	**612**	**2607**		0	**0**	**0**		0	**0**	**0**	**612**	**2,607**
No.of women who chose Tube Ligation (TL) as their method of contraception pregnancy protection.(permanent)		0	**0**	**0**		0	**0**	**0**		0	**0**	**0**	**0**	**0**
Number of condoms distributed	18,143	12	**18,155**	**83,033**	1,926	7	**1,933**	**24,921**	0	0	**0**	**1,576**	**20,088**	**109,530**
Number of youth out of school sensitized with bcc information aged between 15-24 yrs	1,508	2,438	**3,946**	**27,028**	1,831	2,379	**4,210**	**13,202**	0	0	**0**	**710**	**8,156**	**40,940**

Number of children immunized including revisits and referrals (including referrals that CORPs follow up)	393	457	**850**	**4,533**	52	74	**126**	**773**	0	0	**0**	**0**	**976**	**5,306**
Number of newly enrolled women provided with ANC services and their revisits (including referrals that CORPs follow up)		203	**203**	**1,052**		43	**43**	**477**		0	**0**	**7**	**246**	**1,536**
BASIC CURATIVES - *vital entry point to family planning services*														
Number of patients treated	0	0	**0**	**0**	156	348	**504**	**2578**	0	0	**0**	**270**	**504**	**2,848**
HIV/AIDS (CBHTCs) -														
Number of people counselled	0	0	**0**	**123**	108	221	**329**	**1,299**	0	0	**0**	**206**	**329**	**1,628**
Number of individuals testing positive	0	0	**0**	**2**	2	2	**4**	**9**	0	0	**0**	**2**	**4**	**13**
Number of women referred for PMTCT		2	**2**	**4**		1	**1**	**3**		0	**0**	**0**	**3**	**7**
TB														
Number of contacts traced	98	56	**154**	**821**	0	0	**0**	**0**	0	0	**0**	**0**	154	821
Number of Household of TB patients reached with health education on nutrition/infection prevention control	145	78	**223**	**1020**	0	0	**0**	**0**	0	0	**0**	**0**	223	1,020
Number of TB treatment interrupters traced	47	22	**69**	**199**	0	0	**0**	**0**	0	0	**0**	**0**	69	199
COVID 19 prevention														
Number of CHATs CORP partners in the 14 counties who r eceived COVID-19 PPE kits.	26	53	**79**	**518**	0	0	**0**	**0**	0	0	**0**	**0**	**79**	**518**
Door to door, one to one sensitisation & screening	5,726	11,119	**16,845**	**108,259**	2,853	4,295	**7,148**	**43,550**	0	0	**0**	**968**	**23,993**	**152777**
Numbers of individuals with presumed COVID-19 referred to isolation and quarantine shelters for further diagnosis & care.	11	15	**26**	**89**	12	9	**21**	**64**	0	0	**0**	**0**	**47**	**153**

"Regions of high population growth, high fertility, and high unmet need for family planning frequently overlap with regions of high vulnerability to climate change."

Wangari Maathai quote, c/o Suzanne York

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 selfsustaining governance structures.

BACK PACK STRATEGY

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

Communities supported by different donors that helped CHAT to reach in the following various ecosystems include:

1) Tana River & Mt Kenya Ecosystems:

Meru County: Karuri, Ngushishi, Sirimun, MIa Moja, , Kwa Ng'ang'a slums & Maritati . Kitui County: Kyuso, Mutanda, Kanzanzu, Katse,Mandongoi, Tyaa, Kamuongo market, Waita, Nuu, Ngomeni ,Kamuongo, Kamusili, Tyaa, Waita Tseikuru, Mitamisyi & Musavani.

