



HEALTH & ENVIRONMENTAL SERVICES (PHE)

Trustee Report – 2nd Quarter 2016

April – June



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’s Partners	AMREF, Marie Stopes, GoK including the Kenya Ministry of Health & ‘environment ministries’, African Impact, Kenya Wildlife Trust, Community Health & Sustainable Environments (CHASE), Community Health Africa Poverty Solution (CHAPS), Ewaso Lions Project Ltd, 23 grass roots Health Support Groups throughout 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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The 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 new updated website at www.chatafrica.org & or follow us on face book

Being sensitive to the times we live in, where most documentation is being kept brief and to the point, the contents of this report have, for the most part, been summarised in the hopes of not being too tedious to read! Should you be interested in more information regarding certain sections we would be happy to share more.

CHAT's Strategies

As is frequently the case in rural Africa, most of the people have to travel vast distances to reach a local health clinic to seek health services. This usually incurs a financial burden they cannot afford. Other barriers, apart from inaccessibility, for not seeking reproductive health services and treatment are the challenges of stigma often related to cultural, traditional and religious barriers. To address these barriers, we deliver all our services door-to-door through various mobile means focusing on working alongside grass-root placed partners, Community Own Resource Persons (CORPs) using a PHE approach with the following method



Back pack/on Foot



Camel Back



Motor Mobile

Summary of this Quarter's Activity News

The Kenya government records Total Fertility Rate (TFR) as 3.9% back in 2009 (KDHS). CHAT intervenes in counties with a high TFR – and where the most need and lack of access to family planning services are identified. TFR for counties where CHAT implements are as follows:

Laikipia- 3.7% , Samburu- 6.3%, Isiolo -4.9%, Meru-3.1%, Kitui -5.7%, Baringo -4.8%, Nakuru-3.7%, Nyeri-2.9%, Marsabit-5.0% However it is CHAT's experience that some of these statistics are under estimated.

CHAT's findings are that a high birth rate starts early – as young as among teenagers of 12- 13 years old, and that the average woman they reach will get pregnant for most years of their reproductive life, but however, they only acknowledge having 7-9 children. Therefore 'unwanted pregnancies' in many of the communities CHAT reaches are un reported, and often result in horrific suffering therefore trauma whilst practising unskilled abortions and infanticide. This seems to be the norm in so many underserved poor communities!

CHAT was informed that as much as 40% of maternal health issues could be mitigated if women could access contraception protection!

Most donations go towards supporting CHAT's PHE solution intervention. Historically and up to the present CHAT has reached out to 227 communities. This quarter 16,193 individuals in Samburu, Laikipia, Isiolo, Baringo, Meru, Nyeri, Marsabit, and Nakuru counties were reached, they were able to access CHAT's holistic family planning service that includes a strong component of ecological awareness. CHAT's motor mobile strategies also provided basic curatives, HIV/AIDS counselling and testing, other reproductive health services, and TB services - these act as entry points to CHAT's holistic family planning intervention.

In February 2016, CHAT signed a contract with Amref Health Africa to continue partnering with them to implement a TB program for another 3 years; the project includes capacity building Community Health Worker's, defaulter tracing, contact invitation, TB mass screening, prisoners screening, integrated outreaches and health facilities system strengthening, all in partnership with the GoK/MOH. All CHAT's family planning support comes from Kenyan and overseas private donors.

Program monitoring and evaluation is a key activity that CHAT implements on a regular basis – apart from being an internal requirement it is also a specific requirement by the Kenyan government and in particular Kenyan Ministry of Health – being guided by approved Standard Operating Procedures (SOP) of the government.

