Communities Health Africa Trust

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK Report  2nd Quarter 2018

Apr. 2018 - Jun. 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

Presently CHAT is reaching into 13 Counties with integrated FP/Ecological awareness activities - Laikipia, Narok, Samburu, Isiolo, Marsabit, Baringo, Meru, Tharaka Nithi, Kitui, Nyeri, Nakuru, Kisii and Nairobi

Regions covered by CHAT

MoH Samburu County: cdhsamburu@gmail.com; thruran1975@gmail.com; christeleng38@yahoo.com; jmsaina@yahoo.com; MoH Laikipia County: laikipiaccountyhealth@gmail.com; ngerisusan@yahoo.com; dr.waihenyam@yahoo.com; MoH Isiolo County: moluhuku@yahoo.co.uk; MoH Nakuru: cdhnakuru@yahoo.com; MoH Baringo county: cdhbaringop@yahoo.com; MoH Meru County: cdhmmeru@yahoo.com; MoH Tharaka Nithi County: cdhtharakanithi@gmail.com

Program Coordinator

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

Problem Statement


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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Reached by Back Packing FPCORPS</th>
<th>Reached by 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 so far this year Jan. 2018/Dec. 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH with a focus on FAMILY PLANNING INTEGRATED WITH ECOLOGICAL AWARENESS &amp; SENSITISATION using a Population Health &amp; Environment (PHE) approach</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Number of individuals mobilized and sensitized on family planning/ ecological awareness (Behavior change information)</td>
<td>7,059</td>
<td>17,906</td>
<td>24,965</td>
<td>57,237</td>
<td>7,333</td>
</tr>
<tr>
<td>Number of men accompanying their women to RH/FP ecological sensitization meeting (Behavior change information)</td>
<td>4680</td>
<td>4,680</td>
<td>10,523</td>
<td>4,092</td>
<td>4,092</td>
</tr>
<tr>
<td>Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.</td>
<td>5,187</td>
<td>5,187</td>
<td>11,120</td>
<td>2,316</td>
<td>2,316</td>
</tr>
<tr>
<td>Number of women who chose an injectable method of contraception i.e. Depo Provera (3-month protection).</td>
<td>2,699</td>
<td>2,699</td>
<td>5,995</td>
<td>726</td>
<td>726</td>
</tr>
<tr>
<td>Number of women who chose pills as their method of contraception protection.</td>
<td>672</td>
<td>672</td>
<td>1574</td>
<td>236</td>
<td>236</td>
</tr>
<tr>
<td>Number of women who chose IUCDs as their method of contraception protection.</td>
<td>156</td>
<td>156</td>
<td>305</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of women who chose TL as their method of contraception protection.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of condoms distributed</td>
<td>43,068</td>
<td>3886</td>
<td>46,954</td>
<td>116,562</td>
<td>52,625</td>
</tr>
<tr>
<td>Number of youth out of school sensitized on FP/ ecological sensitization (aged between 15-24) (Behavior change information)</td>
<td>1275</td>
<td>2,498</td>
<td>3,773</td>
<td>13,501</td>
<td>1,043</td>
</tr>
<tr>
<td>Number of children immunized including revists &amp; referrals</td>
<td>512</td>
<td>684</td>
<td>1,196</td>
<td>1,552</td>
<td>95</td>
</tr>
<tr>
<td>Number of newly enrolled women provided with ANC services and revists &amp; Referrals</td>
<td>417</td>
<td>417</td>
<td>625</td>
<td>170</td>
<td>170</td>
</tr>
<tr>
<td>Number of women referred for PMTCT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**BASIC CURATIVES- an important 'entry point' to all our other interventions**

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“We must speak more clearly about sexuality, contraception, about abortion, about values that control population, because the ecological crisis, in short, is the population crisis. Cut the population by 90% and there aren’t enough people left to do a great deal of ecological damage.” Mikhail Gorbachev
Number of patients treated | 0 | 0 | 0 | 0 | 1889 | 1404 | 3,293 | 5405 | 171 | 222 | 393 | 732 | 3,686 | 6,137