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

2) Northern Kenya Rangelands Ecosystem:

Marsabit County: Farakoren, Keno, Lmongoi, Loruko, Lependera, Mpagas, Mekinya, Ntimo, Sukuroi, Maragi, Marti Ndororp, Sarai, Naispae, Civicon, Gaboree, Dubsahai, Mekinya, Korr, Ngurunit, Namarei, Dogo, Laisamis, Merille, Barmin, Deera, Manyatta Jillo, Jirime, Marbasit town, Marsabit Majengo slums, Kamboye, Karare, Sagante, Mountain, Logologo & Lorora.

Laikipia county: Segera, Powys, Endana, Ngarenyiro Market, Milimani,Katheri, Ruai, Kambi Mbuzi,Shika adabu slums, Majengo slums,Gachathi,Baraka, Likii 'A' slums, Likii 'B' slums, Mukima, Gachathi, Baraka, Ilmotiok, Naserian, Melwa, Kiwanja, Dipatas, Jericho slums, Pilili, Ilpolei, Naibor, Nturukuma, Rozzika, Ereri, Koija, Survey, Lorien, Lekiji, Sukutan, Kihato, Segera, Doldol, Ranch & Bokish .

Samburu County: Lesirkan, Baragoi, Charda, Nyiro, Waso Rongai, Arsim, South Horr, Lororo, Kurungu market, Ngilai, Lkirne, Ndikir, Sumuruai, Latakweny market, Loikumkum market, Matepes, Nteel, Tingu, Lolderkes, Natitik, Parshampala, Lolpurusho, Tangar 'A', Tangar 'B', Baragoi town, Marti, Tangar market, Nachola, Nguotome, Araki, Ltangi, Silicon, Suyian Lorora, Barsaloi, Nachola, Martie Lepareu, Lorok, Louwa, Soit Nyiro, Ngilai, Nkii, Ndume, Meiwa, Ndonyo Wasin market, Sitini, Maralal, Naimoral , Loosuk, Loudowa, Allamano, Rangau, Yamo, Laroiakorok, Kijiji, Lekuru market, Lolponyi lolora, Lengei lolora, Kelele, Lolkas, Opiroi , Ntepes, Sereolipi, Jerusalem slums, Tree top, Golgoltim Tungar, Wamba, Kirim, Lolkas, Kisima, Lekuru, Naibor keju, Seketet, Sirata, Naispae, Rangau, Yamo, Laroiakorok, 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, , 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, Ndikir, Merimeji, Marti, Tangar, Soit Naibor Lolora, West gate, Lesirkan, Seren, Loodua & Ndonyo wasin market .

Isiolo County: Merti, Korbesa, KK, Marere, Wabera, Bissan Biliquo, Biliquo marara, Chechelesi, Tulla Roba , Ola odha, Sericho, Wabera, Kiwanjani, Bulla Pesa slums, Shambani, Kambi Gabra, Kambi juu slums, Odha Bulle, Ngare mara, Nkorika, Labarsherek, Lpusi Nanteedo, Kipsing, Ntepes, Naturatura, Tuale, Tuala & Oldonyiro.

3) Lake Victoria Basin:

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

4) The Mara Ecosystem:

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

5) Amboseli Ecosystem:

Kajiado County: Esineti, Embaringoi, Oltome Inchura, Olasiti, Oldule, Engong Narok, Marba, Oloshaiki,Ntiito, Mayianat, Meshenani & Kankerre.

6) North Rift Ecosystem:

Nakuru county: Nyongores, Muteme, Baranget, Matunda, Sasumwa,Molo, Set, & Githiga.

Baringo County: Waseges, Arabal, Tangulbay, Churo, Mochongoi,Kenerol , Kasiela, Koimugul & Ngarie

MOTOR MOBILE STRATEGY (cost shared)

Different donors enabled CHAT to undertake motor-mobile outreaches integrated with monitoring and evaluation activities during this quarter. CHAT realizes this goal through liaison with the CORPs who together with the community leaders, facility staff and other community representatives assess and prioritize the communities which In implementing this strategy, the CORPs usually lias 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 needy 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 such as village administrators, chiefs and nyumba kumi amongst others.