Indicators	Reached by CHAT's 'back packing' FPCORPS (cost share)				CHAT reached by Motor mobile (cost share)				Reached by camel mobile (Cost share)				CHAT's overall Qtrly	CHAT's Overall Cumulative
	Male	Female	Apr. 2016- Jun. 2016 (FPCORPS)	FPCORP cumulative Jan.2016- Jun.2016	Male	Female	Apr. 2015- Jun. 2016	Cumulative Jan. 2016- Jun. 2016	Male	Female	Apr. 2016-Jun. 2016	Jan.2016– Jun. 2016	Apr. 2016- Jun. 2016	Jan. – June. 2016
FAMILY PLANNING COMBINED WITH ECOLOGICAL AWARENESS/REPRODUCTIVE HEALTH														
No. of individuals mobilized and sensitized about FP/eco awareness.	2,319	6,648	8,967	22,692	6,821	5,679	8,604	16,662	0	0	0	0	16,193	39,354
No. of men accompanying their women to RH/FP ecological sensitisation meeting.	1,269		1,269	2,974	1,504		1,504	2,697	0		0	0	2,597	5,671
No. women chose implants as their method of contraception (3-5 years protection).		3,309	3,309	6,624		1,983	1,983	4,672		0	0	0	4,652	11,269
No. women chose Depo-Provera contraception (3-month injectable).		1,260	1,260	2,373		462	462	1,096		0	0	0	1,488	3,496
No. of women chose pills as their method of contraception protection		302	302	645		427	427	874		0	0	0	688	1,519
No. of women who chose IUCDs as their method of contraception protection		86	86	175		0	0	0		0	0	0	69	175
No. of condoms distributed	13,938	250	14,188	30,750	14,283	100	14,383	27,190	0	0	0	0	28,571	57,940
No. of youth out of school mobilized and sensitized about FP/eco awareness.	675	1,6222	2,297	7,248	948	2,042	2,990	6,417	0	0	0	0	5,287	13,665
No. of children immunized	0	0	0	0	7	9	16	116	0	0	0	0	16	116
No. of newly enrolled women provided with ANC services and revisited.		0	0	0		8	8	56		0	0	0	8	56
No. of women referred for PMTCT.		0	0	0		4	4	6		0	0	0	4	6

BASIC CURATIVES- an important 'entry point' to all our other interventions														
No. of patients treated including opportunistic infections and revisits	0	0	0	0	285	182	467	835	0	0	0	0	467	835
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 much funds for this project –therefore very few activities)														
No. of people counselled and tested disaggregated by sex and age	0	0	0	0	239	581	820	2,142	0	0	0	0	823	2,142
No. of individuals testing positive and prevalence at this date %	0	0	0	0	0	2	2	11	0	0	0	0	4	11
No. of supervisions conducted	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TB- Integral part of our service provision via CORPs														
No. of contacts traced	126	111	237	327	0	0	0	0	0	0	0	0	237	327
No. of household of TB patients reached with health education on nutrition/infection control	163	122	285	403	0	0	0	0	0	0	0	0	285	403
No. of defaulters traced	37	11	48	76	0	0	0	0	0	0	0	0	48	76

“Contraceptives unlock one of the most dormant, but potentially powerful assets in development: women as decision makers. When women have the power to make choices about their families, they tend to decide precisely what demographers, economists and development experts recommend. They invest in the long-term human capital of their families,”

(Melinda Gates, Co-founder of the Bill & Melinda Gates Foundation)

Monthly achievements, and beneficiaries reached via CHAT's various strategies.

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

April 2016

Back pack/by foot: Various donors contributed to support fifteen (15) FPCORPs working in various parts of the country with our holistic approach to family planning that encompasses a strong component of ecological awareness – a PHE approach

The following communities were reached by various FPCORPs:

- **Samburu Central:**

FPCORPs mobilizing and sensitising were: Agnes Safina, Chondo Akuagoro & Rose Lenemiria

Assisted by locum nurses (usually based out of GoK dispensaries) reached: Loltulelei, Ngamata, Loruko, Lturoto, Nkano, Nomotio, Sirata centre, Siambu, Ladala, Sawani, Nkopeli, Loikas, Rangau, Ntamiyoi and Soitom Puss.

- **Samburu East:**

FPCORPs mobilizing and sensitising were: Jane Nteiyen & Susan Lenantare

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Wamba slums, Ngutuk E Nyiron & Goltin

- **Samburu North:**

FPCORPs mobilizing and sensitising were: Jane Lealmusia & Nawasa Erupe

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Arsim, Ntil, Kamomo, Nchruraisirata, Kelelswa, Town, Lemolong, Laparan, Nairabala and Nadokuluponi.

