



Communities Health Africa Trust (CHAT)

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

Qtr.3 Report to GoK

Jul- Sept 2019



<p>Name of the project:</p>	<p>Health People for a Health Environment.</p>
<p>Submitted To</p>	<p>MoH Samburu County: cdhsamburu@gmail.com; thuran1975@gmail.com; chrisleng38@yahoo.com; jimsaina@yahoo.com; MoH Laikipia County: laikipiacountyhealth@gmail.com; ngerisusan@yahoo.com; dr.waihenyam@yahoo.com; MoH Isiolo County: moluhuku@yahoo.co.uk; MoH Nakuru: cdhnakuru@yahoo.com; MoH Baringo county: cdhbaringo@yahoo.com; MoH Meru County: cdhmeru@yahoo.com; Marsabet: cdhmarsabet@yahoo.com; MoH Tharaka Nithi County: cdhtharakanithi@gmail.com; Ministry of Environment, Water and Natural Resources: Laikipiadevelopmentauthority@gmail.com; Ministry of Agriculture, Livestock and Fisheries: mnmuchangi@yahoo.com; Kitui County: scmhminginorth@yahoo.com; Narok County: nyabwarievs@gmail.com; scmohnaroksouth@gmail.com; scphonaroksouth@gmail.com; Kisii County: leahbwari608@gmail.com; leahbwari@yahoo.com; Nyeri County: nyericdoh@yahoo.com; MoH Dagoretti: dagorettiscdphn@gmail.com</p>
<p>Regions covered by CHAT</p>	<p>Presently CHAT is reaching into 12 counties - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii & Narok.</p> <ul style="list-style-type: none"> • Meru System (Tana River) – Northern Kitui, Meru and Tharaka • North Rift Ecosystem – Baringo (East Pokot), Nakuru (Mau Forest) • Lake Victoria Basin – Kisii • The Mara – Narok South (opportunity here to scale up through indirect consultancy model) • North Kenya Mountain Rangelands (includes the Ewaso System) – Samburu, Isiolo, Laikipia, Marsabit
<p>CHAT Partners</p>	<p>33 grassroots Health Support Groups/Village Development Committees in Laikipia & Samburu, and 43 Community Own Resource Persons (CORPs); The Nature Conservancy(TNC); Global Fund TB via AMREF; USAID Afya Timiza via AMREF; Mpala Wildlife Foundation; East African Women's League; Marie Stopes ; GoK including the Kenya Ministry of Health & Ministry of Environment; Kenya Wildlife Trust; Community Health & Sustainable Environments UK (CHASE); Community Health Africa Poverty Solutions (CHAPS); Global Giving; Mission for Essential Drugs (MEDS); Suiyan Ltd; Small Foundation Canada; Milgis Trust, St George Trust, Maliasili;</p>
<p>Program Coordinator</p>	<p>Shanni Wreford-Smith: mobileclinicsafrica@gmail.com</p>
<p>Reports Author</p>	<p>Programme Coordinator, Projects Officer, Assistant Projects & Data Officer, Field Coordinator, Field Assistant, Asst Finance Officer, Volunteer Comptroller</p>

Problem Statement

ack 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>

IMPACT SUMMARY - CHAT's INTEGRATED HEALTH SERVICES USING A POPULATION HEALTH & ENVIRONMENT (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 2019
	Male	Female	Jul. - Sept. 2019	FPCORPs cumulative Jan. - Sept. 2019	Male	Female	Jul. - Sept. 2019	Motor Mobile Cumulative Jan. - Sept. 2019	Male	Female	Jun. -Sept. 2019	Cumulative Jan. - Sept. 2019	Jul. - Sept. 2019	Jan. - Sept. 2019

RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS & SENSITISATION

Number of individuals mobilized and sensitized with Behavior change information i.e family planning/ecological awareness.	12,985	29,232	42,217	99,152	3,101	6,281	9,382	26,584	2025	4225	6,250	11,814	57,849	137,550
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	8,305		8,305	19,465	1,523		1,523	5,185	1,130		1,130	2271	10,958	26,921
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		10,911	10,911	20,935		4,272	4,272	6,852		3,340	3,340	4365	18,523	32,152
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		4,140	4,140	5,801		2,080	2,080	3,102		1,218	1,218	1457	7,438	10,360
Number of women who chose pills as their method of contraception protection.		1004	1,004	1748		211	211	412		162	162	184	1,377	2,344
Number of women who chose IUCDs as their method of contraception protection. (These are more suitable to those living in urban environments)		389	389	469		0	0	0		0	0	0	389	469
Number of women who chose TL as their method of contraception protection.		4	4	4		0	0	0		0	0	0	4	4
Number of condoms distributed	45,318	1080	46,398	95,872	29,560	350	29,910	59,825	100,430	398	100,828	105280	177,136	260,977
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) - i.e Behavior change information	3,496	5,669	9,165	21,172	1,066	1,570	2,636	10,158	812	988	1,800	4842	13,601	36,172
Number of children immunized including revisits and referrals	611	645	1,256	3,519	115	123	238	663	68	87	155	155	1,649	4,337
Number of newly enrolled women provided with ANC services and revisits (including referrals)		1,122	1,122	2,212		318	318	644		82	82	82	1,522	2,938
Number of women referred for PMTCT		0	0	0		8	8	18		0	0	0	8	18

BASIC CURATIVES - vital entry point to family planning services

Number of patients treated	0	0	0	0	912	1012	1,924	4587	188	291	479	760	2,403	5,347
----------------------------	---	---	---	---	-----	------	-------	------	-----	-----	-----	-----	-------	-------

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 & counselled.

Number of people counselled & tested disaggregated by sex & age	0	0	0	0	512	698	1,210	4,387	113	241	354	574	1,564	4,961
Number of individuals testing positive	0	0	0	0	2	2	4	12	3	4	7	8	11	20
Number of supervisions conducted - other than CHAT's monthly M & E inclusive activities	0	0	0	0	2	2	2	2	1	1	1	1	3	3

TB - an integral part of our service provision working with CORPs predominantly in Laikipia & Isiolo

Number of contacts traced	0	0	0	297	0	0	0	0	0	0	0	0	0	297
Number of households with TB patients reached with health education on nutrition/infection control	0	0	0	358	0	0	0	0	0	0	0	0	0	358
Number of defaulters traced	0	0	0	61	0	0	0	0	0	0	0	0	0	61

"World fertility surveys indicate that anywhere from one third to one half of the babies born in the Third World would not be if their mothers had access to cheap, reliable family planning, had enough personal empowerment to stand up to their husbands and relatives, and could choose their own family size." Donella Meadows

Activity News

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

The foundation of CHAT's model is working in partnership with the communities they serve. This partnership begins by identifying a local representative to engage as a Community-Owned Resource Person (CORPs), in consultation with local opinion leaders. CORPs are trained as Community Health Workers (CHWs) and receive additional training from CHAT on the PHE approach, including techniques to integrate ecological sensitization into their work. The CORPs becomes the link between CHAT and the communities they support, and are involved in each of CHAT's core activities and outreach strategies.

CHAT's implementation model encompasses three core types of interventions:

- (i) Providing access to family planning information and services, using an integrated health approach
- (ii) Strengthening community structures
- (iii) Engaging in 'quiet' advocacy.

The core activities outlined above are delivered by CHAT and CORPs through a variety of outreach strategies, reaching people by foot, in vehicles or on camels. These strategies include:

- (a) Backpack Outreach Strategy - evolving to be one of the most preferred strategy and sustainable at community level
- (b) Motor Mobile Outreach Strategy
- (c) Camel Outreach Strategy.

CHAT's financial support acquired from various donors was put towards supporting the implementation of the three key strategies named above.

2) CHAT's Annual Audit of 2018 was completed by the end of April 2019 and shared with the Trustees. Gently but slowly CHAT has increased its funding over the years - this last year CHAT sourced over USD 600,000

3) CHAT's updated Strategic Plan covering 5 years is ready and will be distributed to the Trustees this next week. This process took much longer than originally thought. CHAT was assisted by a professional American conservation capacity building organization based in Arusha Tanzania, called Maliasili. CHAT feels fortunate to have been given this opportunity. Maliasili will now assist CHAT with its fundraising and communications strategy - it is hoped for the next 2 years!

4) CHAT's Annual report for 2018 has only just been completed and will be shared. This is the first attempt for CHAT to compile an Annual Report, previously CHAT has been compiling and sharing quarterly reports.

5) CHAT has engaged a Fundraising consultant - Becky who is voluntarily assisting CHAT with fundraising/resource mobilization until December after which I hope we can find funds to be able to cover her consultancy fees. Becky is from UK.

BACK PACK STRATEGY:- Fifty two (52) CORPs were supported for the three (3) months under review. CHAT's primary outreach strategy is the backpack strategy which engages CORPs to go door-to-door in their own and surrounding communities and 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.