The strategy is usually implemented by engaging a driver, a nurse and M & E person. However, the FP CORP and a nurse aid are usually involved especially in the availability of funds.

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

Communities reached: Twenty seven (27) communities reached included;

1) Laikipia County: Marura, Pilili, Namelok, Musul, Rongai, Rumrum, Naibor, Lekasuyian, Ntabas, Morijo & Loshaki.
2) Isiolo County: Ntepes & Nkorika.
3) Samburu County: Kirimun market, Ngilai, Lailai, Baragoi, Latakweny, Matepes, Nteremka, Soit Nyiro, Seren, MUgur & Sura Adoru.
4) Marsabit County: Illauy, Siang'an & Ngurunit

CAMEL MOBILE STRATEGY :-

No camel mobile clinic was implemented this quarter

Monitoring & Evaluation (M & E)

Between 10% and 12% of the project budget was allocated for this important project 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 if necessary, so that the desired deliverables are best achieved

M&E activities were conducted with CHATs project officers visiting sampled health facilities where CHAT's supported CORPs refer - these include both older and newly established facilities - comparing "self-referred" fp clients against those numbers of clients that were supported and or referred by CHATs CORP associates.

The purpose of this is to vet those community health facilities that, as a result of CHAT's support, have graduated to receiving clients requesting for fp contraception on their own accord i.e community members who seeked FP contraception on their own accord and not assisted by CHAT's CORP associates ; CHAT labels this as those who "self-referred".

CHAT has developed this as an indicator of a community's growth towards a self-sustainable environment where individuals are being able to access their own family planning needs, thus requiring less support from CHAT and or the CORPs; compared to those communities that still require the rigorous interventions of the CORPs door to door fp services, This will guide CHAT in program planning and decision-making considering value for money, emphasizing on that community's health sustainability and enabling CHATs decision on exit strategies & timings with possibly being able to channel this vital support to other more needy, marginalized communities who have no access to fp services

Volunteering Monitors & Other Support

During this COVID-19 pandemic, CHAT has not accepted volunteers physically, though well-wishers have continued to offer support to CHAT in virtual capacities. This included Dossie & Diana of the UK who supported CHAT in reviewing and editing CHATs fundraising proposal documents
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 organization - has continued supporting CHAT in strengthening its communications capacity and fundraising initiatives communications docket as well as the fundraising desk.

Program Challenges/Risks encountered & their solutions

1) **Ego** - at all levels of society.

2) **Myths & Misconception** -

3) **C19 pandemic hinders access to contraception supplies**
• At the National level, FP/sexual and reproductive health services, staffing, and funds have been diverted to support COVID-19 responses, leaving many poor women and girls unable to access contraceptives and other sexual and reproductive health care. The provision of sexual and reproductive health care is also affected by infection prevention measures, including health workers' access to personal protective equipment (PPE).This is just part of the picture.

Other C19 pandemic dynamics affecting access to FP contraception are:
• Even where contraceptives are available and continue to be provided through CHAT's mobile clinics or CORPs Back Pack door to door approach, the impact of COVID-19 on women and girls' lives curtail their access in multiple other ways. Quarantine measures, mobility restrictions, social gatherings are some of the examples that affected women and girls' ability to seek out contraceptive services.
• Financial insecurity and additional caregiving burdens brought on by lockdown measures further hindered the access.
• Particularly the marginalized populations faced these social-cultural & economic barriers during this C19 pandemic

CHAT providing a solution to some of the challenges faced due to C19 pandemic:
Despite the crisis, CHAT being a member of both the National & Counties Emergency Response Committees to C-19 have formulated & executed implementation strategies where the CORPs and motor mobile health care workers are in the "frontline" integrating fp services with C-19 preventive, protective & suppression messaging. Therefore, CHAT has navigated the COVID 19 pandemic to ensure continuity of fp service provision whilst integrating with C-19 activities & protocols.

