



Communities Health Africa Trust

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK 4 month Report

Dec. 2017 - Mar. 2018



Name of the project:	Communities Health Africa Trust's (CHAT) integrated services focusing on family planning using a Population Health & Environment (PHE) approach
Submitted To	MoH Samburu County: cdhsamburu@gmail.com ; thuran1975@gmail.com ; chrisleng38@yahoo.com ; jimsaina@yahoo.com ; MoH Laikipia County: laikipiacityhealth@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 ; MoH Tharaka Nithi County: cdhtharakanithi@gmail.com Ministry of Environment, Water and Natural Resources: Laikipiadevelopmentauthority@gmail.com ; bonifaceanyonyi@yahoo.com ; Ministry of Agriculture, Livestock and Fisheries: mnmuchangi@yahoo.com ; MoH Nyeri: nyericdoh@yahoo.com ; MoH Dagoretti: daqorettiscdphn@gmail.com Kisii County: DPHN: leahbwari608@gmail.com ; leahbwari@yahoo.com
Regions covered by CHAT	Presently CHAT is reaching into 12 Counties with integrated FP/ Ecological awareness activities - Laikipia, Samburu, Isiolo, Marsabit, Baringo, Meru, Tharaka, Kitui, Nyeri, Nakuru, Kisii and Nairobi
CHAT Partners	The Nature Conservancy; 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 (CHASE), Community Health Africa Poverty Solutions, (CHAPS), Global Giving; Mission for Essential Drugs (MEDS), Suiyan Ltd, African Impact, Small Foundation; Milgis Trust, Northern Rangeland Trust, Mugie Ltd, St George Trust, 23 grassroots Health Support Groups through Laikipia & Samburu, and 27 Community own Resource Persons (CORPs) these are grassroots partners providing FP/ecological sensitization, HIV/AIDS & TB mobilization services
Program Coordinator	Shanni Wreford-Smith: mobileclinicsafrica@gmail.com

Reports Author	Programme Coordinator, Projects Officer, Assistant Projects & Data Officer, Field Coordinator, Field Assistant, Asst Finance Officer, volunteer auditor
-----------------------	---

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 website at - www.chatafrica.org & or follow us on Facebook at - <https://www.facebook.com/communityhealthafrica>

USING A PHE APPROACH, CHAT's INTEGRATED HEALTH SERVICES IMPACT SUMMARY

Indicators	Reached by <u>Back Packing</u> FPCORPS				Reached by <u>motor</u> mobile (cost share)				Reached by <u>camel</u> mobile (cost shared)				CHAT's overall these 4 mths	CHAT's Cumulative this year 2018
	Male	Female	Dec. 2017 - Mar. 2018 (FPCORPS)	FPCORPS cumulative Dec. 2017- Mar. 2018	Male	Female	Dec. 2017- Mar. 2018	Motor Mobile Cumulative Dec. 2017 - Mar. 2018	Male	Female	Dec. 2017-Mar. 2018	Camel mobile Cumulative Dec. 2017 - Mar. 2018	Dec. 17 - Mar. 18	Jan.2018 - Mar. 18

RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS & SENSITISATION using a Population Health & Environment (PHE) approach

Number of individuals mobilized and sensitized on family planning/ecological awareness.(Behavior change information)	9,034	23,238	32,272	32,272	2,623	6,935	9,558	9,558	224	791	1,015	1,015	42,845	34,062
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	5843		5,843	5,843	1,283		1,283	1,283	125		125	125	7,251	5,616
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		5,933	5,933	5,933		2,088	2,088	2,088		762	762	762	8,783	7,201
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		3,296	3,296	3,296		524	524	524		91	91	91	3,911	3,192
Number of women who chose pills as their method of contraception protection.		902	902	902		235	235	235		3	3	3	1,140	915
Number of women who chose IUCDs as their method of contraception protection.		149	149	149		0	0	0		0	0	0	149	110
Number of women who chose TL as their method of contraception protection.		0	0	0		0	0	0		0	0	0	0	0
Number of condoms distributed	67,727	1881	69,608	69,608	21,142	166	21,308	21,308	4,240	0	4,240	4240	95,156	68,420
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) .(Behavior change information)	3202	6,526	9,728	9,728	1,340	2,789	4,129	4,129	99	248	347	347	14,204	11,318
Number of children immunized including revisits	159	197	356	356	46	63	109	109	0	0	0	0	465	346
Number of newly enrolled women provided with ANC services and revisits & Referrals		208	208	208		8	8	8		0	0	0	216	189