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:** Muchorwe, Sektotes, Kiambereria, Sasumwa, Sachoran, Nyakiwa, Gacharage, Tachasis, Karima, Githiriga, Kimkasa & Willa.
- 2) **Laikipia county:** Mutara, Melwa, Island, Kiamariga, Lorien, Maundu Ne Meri, Vetenary, Mathira, Sipili, Ndurumo, Karandi, Karigoini, Kihato, Solio IDP Camps village 3,4 & 7, Kona Mbaya, Ngobit, Sirma, Njoguini, Matanya, Jericho slums, Majengo slums, Likii slums, Kambi ya Mbuzi, Kambi Panya slums, Kambi Mbuzi slums, Ichuga, Mungetho, Ilmotiok, Mukima, Kariunga, Reteti, Jua Kali, Naibor market, Doldol market, Chumvi, Parkare, Ewaso, Munishoi, Segera, Kurum, Lokusero, B/Tank, Kisargei, Samaria, Tool, Namelok, Piliili, Loisuikut, Seek, Musul, Kisargei, Naserian, Ilmotiok, Loshaki, Koiya, Sukutan, Lekiji & Olgirigi.
- 3) **Baringo County:** Kabel, Muchongoi, Kipkandule, Koimugul, Kasiela, Keneroi & Ngarie
- 4) **Isiolo County:** Subuiga, Waso Nyiro, EBC, Sericho, Kambi juu slums, Kiwanjani, Mwangaza, Bulla Pesa slums, Ngare mara, Rei, Safi Estate slums, Matundai, Nkorika, Ntepes, Ntulele, Olla Odha, Marere, Kambi Juu, Loruko, Rumate, Losira, & Chechelesi.
- 5) **Kisii:** Bungonta, Nyansakia, Ikorongo, Igwero & Sosera
- 6) **Kitui:** Ngaare, Kagui, Mbui, Waita, Mwukoni, Kamulo, Mavuwani, Mauru, Kilulu, Kora, Kyuso, Kamwongo, Kyethani, Kyandoa, Katooni, Katitu, Thonoa & Gai.
- 7) **Tharaka:** Karungaru, Gakurungu, Tunyai, Chiakariga market, Marimanti, Kamwathu, Magumoni & Kamanyaki.
- 8) **Meru:** Timau slums, Maritati & Kwa Ng'ang'a
- 9) **Marsabet:** Dogo, Galtheilau, Laisamis, Merille, Logologo, Eysimgobanai, Uyam, Harulla, Namarei, Kamboe, Soito, Namarei market, Deere, Ekeno, Mpagas, Sukuroi, Korr, Nteel, Goboree, California village, Dubsahai, Ngurunet & Mekinya village.
- 10) **Narok:** Botret, Suparet, Kirok, Epukutia, Ololung'a, Olsukut, Olmeoshi, Nkutoto, Entoto, Ensukut & Melelo.
- 11) **Samburu:** Loikumkum market, Nolderkes, Tungu, Ndirer, Sererit, Isil, Anderi, Masikita Chini, Teremka, Merimeji, Sumuruai, Sirata, Wota, Kirimun Market, Jijja, Serenataraki, Niderka, Kamomo, South Horr, Lpulee, Latakweny market, Masikita Simiti, Nyiro, Loudua, Lesirkan, Parkuo, Kurungu market, Soweto, Nataraki, Lororo, Arsim, Waso Rongai, Marti, Maralal town, Allamano, Yare, Mutaro, Shabaa, Loikas, Milimani, Sirata, Lesidai, Loosuk, Opiroi, Longewan, Suguta marmar, Lkuroto, Amaiya, Kisima, Baawa, Sere, Kelele, Lkeeki Sapuk, Puura, Loibor Ngare, Nkusoro, Angata Rongai, Lorumoki, Jerusalem slums, Letanai, Lodonokwe, Kinya, Ntabas, Lerog, Reteti, Lerata, Archers post market, Waso, Sereolipi, Kiltamany, West gate, saasab, Ndongyo Nasipa, Wamba, Lepareu, Ndume, Baragoi, Chalbi desert, Ntepes, Lekuru market, Martie lepareu, Baraka, Lengusaka & Ngilai.
- 12) **Nyeri:** Nairutia, Nairutia IDP camps & Kona Mbaya.
- 13) **Nairobi:** Dagoreti maeket, Regen, Thogoto, Centre, Gachuhi, Kikuyu, Waithaka, Mutuini, Regen, Kangemi

MOTOR MOBILE STRATEGY (cost shared)

During this quarter (Jul.-Sept. 2019), various donors enabled CHAT to implement 7 X 10 day camping out mobile. CORPs work with CHAT alongside local opinion leaders and local government representatives to identify areas where communities have limited access to health facilities, significant unmet family planning and health needs and where the cost of accessing medical facilities is a barrier.