- **Laikipia East:**

FPCORPs mobilizing and sensitising was: Rose Mulonzia

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Likii, Nturukuma, Makutano, Majengo, Nanyuki market, Lentile and Likii.

- **Laikipia North:**

FPCORPs mobilizing and sensitising were: Samwel Parare, Julius Emuria, Felister Namusunga and Jacinta Rarin

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Naibor, Jua kali, Makandura, Mutaro, Tiamamut, Pilili, Mosrai, Losupukiai, Naiperere, Endana, Shabaa, Bosnia, Pois, Loruko, Kambi ya Juu, Ntepes 1, Ntepes 2, Labarsherek, Matundai, Mlima Chui, Lorturo and Nkorika.

- **Laikipia Central:**

FPCORPs mobilizing and sensitising was: Charles Ndegwa

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Karemuni, Sirma, Lower Ngobit, Withare and Ruirii

- **Isiolo:**

FPCORP mobilizing and sensitising was: Madina Dima

Assisted by locum nurses (usually based out of GoK dispensaries) reached: AIC and Merti

- **Molo:**

FPCORP mobilizing and sensitising was: Joseph Kosgei

Assisted by locum nurses (usually based out of GoK dispensaries) reached: Githerega, Sudu, Mitemi and Langweda.

The following achievements are summarised below for your convenience

- *3,247 individual mobilized and sensitized on family planning/ecological awareness*
- *17 women provided with 12yrs (IUCD) protection method of contraception*
- *1,266 women provided with 3 & 5 yrs. protection implants method of contraception.*
- *479 women chose and received depo – a 3 months protection method.*
- *81 women chose and provided with the “pill” method – 1 months protection*
- *2,187 condoms were distributed to both male and female as both a FP and HIV prevention measure.*

Motor mobile: This was cost shared between various donors to implement a 2 week motor mobile into some parts of East Pokot (formally Baringo East), sub-county in Kabarnet County - and Laikipia West, sub-county in Laikipia County.

CHAT's nurse and driver reached ten (10) communities that included: Matweku market, Tuiyobei, Tuiyotich, Tuiyotich market, Kabel market, Kabel, Komoigul, Kaptobes market, Karandi market and Mutito.

The following achievements are summarised below for your convenience

- 2,592 individuals mobilized and sensitized on family planning/ecological awareness
- 558 women were provided with 3 & 5 yrs. protection implants as a method of contraception.
- 160 women chose and received depo – a 3 months protection method.
- 166 women chose and were provided with the “pill” method – 1 months protection
- 6,700 condoms were distributed to both male and female as both a FP and HIV prevention measure.

Camel mobile: Your funds did not support a camel mobile intervention this month

May 2016

Back pack/by foot: Various donors contributed to support twelve (12) FPCORPs working in various parts of the country with our holistic approach to family planning that encompasses a strong component of ecological awareness – a PHE approach

The following communities were reached by various FPCORPs:

• **Samburu East:**

FPCORP mobilizing and sensitising was: Jane Nteiyen

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Wamba slums and Golgotin.

• **Samburu North:**

FPCORP mobilizing and sensitising were: Josphine Nawasa and Jane Lealmusia

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Lorora, Lokudongoi, Laparan, Arge, Lopiputuk, Isil, Loki, Gorle, Town one, Sokote, Lmerim, Loruko, Coros, Laparan and Kasipo

• **Laikipia East:**

FPCORPs mobilizing and sensitising was: Rose Mulonzia

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Makutano, Nturukuma, Likii, Stadium, Nanyuki market, Ichuiga and Asian Quarter.

• **Laikipia North:**

FPCORP mobilizing and sensitising were: Samwel Parare, Julius Emuria, Felister Namusungu and Jacinta Rarin.

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Ngare nyiro, Graton, Chumvi, Matundai, Loturo, Labarsherek, Loroko, Kambi ya Juu, Kambi soko, Ntepes, Mlima Chui, Nkorika, Ereri, Dipatas, Pois, Endana and Ewaso.

• **Laikipia Central:**

FPCORPs mobilizing and sensitising was: Charles Ndegwa

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Karemuni, Wang’ata, Mwireri, Kiawara and Sirma.