Number of women referred for PMTCT		0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC CURATIVES- an important 'entry point' to all our other interventions														
Number of patients treated	0	0	0	0	868	1244	2,112	2112	75	93	168	168	2,280	1,897
HIV/AIDS (CBHTCs) CHAT no longer has funding for this intervention - therefore a decrease in HIV activities. However, it is a Kenyan policy thus compulsory that patients coming for treatment are tested & counselled.														
Number of people counselled & tested disaggregated by sex & age	0	0	0	0	134	453	587	587	93	150	243	243	830	759
Number of individuals testing positive	0	0	0	0	1	2	3	3	1	1	2	2	5	4
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Household of TB patients reached with health education on nutrition/infection control	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of defaulters traced	0	0	0	0	0	0	0	0	0	0	0	0	0	0

“Population stabilisation should become a priority for sustainable development, including a strong focus on the empowerment of women and girls.” -Koffi Annan UN Secretary-General

Activity News

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

CHAT 100% relies on donor support to carry out their activities. CHAT's implements using a variety of integrated strategies and health services - whilst having a focus on a holistic family planning (FP) ecological awareness intervention using a Population Health & Environment approach. CHAT's core objective is building community sustainability, thus CHAT is motivating 38 grassroots partners who are Community Own Resource Persons (CORPs) whom work alongside CHAT whilst implementing CHAT's innovative door to door 'Back Pack' strategy that utilises public transport or going by foot. This strategy is supported by a motor mobile integrated clinic and and sometimes camel mobile clinics integrating health services. The following services are offered - basic curative treatment integrated with HIV/AIDS services, other RH/Maternal Health services such as ANC, immunisation, STI treatment and TB defaulter & contact tracing; these all include a package of positive behaviour change and nutritional information.

BACK PACK STRATEGY: This quarter, different donors supported twenty nine (29) FPCORPs implemented CHAT's innovative 'Back Pack door to door' strategy in over two hundred (200) communities.

Counties reached: Twelve (12) Counties- Laikipia, Samburu and parts of Marsabit, Baringo, Isiolo, Kisii, Tharaka Nithi, Kitui, Nakuru, Meru, Nyeri & recently Nairobi county

Communities reached in various counties include:

- 1) **Nakuru County:** Bararget, Kiptuwo, Kiki3, Tulwet, Masaila, Milimet, Kimkasa, Mchorwa, Langwendia, Muteme and Githiriga.
- 2) **Baringo County:** Muchongoi, Kabel, Kipkandule, Kibagenge, Kerenoi, Komoigul, Kongasis, Kasiela and Tuiyobei.
- 3) **Laikipia County:** Doldol, chumvi, Loruko, Ruai, Mpala, Makandura, Tangi Nyeusi, Dipatas, Powyse, Seek, Kiwanja Ndege, Murupusi, Saramba, Bokish, Ntepes, Kambi ya juu, Kambi ya Soko, Loruko, Ngobit, Mung'etho, Makutano, Nkando, Huruma, Shika Adabu, Likii, Bobong city, Lorien, Oldonyiro, Longopito, Graton, Lotacha, Rusika, Melwa, Mumonyot, Saramba, Samaria, Lodung'oro, Ewaso, Kimanjo, Lobarsherek, Matanya, Kihato, Kwa mbuzi, Soko Mjinga, Majengo and Njoguini.
- 4) **Isiolo County:** Isiolo slums, Merti, Korbasa, Kachuru, Kiwanjani, Kula mawe, Kiombiga, Bula Pesa, Jua kali, Maisha Bora, Chechelesi, Reli, Garbatulla, Manyatta, Shambani, Kinna, Sericho, Kombola, Ola Bule and EPIDI.
- 5) **Samburu County:** Tongu, Nkutoto, Yare, Leker, Sererit, Matepes, Laresoro, Isil, Englai, Tamiyoi, Baragoi, Sirata, Nkejemuny, Loiragai, Loosuk market, Kisima, Suiyan, Barsaloi, Loikas slums, Alamano, Rangau, South Horr Town, Lesirikan, Wamba, Sura adoru, Lodungokwe, Golgoltin, Reteti, Lolkuniani market, Ndonyo Nasipa, Loshoorong, Lerata, Archers Post market, Kirimon market, Seren and Kurungu market.
- 6) **Kitui County:** Kalatine, Kyethani, Noo, Twikolo, Mandongoi, Marisi, Gai, Matooni, Waita, Mauru, Matooni, Malava, Kamusili, Kamuongo, Mbukoni, Kaya, Katse, Nyamanzei, Kangii and Kwangu.
- 7) **Tharaka Nithi County:** Kagucha, Kithigiti, Ciakariga, Kiboka, Gakurungu, Kagucha, Kamarandi, Mitongoro, Nkondi, Materi, Tunyai, Gatunga market, Marimanti market, Kibera slums, Soweto slums and Mathiga.
- 8) **Marsabet County:** Silepaa, Lmoti, Adiyakhiche, Letore, Combon, Barrier, Lesidan, Letore, Mpagas, Laisamis, Logologo, Merille, Harulla, Marsabet town and Namarei.
- 9) **Kisii County:** Korongo, Kabarori, Igwero, Bogonta, Kanyenya, Melil, Nyanya, Enchoroge, Konge, Endemo, Sosera and Chokira.
- 10) **Meru County:** Gundua, Kisima center, Kariene, Muguru and Rukura.
- 11) **Nyeri County:** Karemuni and Kona Mbaya.
- 12) **Nairobi County:** Thogoto, Kikuyu, Gachii, Kabiria, Njiku, Kware, Ngong, Gitaru, Gachugo, Kimwanjany, Kirigu, Mutuini, Dagoreti and Waitthaka slums.

MOTOR MOBILE STRATEGY (cost shared)

During this period (5 months), various donors enabled CHAT to implement integrated health services via an integrated motor mobile strategy usually consisting of a nurse, driver and Family Planning Community Own Resource Persons (CORPs).

Counties reached: Five (5) counties - Kitui, Isiolo, Tharaka Nithi and the larger Laikipia and Samburu Counties

Communities reached: Over fifty (50) communities reached included;

- 1) Laikipia County: Lekiji, Ilmotiok, Ranch, Research, Naibor, Kariunga, Ngare nyiro, Jua kali, Makandura, Reteti, Loruko, Naibor, Sukutan, Sangumae, Lkiroriti, Soito udo, Seek, Bokish and Doldol market
- 2) Samburu County: Ndonyo Nasipa, Masikita, Barsaloi, Suiyan, Ntarapani, Archers Post market, Lorubae, Kiltamany and Kirimun.
- 3) Tharaka Nithi County: Tumbura, Keheria, Rukurini, Nkomaro, Gikuruma, Gacheraka, Gakirwe, Matagatani and Kasarani.
- 4) Isiolo County: Ltingai, Lenguruma, Kipsing market, Langaaman and Lpusi
- 5) Kitui County: Waita, Tyaa, Itiva Nzoo, Kamuongo, Mandongoi, Tseikuru, Ngomeni, Kyuso and Kalatine.

