Name of the project: **Health People for a Health Environment.**

**Submitted To**

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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**

- Malusili, 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; Of Jogi, Loisaba, Naibung’a, Nkotelya, Kirimu, Nannapa, Narrupa & Oldonyiro Conservancies

**Program Coordinator**

Shanni Wreford-Smith: pmobileclinicsafrica@gmail.com

**Reports Author**

Programme Coordinator, Projects Officer, Assistant Projects & Data Officer, Field Coordinator, Field Assistant, Asst Finance Officer, financial comptroller & volunteer auditor
## 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](http://www.chatafrica.org) &/or follow us on Facebook at - [https://www.facebook.com/communitieshealthafrica & Instagram at- Communitieshealthafricatrust](https://www.facebook.com/communitieshealthafrica & Instagram at- Communitieshealthafricatrust)

### IMPACT SUMMARY OF CHAT's INTEGRATED HEALTH SERVICES - USING A PHE APPROACH

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Reached with by</th>
<th>FPCORPS</th>
<th>Reached with by</th>
<th>motor mobile (cost share)</th>
<th>Reached by camel mobile (cost shared)</th>
<th>CHAT's overall these 3 mths</th>
<th>CHAT's Cumulative This Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals mobilized and sensitized with Behavior Change information (BCC)</td>
<td>Male</td>
<td>5,726</td>
<td>Female</td>
<td>11,119</td>
<td>Oct. - Dec. 2020</td>
<td>108,259</td>
<td>152,777</td>
</tr>
<tr>
<td>Number of men accompanying their women to RH/FP bcc</td>
<td>Male</td>
<td>3,219</td>
<td>Female</td>
<td>3,219</td>
<td>Oct. - Dec. 2020</td>
<td>24,739</td>
<td>4,242</td>
</tr>
<tr>
<td>Number of women choosing Long Acting Reversible Contraception (LARC) 3-5 years pregnancy protection (implant method)</td>
<td>Male</td>
<td>7,326</td>
<td>Female</td>
<td>7,326</td>
<td>Oct. - Dec. 2020</td>
<td>31,319</td>
<td>40,393</td>
</tr>
<tr>
<td>No. of women who chose injectable method of contraception i.e. Depo Provera providing 3 mth pregnancy protection.</td>
<td>Male</td>
<td>2,471</td>
<td>Female</td>
<td>2,471</td>
<td>Oct. - Dec. 2020</td>
<td>15,940</td>
<td>16,792</td>
</tr>
<tr>
<td>No. of women who chose pills - daily method of contraception pregnancy protection.</td>
<td>Male</td>
<td>1018</td>
<td>Female</td>
<td>1,018</td>
<td>Oct. - Dec. 2020</td>
<td>4107</td>
<td>4,759</td>
</tr>
<tr>
<td>No. of women who chose IUCDs as their method of contraception pregnancy protection (The coil)</td>
<td>Male</td>
<td>612</td>
<td>Female</td>
<td>612</td>
<td>Oct. - Dec. 2020</td>
<td>2,607</td>
<td></td>
</tr>
<tr>
<td>No.of women who chose Tube Ligation (TL) as their method of contraception pregnancy protection.(permanent)</td>
<td>Male</td>
<td>0</td>
<td>Female</td>
<td>0</td>
<td>Oct. - Dec. 2020</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of condoms distributed</td>
<td>Male</td>
<td>18,143</td>
<td>Female</td>
<td>18,155</td>
<td>Oct. - Dec. 2020</td>
<td>83,033</td>
<td>109,530</td>
</tr>
<tr>
<td>Number of youth out of school sensitized with bcc information aged between 15-24 yrs</td>
<td>Male</td>
<td>1,508</td>
<td>Female</td>
<td>2,438</td>
<td>Oct. - Dec. 2020</td>
<td>3,946</td>
<td>8,156</td>
</tr>
</tbody>
</table>

**RH** with a focus on providing access to integrated FAMILY PLANNING using a Population Health & Environment (PHE) approach.
| **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 | 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 | 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 focuses 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.

**BACK PACK STRATEGY**

**Counties reached:** Fourteen (14) counties - Isiolo, Laikipia, Baringo, Kitui, Tharaka Nithi, Narok, Kajiado, Samburu, Meru, Nyeri, Kisii, Marsabit, Nairobi and Nakuru Counties.
Commodified supported by different donors that nepea CHAT to reach in the following various ecosystems include:

1) Tana River & Mt Kenya Ecosystems:
   Meru County: Karuri, Ngushiri, Sirimun, Mlaa Mbaa, Kwa Ng’ang’a slums & Mantani.
   Kitui County: Kyuso, Mutanda, Mwanza, Katse, Mandongoi, Tyaa, Kamwango market, Waita, Nuu, Ngomeni, Kamwango, Kamusili, Tyaa, Waita Tseikuru, Mtamisiyo & Musavani.
   Tharaka South: Kanjoro, Gitupu, Katuru, Tunuai, Gakurungu, Marimanti, Kamanjuki, Chikangara, Kikara, Kithuna, Maara., Isigambang’ombe, Tharaka, Kamwathi, Kamanyiki, Keraka, Kamandari & Muthambi.

2) Northern Kenya Rangelands Ecosystem:
   Marsabit County: Farakone, Keno, Mlongoi, Loroku, Lependera, Mpahas, Mekinyi, Ntimu, Sukuroi, Maragi, Mti Ngoro Dororo, Sarai, Naisipe, Gicwiro, Dubsahai, Mekinyi, Kor, Nguruni, Namare, Dogo, Laisamis, Merille, Barin, Deera, Manyatta Jilo, Jirime, Marsabit town, Marsabit Majengo slums, Kambaye, Karare, Sagante, Mountain, Logologo & Lolora.

3) Lake Victoria Basin:
   Kisii County: Bogonta, Tengerer, Kaiti, Nyangani, Risa, Nyambo Tengereri & Kenya.
   4) The Mara Ecosystem:
      Narok County: Aitonga Manyatta, Supareet, Ntulele, Olesekwan, Ololoi, Olomokoye, Emarti, Olepolos, Sara, Maru beef, Olunini, Olkenyei, site, Ololui, Melelo, Enkutoto & Kiroki.
      5) Amboseli Ecosystem:
          Kajiado County: Eseniti, Embarirongoi, Oltome Inchara, Olodelist, Engong Narok, Barba, Olohaicho, Ntiito, Mayatani, Mesheningi & Kankerre.

4) The Mara Ecosystem:

MOTOR MOBILE STRATEGY (cost shared)

Different donors enabled CHAT to undertake motor-mobule 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 liaise with community leaders, facility staff and other community representatives in mobilising and also assessing their respective communities and prioritizing the communities which are in more need of FP services. The motor-mobule outreaches usually integrate different services including basic curative-treatment, child welfare, exhibition, 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 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.

Volunteering Monitors & Other Support

Between 30% 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.

CHAT has developed this as an indicator of a community’s growth to a sustainable environment where individuals are being able to access their own family planning needs, thus requiring less support from CHAT and 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 CHAT’s 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.
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.

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 CHAT's fundraising proposal documents.

Diana Hague, a finance comptroller in Crete, Greece, continues to help a most grateful CHAT with its financial reporting functions. Malasili - 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.

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**CASE STORY**

Quite a
By improving health, empowering women, population growth comes down.

Bill Gates