• **Isiolo:**

FPCORPs mobilizing and sensitising was: Madina Dima

Accompanied by a locum nurse reached: Tula Roba, Chechelesi and Garbatulla.

• **Molo/Kuresoi:**

FPCORP mobilizing and sensitising was: Joseph Kosgei

Assisted by locum nurses (usually based out of GoK dispensaries) reached: Langwenda, Matunda, Murindoko and Murindoko Disp.

• **Baringo East (now known as Pokot East):**

FPCORP mobilizing and sensitising was: William Laktano

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Tuiyobei, Keneroi, Kamailel, Kong’asis, Kimoriot, Kipangenge and Tendebei.

The following achievements are summarised below for your convenience

- 2,322 individuals mobilized and sensitized on family planning/ecological awareness
- 33 women provided with 12yrs (IUCD) protection method of contraception
- 3 women provided with 12yrs (IUCD) protection method of contraception
- 932 women provided with 3 & 5 yrs. protection implants method of contraception.
- 364 women chose and received depo – a 3 months protection method.
- 120 women chose and provided with the “pill” method – 1 months protection
- 5,972 condoms were distributed to both male and female as both a FP and HIV prevention measure.

Motor mobile: Various donors' cost shared to provide a motor mobile for 2 weeks covering some parts of Laikipia West and Samburu Central sub counties.

CHAT's nurse and driver, reached 10 communities that included: Lpingwan, Magadi and Lonyeek in Laikipia West sub county & Tabas, Lengees, Lowabene, Suguta, Kirimon, KMC and Lolmolong in Samburu Central sub county.

The following achievements are summarised below for your convenience

- 2,583 individual mobilized and sensitized on family planning/ecological awareness
- 769 women provided with 3 & 5 yrs. protection implants method of contraception.
- 212 women chose and received depo – a 3 months protection method.
- 177 women chose and provided with the “pill” method – 1 months protection
- 6,890 condoms were distributed to both male and female as both a FP and HIV prevention measure.

Camel mobile: Your funds did not support a camel mobile intervention this month.

June 2016

Back pack/by foot: Various donors contributed to support fourteen (14) FPCORPs providing FP/Ecological Awareness

The following communities were reached by various FPCORPs:

- **Samburu Central:**

FPCORPs mobilizing and sensitising were: Agnes Safina, Chondo Akuagoro & Rose Lenemiria

Accompanied by locum nurses (usually based out of GoK dispensaries) reached: Naunoni, Ladala, Lorosoit, Locho, Loiksa, Maralal town, Rangau, Loosuk and Sirata.

- **Samburu North:**

FPCORP mobilizing and sensitising were: Josphine Nawasa and Jane Lealmusia

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Arsim, Kasipo, Seren, Lemolong, Gorie, Semuruai, Arge, Lmerim and Sererataraki.

- **Samburu East:**

FPCORP mobilizing and sensitising were: Susan Lenantare and Jane Nteiyen

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Golgoltin, Lodonokwe, Wamba slums, Embakasi and Lengusaka.

- **Laikipia West:**

FPCORP mobilizing and sensitising were: Pauline Lokipi & Esther Akeno.

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Container, Waiwai, Vetineri, Conner mbaya, Kanan, Marura, Kiamariga ADC, Habahaba Mutara and ADC Mutara.

- **Laikipia North:**

FPCORP mobilizing and sensitising were: Samwel Parare, Julius Emuria, Jacinta Rarin and Felister Nasungu

Accompanied by a locum nurse reached: Oldonyiro town, Kambi ya juu, Matundai, Loturo, Ntepes, Lorora, Labarsherek, Mlima chui, Eleri, Pois, Endana, Segera gate and Loibosoit.

- **Baringo East:**

FPCORP mobilizing and sensitising was: William Laktano,

Accompanied by a locum nurse (usually based out of GoK dispensaries) reached: Mutito, Chemaryoich, Tulwopsoo, Kamaleil, Ng'eyirleli, Kong'asis, and Ngiroir.

- **Isiolo:**

FPCORPs mobilizing and sensitising was: Madina Dima

Accompanied by locum nurses (usually based out of GoK dispensaries) reached: Chechelesi, Tula Roba, Bula Pesa, Mwangaza, Merti and Garbatulla.