CAMEL MOBILE STRATEGY

During this period (5 months), various donors (cost shared) enabled CHAT to implement integrated health services via a camel mobile integrated health service provision strategy- this was accompanied by a locum nurse, camel handlers, HTC Counsellors and Family Planning Community Own Resource Persons(CORPs) mobilisers.

Counties reached: One (1) counties - Samburu County. However, this is to be a marathon 3 month long camel mobile with 3 separate donors supporting a month at a time and is due to end in mid May returning through Isiolo and Laikipia Counties

Communities reached so far: Ten (10) communities reached included;

- 1) Samburu County: Kirimun, Lochoo, Soit Nyiro, Lororo, Kirapash, Laililai, Opiroi, Loudokume, Lekitangesi and Ltangi.

Monitoring & Evaluation (M & E)

Between 10 - 12% of each donation will go towards this important activity. CHAT conducts program M & E on a regular basis (daily, monthly, quarterly & when necessary). By conducting M&E CHAT, the MoH and other stakeholders including the donors, can be informed about the programs progress and activity dynamics and ensures sensible project planning. With an objective of improving current and future management of outputs, outcomes and impact which at other times includes the MoH and other relevant ministries providing supportive supervision for quality assurance and quality improvement. Other activities include, but are not limited to: conducting routine monitoring activities by visiting health facilities to verify especially FPCORP partner data from the registers; impromptu visits to FPCORPs as they carry out their door to door activities; interviewing beneficiaries either in a group or in one to one discussions; support supervision by the CHMT/SCHMT (GoK); checking with both the Sub County Information Records Officer & County Information Records Officer to ensure CHAT's contribution is captured in the District Health Information System (DHIS) and nationally. For the 4 months, CHAT's M&E and GoK technical team conducted facility based data verification exercises, observed quality of service delivery by the mobile clinic team in the field, administered client exit interviews and community overviews on the entire program - among other key quality issues. Within the reporting period, CHAT monitored the process and output indicators in all the counties covered via various approaches that included telephone calls, site visits, desk reviews etc. (*Detailed reports on the findings is available on request.*)

Volunteering Monitors

During this period - four (4 months) - CHAT was assisted by one (1) Kenyan, Tomas Mwangi Njogu is a Kenyan and was a student pursuing Linguistic and International relations at Maseno University- he provided invaluable support by assisting with monitoring activities such as compiling case stories, data verification an entry. Diana in Crete continues to assist us using her considerable accounting skills by providing CHAT with comptroller support - Diana has been helping CHAT for 6- 7 years. Kokky, based in UK, also occasionally assists with fundraising with our GlobalGiving platform - since mid-last year.

Program Challenges/Risks encountered

How the challenges were addressed

1) Overwhelming service delivery demand especially for FP/ MCH services - these would usually require frequent revisits for especially immunization services which CHAT at this time cannot afford. CHAT experienced treating several "zero dose" cases in hard to reach areas this last quarter.

Through the implementation of integrated services, CHAT captured such immunisation cases. Some cases have been reported & referred to the relevant counties/sub counties health facilities for continuing intervention.

2) Overpopulation is causing what many Kenyans want to call a "Prolonged drought" - in reality the high fertility rate is causing the depletion of numerous natural resources such as water, wood, food and fertile soil; this is causing populations that are not usually mobile to become mobile - not necessarily just to find grazing for their desperate livestock but pastoralist communities moving from one place to another in search of water and food. Water used to be a 'free' commodity, however most communities are having to pay for their water supplies now. This situation is resulting in CHAT's grass root partners, the CORPs, having to follow them thus using much more time on tracking them down to follow up on or to provide relevant referrals.

Through motivating their grass root partners, the CORPs - all 29 of them presently - CHAT are trying to develop and build communities with sustainable access to contraception in all the counties CHAT reaches (this is presently 11 counties).