In these areas, initially a motor mobile clinic can be organized to provide integrated health services including family planning, immunizations, antenatal care, child welfare clinics, basic curative treatment and referrals.

Counties reached: Four (3) counties - Isiolo, Laikipia and Samburu Counties

Communities reached: Over forty (40) communities reached included;

- 1) **Laikipia County:** Ngilois, Kinamba Sosian, Ngare Mara, Nkiroriti, Kambi Mbuzi, Karaya, Ntabas, Ntirim, Namelok, Satiman, Sabsab, Saramba Juu, Naibor market, Lpingwan market, Kimanjo market, Kiwanja, Bobong City, Doldol market, Sagumai, Nosirai, Naibor market, Nkiroriti, Tool, Kimamnjo, Namelok & Ngare Narok.
- 2) **Samburu:** Archers post Market, Marti epareu, Ndongyo Wasin, Mewa, Sitini, Nkii, Ndume, Nanguya, Nairisha, Loigama, Daparan, Laitemu, Saasab, Lounoi, Sura adoru, Tangar market, Masikita, Nkii, Kibartare, Le Angata, Sera, Lesurua, Kauro, Lorubae, Laililai.
- 3) **Isiolo:** Tuale, Sabsaab, Ntepes, Lagaaman, Oldonyiro, Longopito, Lemorijo, & Kipsing.

CAMEL MOBILE STRATEGY - (cost shared)

1 X 6 weeks camel mobile went out from Mid August to early October 2019 completing a six weeks circuit.

In the more remote and difficult to reach areas, CHAT employs the unique strategy of a camel mobile program, which offers integrated health services with a focus on family planning. For a period of six weeks, CHAT team, comprising of camel handlers, a nurse, CORPs and an intern accompanied the camel mobile clinic reaching some parts of Isiolo and up to communities in the Mathews range - west side of Samburu East. The team provided integrated health services using a PHE approach, where environmental sensitization embedded with family planning was a key intervention. Camel outreach intervention is one of the innovative approaches that draws men close to the program thus reaching them with the intended messages of family planning. Also an impact assessment on fp uptake was done and a detiled report is available on request. A detailed data summary is provided in the table above indicating the reached targets via camel mobile.

Counties reached: Isiolo, Samburu, Laikipia

Communities reached: Ngutuk, Nalepoboo, Ndirer, Lepesiwo, Ngilai, Tepele, Oromoidei, Norolotoro, Lowaniku, Lauraki, Kisinget, Resim, Lpus Oibor, Soit Nyiro, Loocho, Lodokejek, Palkare, Ntepes

Monitoring & Evaluation (M & E)

Between 10 - 12% of each donation will go towards this important activity.

Monitoring and Evaluation (M&E) are important for CHAT as an organization to assess that the project is achieving set targets, understand whether strategic changes need to be made and acted upon accordingly, reviewing milestones and final outcomes and impacts of the projects for the donors to decide on the accountability of the organization, and upon which further collaborations could be established.

CHAT was able to facilitate 3 Government supervisions by accompanying two motor mobile teams and a camel mobile team.

CHAT has an ongoing process of gathering 'outcome' & 'impact' evaluation data from the communities. The following is the summary of the findings:

- 1) Individual & community "apathy" (apathy is defined as "a lack of interest or concern") - however in the case of this project, the main reasons for this attitude could be inadequate understanding of opportunities that could assist with improving their personal & environmental wellbeing.
- 2) health systems barriers e.g long distances to health facilities...thus again lack of understanding the improtantce of fp - the communities need to appreciate that at times it is important they make an effort to 'go the last mile' for some services.
- 3) Undesirable healthcare worker's attitude e.g unhelpful nursing in health facilities 4) Stock-outs and lack of long acting reversible contraceptives (in most cases/areas that CHAT targets if there is a health facility the only health facility is a GOK MoH health facilities - rarely also Catholic who do not stock contraception!) 5) Lack of policies facilitating contraceptive provision in schools 6) Community level barriers -e.g women's experiences with contraceptive side effects. All the above findings were addressed and other elements are used by CHAT to make appropriate informed decisions including targeted resource allocation and re-allocation