Factors CHAT consider during their project implementation.

• In the counties CHAT targeted with ANNON's support, there is a **high population growth rate, with an average fertility rate of 6.2 per woman,** compared to a national average of 3.6 children per woman. The need for fp is still high.
• CHAT works to provide access to fp taking into **consideration traditional, faith, and cultural norms** (beliefs and practices).
• Currently, the **Kenyan population is 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 – this means that the population will continue to grow for several generations. However, if willing donor support would focus their support to include fp interventions in Kenya 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 – a balanced ecosystem!
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 & long term plans
• **Climate change** also can alter where species live, how they interact, and the timing of biological events, which could fundamentally transform current ecosystems and food webs. Climate change can overwhelm the capacity of ecosystems to mitigate extreme events and disturbance, such as wildfires, floods, and drought – human conflict over meager resources such as water.
Humans and wild animals face new challenges for survival as climate changes. More frequent and intense drought, storms, heat-waves, rising sea levels, melting glaciers, and warming oceans can directly harm animals, destroy the places they live, and wreak havoc on people's livelihoods and their communities (e.g with the rising lake levels in Kenya's Rift Valley.)
To combat the climate change challenges CHAT will continue to enhance its integrated PHE interventions through providing voluntary, rights-based fp services. And for women and their households, the additional health, education, and economic benefits that accompany fp would reduce their vulnerability to the impacts of climate change and build their resilience.

CASE STORY

Quite a

* Not their real name

As CHAT's CORP associate, Rosie, was closing her small vegetable 'Kibanda' (patch) close to eight o'clock in the evening, she could not help but notice one woman lingering in the dark. The woman had been there for more than an hour – most unusual. Being near the slums, Rosy knew it was not safe. Anything bad could happen. She decided to call out to the woman to know whether everything was fine or if she needed any sort of help.

On hearing the friendly voice, Kanana,* as she would introduce herself, went to Rosie's 'kibanda' and told her she was indeed there to see her. She explained that a week before, when Rosie had visited her Nanyuki situated slum village in Kambi Ya Mbuzi, she was among a group of ladies in the plot that she had senistised about family planning. She was very interested in the ways she could protect herself since she had just moved to Nanyuki in search of work and knew that sooner or later she would meet someone but was not ready for children yet.

Although she enjoyed the session with Rosie the previous week, the reason why she came to her 'kibanda' is that she was scared of the judgment she would receive from the women of the community she lived in, as many of them were married thus saw it was OK for them to use contraception but for her, as a single woman, they would perceive she had no reason to unless she was a promiscuous person.

Kanana had decided that she would go to Rosie who had shared her contacts and address so that she would get a suitable method for herself in secret with no judgment. She told Rosie that she wanted a method that she could use discreetly and would help her for a long period ensuring sustainability for her instead of having clinic visits every other time.

Though the timing was not great being at night and with the curfew restrictions, Rosie took her time to have a chat with Kanana and advise her what best she could do. They planned an appointment to meet at the dispensary the following morning at 8.00 . They parted ways, with Rosie hoping Kanana would not end up developing 'cold feet'!.

Diligently Kanana was at the dispensary gate at 8:00 am sharp. She met Rosie who had been cleaning and helping to organize for the day and patiently waiting for her. When the nurse arrived, she was the first to go in. Rosie explained to the nurse what had transpired the previous evening. Upon further discussion and examination, Kanana decided on the 3-year implant method of contraception which the nurse provided.

'Am happy that I am protected for the next three years! I can focus on planning my life before deciding to start a family.' Kanana shared gleefully.

'I do understand why she was scared of the other women in their community. I hope with time and more sensitization I can help the ladies understand that family planning is their right and is essential. There is nothing to be embarrassed about. Also, it is not for the married only!' Rosie shared as she concluded her story.

By improving health, empowering women, population growth comes down.'
Bill Gates