3) It was realized that there are isolated and stigmatized groups in Laikipia Central, many of them being internally displaced persons (IDPs) that have been forgotten both by the government and the communities surrounding them at large. This has resulted in them barely receiving any health services - let alone family planning - thus a huge need and urgent request for this was identified by our CORP partners.

CHAT's grass root partners will be organizing regular 'back pack' outreach services to try and reach these vulnerable groups to provide integrated family planning services - using a PHE approach

4) Northern counties culturally being mobile communities i.e nomadic/pastoralists

CHAT has developed various culturally accepted approaches and strategies to ensure positive outcomes despite unpredictable movements of these types of communities.

5) "Ego" is CHAT's most common and frustrating challenge!

Patience & counselling!

Case Story

CHATs motor mobile clinic visited Bokish community in Mukogondo, North Laikipia, Kenya to offer medical services, because the nearest facility is over 30 Kms away. Bokish is up and through the Mukogondo Hills forest, which has some of the worst driving terrain in Laikipia County - (one can only drive down the steep slippery slopes with an off road motor vehicle such as a Land Rover or Land Cruiser. The indigenous forest harbors hunters and gatherers, and a few visiting pastoralists that migrate from other areas. It is so dry at this time of the year; and it is plain to see that overstocking, compounded by over population is causing every increasing poverty and causing an overwhelming scene of degradation in and surrounding this environment.

"During CHATs outreach visit to this desperate, traditional and conservative community, the majority of the community visited the clinic to receive various health services - and I being a Pastor and mobiliser, realized that it was my duty to 'bring light' to this marginalised community" CHATs CORP partner, Parare, narrates. It's during a 'Lemojong'- a Maa traditional singing and dancing event held at night by the young beaded girls, that Parare met Nabolo*- a beautiful beaded girl!

"I can see that you are a Pastor & health mobiliser. I have been listening to your 'preachings' but realized that the youth in this community have been brainwashed by tradition; in fact you won't believe that most of these young innocent-looking girls (barely 15 years old), have two or more boyfriends and have broken their virginity in the name of attending such events," Parare recalls Nabolo's comments. After an in-depth discussion between the two, Parare realized that these "innocent young" ladies just practiced what they traditionally knew - when asked Nabolo could not give any risks associated with their actions - she was just doing what she learnt from her peers.

"I have noticed that the information about integrating Population, Health & Environment (PHE) as a component within the FP is not for my ears alone as most of us, including the community, must work together to organize a big meeting at the village square during one of the 'Chekuti or Gumbaro skul'- this is a kind of schooling for beaded girls, morans (young warriors) & elderly, who have never attended elementary school," Nabolo explained.

"CHAT management organized for the motor mobile clinic as an opportunity to provide choices to this vulnerable community choosing between 'ill' culture and, to my surprise on that particular day, the mobile clinic then turned this whole event into celebrations with many community members opting to visit the clinic to receive fp health services - instead of their usual classes," Nabolo narrates.

"I noted that the majority of these young girls and morans had STIs, with a few bold young beaded girls confirming that they have had several unsafe abortions - resorting to using their traditional herbs they prepare locally," CHATs Nurse. Ntinyari explains. "I wish I had met this team on time - as at my age, I have already had an abortion 'cos I was not sure of the moran's responsible for my ordeal; but at least you have been here, and I gained much from all of you, and I will ensure that the many generations yet to come will never undergo the same experience as mine. Three years implant is my 'life saver' now and I will always work closely with you, Pastor, in spreading the news," a determined Nabolo laments.

"I can attest that I, being a Pastor and a CORP, will not only provide health information, but also spiritual nourishment to this community - I see that family planning goes hand in hand with religion as birth control is an important moral choice - motherhood is a choice not a requirement," CORP & Pastor, Parare, then waved farewell to the community from his boda boda.

***"The problem of the growing food shortage cannot be solved without in many cases a simultaneous effort to moderate population growth." - U
Thant, UN Secretary-General***