- **Molo:**

FPCORP mobilizing and sensitising was: Joseph Kosgei

Assisted by locum nurses (usually based out of GoK dispensaries) reached: Matunda, Langweda, Sasuwa, Githiriga and Sadu.

The following achievements are summarised below for your convenience

- *3,398 individual mobilized and sensitized on family planning/ecological awareness*
- *36 women provided with 12yrs (IUCD) protection method of contraception*
- *1,111 women provided with 3 & 5 yrs. protection implants method of contraception.*
- *417 women chose and received depo – a 3 months protection method.*
- *101 women chose and provided with the “pill” method – 1 months protection*
- *8,029 condoms were distributed to both male and female as both a FP and HIV prevention measure.*

Motor mobile: Various donations was cost shared to provide a motor mobile for 11 days into Mbuuri, Laikipia East and Laikipia Central sub counties reaching 10 communities.

CHAT’s nurse and driver, reached 10 communities that included: Ngushishi and Kwa Ng’ang’a slums in Mbuuri sub county, Likii slums, Majengo slums and Nanyuki market in Laikipia East sub county & Shalom Wiyumirerie IDP camp, Wiyumirerie market, Kiawara market, Kiawara center and Nairuitia in Laikipia sub county

The following achievements are summarised below for your convenience

- *3,429 individual mobilized and sensitized on family planning/ecological awareness*
- *656 women provided with 3 & 5 yrs. protection implants method of contraception.*
- *90 women chose and received depo – a 3 months protection method.*
- *84 women chose and provided with the “pill” method – 1 months protection*
- *5,510 condoms were distributed to both male and female as both a FP and HIV prevention measure.*

Camel mobile: Your funds did not support a camel mobile intervention this month.

Monitoring and Evaluation (M&E)

Approximately between 10 – 12% of each donation 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, yourselves and other stakeholders can be informed about the program progress and activity dynamics - and ensures sensible project planning

CHAT identified a need to update the official agreements they have with the county government where it operates. In this quarter, a signed MoU was acquired from Nakuru County – Kuresoi Sub-county, while for Samburu, Isiolo and Laikipia Counties had been previously acquired.

It is through M&E activity where CHAT together with the CORPs identified the gaps and challenges they experienced in the field and developed workable solutions to mitigate them. Some of the gaps were:

- a) Counselling illiterate clients to sign consent forms to ascertain their voluntary choice of various family planning methods.
- b) Strengthening linkages between the CORPs and health facilities that assist the CORPs during their door- to -door service delivery at the community level.

The identified the gaps and challenges helps inform CHAT to plan on strengthening relevant CORPs by providing “on the job training” facilitated by the CHAT nurses during their motor mobile outreaches.

By participating in county stakeholders meetings, health facility meetings and other designated forums, CHAT was able to address specific administrative issues including reporting, partnerships and others

A detailed M&E report for the quarter is available on request

Volunteers

CHAT hosted a volunteer/monitor from Venezuela - Christina Parada, an ex-soldier with the US army with a Master’s degree as a Physicians from Eastern Virginia medical school in USA. Daniel, her brother, an aerospace engineer, joined us for a week and assisted Cristina with the video clips. Christina assisted with monitoring & evaluation (on behalf of the donors); field and office work and also assisted in resource mobilisation activities. Her (& Dani’s) IT skills helped CHAT to compile YouTube videos – these clip have been put up into CHAT’s website. Cristina left at the end of June 2016, and hers & Dani’s vital input to CHAT shall be ever remembered.

Program Challenges/ Risks Encountered

There have been many historical challenges for CHAT – and CHAT has documented these into a manual, however, presently our four main challenges are:

1. It is a GoK/MOH policy that family planning services are provided ‘free of charge’ – however, some nurses from government facilities are charging for family planning services. CHAT is trying to work around this challenge in collaboration with the MOH, community beneficiaries and family planning mobilizers – the FPCORPs to ensure free service provision is restored.
2. CHAT, through the FPCORPs, is educating community beneficiaries on MoH guidelines in regards to free family planning service provision - highlighting facility levels that are supposed to offer free services and those that are supposed to charge as per the policy. In this case both dispensaries and health centres are supposed to offer free family planning services, while county and some sub county facilities are authorized to charge.
3. Sourcing adequate family planning commodities from the Kenya Medical Supply Authority (KEMSA) continues to be a challenge with CHAT receiving ever- decreasing quantities than what they are requesting for.