Volunteering Monitors

Within the quarter, (July - Sept. 2019) CHAT continued engaging a Kenyan who is a graduate student with a Bachelor of Project Management, Kirinyaga University - he has assisting our M & E team. A capacity building organization, Maliasili, a conservation focused organization, continues to voluntarily strengthen CHAT's capacity through the development of a 5 years CHAT's Strategic Plan. "Becky" joined CHAT as a consultant on a voluntary basis at this time assist strengthen CHAT's resource mobilisation (fundraising). CHAT hopes that the combination of these diversified skills will improve CHAT's fundraising mechanism that would lead to financial sustainability of the organization. Diana in Crete, Greece, continues to assist CHAT using her considerable accounting skills by providing CHAT with 'comptroller' support (Diana has been helping CHAT for 7 - 8 years).

Program Challenges/Risks encountered

- 1) Data collection and analysis are still problems coupled with weakened and dysfunctional health-care systems in virtually all countries across Africa. This makes monitoring and evaluation of programmes a challenging task.
- 2) Ego at all levels of society
- 3) Persuading County governments to adjust their budgetary priorities to meet health requirements is a tough challenge. Indeed, in 2001, African leaders made Abuja (Nigeria) declaration with a commitment to allocate 15% of public expenditure to health by 2015 - however, to date, there is still huge funding gaps with the health sector remaining heavily underfunded. This automatically affects the family planning allocation at all levels.
- 4) There remains unmet Family planning (contraception) needs in all communities. Though studies in Kenya reveal a near universal knowledge on contraceptive methods, yet community practises and our experience has shown the contrary. So, addressing all or some of these barriers responsible will significantly influence service uptake. This is what CHAT thrives to do through their CORPs partners who reach diverse communities using a grass root door to door advocacy - a 'bottom up' PHE approach.
- 5) Illiteracy
- 6) Apathy at many levels of society is a concern, especially at the grassroots level. CHAT experience that apathy is present when ignorance about family planning and compounded by the lack of access to free contraception
- 7) There is a need to link population pressure on both the built and natural environments to reproductive health interventions as a national policy to FP service utilization. Though CHAT uses a PHE approach embedded into their family planning intervention, National government is yet to develop a guiding policy on the same.

Case Story

A well deserved break

** not their real name*

As the team was providing services at Ngilati village, a woman, jovial but in some sort of a hurry, said to the mobile clinic driver

"I am so delighted to see this car, please come to Sananguri - there is a wedding tomorrow. We are in great need." Even before the driver could ask more, the woman had already started striding away.

The driver shared with CHAT's CORP partner, Pauline, who explained that in the next community, that's where the wedding would be. The team continued providing their services then made preparations to serve more clients at the wedding the following day.

Early morning, they set camp right outside Sanaguri. Having gone ahead, CORP Pauline had already started sensitizing the community. She specifically started with the lady who had, the previous day, passed by the vehicle. She was called Leyantai* and she had heard about the services offered by the yellow land rover - she wanted to learn more and see if it was an option for her.

Leyantai is a third wife, having been married to a man who only had daughters. She knew she was doomed for she too had the same predicament as her preceding co-wives, having to continue to give birth until it's a boy. She now had seven girls and no boy yet! She was tired and wanted a rest. She felt like she did not need any more children.

Leyantai knew this was a safe place to access the much-needed help. Her husband was happy and away making merry with his mates, so telling him she needed a little break at this time was not going to be hard.

And indeed, when she shared with her husband after talking to CORP Pauline, so as to understand better, he agreed that she could rest from having a child for some time but on condition that she still had the obligation of giving him a son. Leyantai was the happiest woman at the wedding, even happier than the bride!

She quickly chose and received a five-year protection implant. She knew that this would help her a lot at avoiding unwanted pregnancies for the next few years.

"You have helped me a lot today. Ashe Olong!" Leyantai said, and then she called all her friends and told them about family planning (fp) immediately she left the service tent.

"This is a very smart woman. I wish we can have hundreds more like her in every community." CORP Pauline commented as she went back to get some more women from the wedding to inform them about the accessible fp services being offered via CHAT.

"From China and India to Turkey and Brazil, when women have gotten access to education, to family planning and to a vital place in the economy, greater prosperity has followed. And when women are free to speak and learn, they temper the extremes of ideology and fanaticism and raise sons who are less likely to become human bombs." David Horsey