Lessons Learnt/ Best Practices

1. Ensuring a strong collaboration between CHAT’s grass-root partners (FPCORPs) with the MoH health facilities has considerably improved health service delivery – especially with the FP services that were very limited, with little or no provision of longer term contraception protection methods being offered to clients in earlier times
2. Long -term contraceptives continues to be highly prioritized in most of the areas where CHAT implements.
3. It has proved that breaking into new areas with FP services yields high results. i.e. demand e.g. in Samburu central sub county that yield a total of 227 women reached with various contraception methods with only 2 FPCORPs supporting the entire area. This shows that if CHAT had more support for extra FPCORPs, the area would yield more and more results.
4. Prior FPCORPs targeted mobilization resulted in a high number individuals needing integrated services i.e. basic curatives – but these days at least 80% are requesting for family planning services
5. Initially communities had stigma associated with FP service provision, they would only come to the clinic for basic curatives and get “sneaked” into fp services due to high stigma which prevailed by then. Currently over 80% women in reproductive health are seeking fp service freely. Thanks to FPCORPs providing door –to- door sensitization and male involvement in family planning interventions.

CHAT has a manual of compiled Challenges & Lessons Learnt- this can be availed on request

Case Story by CHAT Nurse

(CHAT seeks verbal consent through the community leaders & the interviewee for case stories)

Kibet* came in with a minor respiratory infection. As he waited for treatment, he began speaking to CHAT’s FPCORP, Laktano.

“I am 39 yrs. old, and a polygamous father of 15 children with each wife having seven, five and 3 children respectively,” Kibet said. “Although I don’t need any more children, my second wife is expecting her sixth child” Kibet said as he laughs.

The FPCORP advised Kibet about planning the family as he elaborated on the different family planning contraception methods for both men and women. “This is my first time to hear about family planning. Life is too expensive, and I only have five goats, which provides about 3 liters of milk, - this is not enough for my big family. I’m a Catholic, and as I was growing up, I can remember being taught about “counting of calendar days” as a method of controlling conception. It’s been impossible for me – my wives are unable to follow this method, and after a while, it’s either the first, second or third wife confirming that she is expectant – again!!! To me CHAT is a god send.” Kibet lamented as he moved towards the tent where the nurse was offering services.

CHAT’s nurse welcomed Kibet and provided further counselling on the various methods of contraception protection methods and those that were available at the particular time. Kibet listened and asked several questions, with the nurse providing answers.



“Let me first go bring my wives to receive this important information, after which you will treat me” Kibet said after having had a long conversation with the nurse, and as he walked faster towards his Manyatta (which was 12 kms away!!).

Kibet came back accompanied by his three wives late in the afternoon. At first, the wives were angry about the new idea that would stop them from getting pregnant as they thought it must be something very bad for their health. The nurse began to explain away the myths, the importance and the choices of family planning and, after proper counselling; they all chose the 3-year contraception protection method – an implant.



The nurse counselled them further, but told the second wife that she couldn't be provided with any family planning contraception method at the moment until after the birth.

“ I am tired of giving birth like a rabbit, I wish I had this information before I conceived, it's late but I have not lost hope - and once I give birth will contact Laktano (FPCORPs) to bring me to a nurse so as to receive this service” the second wife said with tears falling down her face. Nurse Ann referred her to the facility for ANC and requested the FPCORP to follow-

up and ensures that she visited the nearest health clinic to receive all the care in preparation for the arrival of the expected child.

The CHAT nurse also ran several tests on the other two wives (first & third wife) who chose the three years protection contraception method.

Kibet was later treated and Ann thanked him for allowing his wives access to FP services. She further asked him to continue, “Preaching the good word about FP to other men in his community, as this was the only way of ensuring a healthy family - and environment as well.

They were very grateful to Nurse Ann and especially CHAT & the donors who supported the program.