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 | 238 | 637 | 875 | 1,462 | 302 | 435 | 737 | 1,281 | 1,612 | 2,743

Number of individuals testing positive | 0 | 0 | 0 | 0 | 2 | 5 | 7 | 10 | 0 | 1 | 1 | 3 | 8 | 13

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 contacts traced | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0

Number of people counselled & tested disaggregated by sex & age | 0 | 0 | 0 | 0 | 238 | 637 | 875 | 1,462 | 302 | 435 | 737 | 1,281 | 1,612 | 2,743

“This planet might be able to support perhaps as many as half a billion people who could live a sustainable life in relative comfort. Human populations must be greatly diminished, and as quickly as possible to limit further environmental damage.” Professor of Biology at the University of Texas at Austin Eric R. Pianka

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 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 (PHE). CHAT’s core objective is building community sustainability, thus CHAT is motivating 28 grassroots partners who are Community Own Resource Persons (CORPs) whom work alongside CHAT whilst implementing CHAT’s innovative door to door ‘Back Pack’ strategy: this includes using public transport or going by foot. This strategy is supported by a motor mobile integrated clinic and sometimes camel mobile health services - all using a PHE approach. CHAT provides the following serv family planning, basic curative treatment integrated with HIV/AIDS services, other RH/Maternal health services such as treatment for STI & ANC, immunisation and TB defaulter & contact tracing. All services includes a package of positive behaviour change and nutritional information. Within the quarter all the above mentioned services were provided to needy communities using various applicable strategies as highlighted below (per strategy)

**BACK PACK STRATEGY:** This quarter, different donors supported twenty eight (28) FPCORPs implemented CHAT’s innovative ‘Back Pack door to door’ strategy in over two hundred (200) communities.

**Counties reached:** Thirteen (13) Counties - Laikipia, Samburu and parts of Marsabit, Baringo, Isiolo, Kisii, Tharaka Nithi, Kitui, Nakuru, Menengoi & recently Narok county

**Communities reached in various counties include:**

1) Nakuru county: Kiamberera, Sasumwa, Set kobor, Muchorwe, Tembwo, Kiptuloso, Tiga juu, Olkaria, Githiriga, Matungu, Muteme, Mung’etho and Nyongores.
2) Baringo county: Kabr, Ngari, Muchongoi, Kiplandule, Kilagenge, Kereosoi, Komboig, Kongasoi, Kasiali and Tusvaboi.
4) Isiolo county: Isiolo slums, Merti, Korbesa, Kichuru, Kiwanjani, Kula mawe, Kiobonga, Bula Pes, Ju call Ma, M bassa Bor, Chechelies, Relel, Garbatula, Manyatt, Shimban, Kinna, Sericho, Kombola, Ola Bule and EPIDI.
5) Samburu county: Tongu, Nkutoto, Yare, Lekoni, Serent, Matopos, Laresso, Isl, Engali, Tarnyo, Barago, Sitara, Njekemyuni, Loiagai, Loosuk market, Kismis, Sulyan, Barsalo, Loisaks slums, Alamanos, Rangau, South Hor Town, Lersiran, Wamba, Sura, Kasoko, Lodungokwe, Golgoitin, Reeti, Lolkuniani market, Ndonya Nasipa, Looshorong, Lerata, Archers Post market, Kirimoon market, Seren and Kurungu market.
7) Tharaka Nithi county: Kagucha, Kithigiti, Cikariga, Kiboka, Gakurungu, Kagucha, Kamarind, Mitorgo, Nkondi, Materi, Tunyai, Gaitungu market, Marimanti market, Kibera slums, Soweto slums and Mathiga.
9) Kisii county: Kerongo, Kabaror, Kegoro, Bogonta, Kitonya, Meli, Nyana, Encorgene, Konge, Endemo, Sovera and Chokora.
10) Meru county: Gundua, Kisima center, Karien, Muguru and Rukura.
13) Narok county: Chepalungu, Ololoung’ a, Enkutoto Table Bank, Chepore and Chelemei.

**MOTOR MOBILE STRATEGY** (cost shared)
During this quarter (Apr.-Jun. 2018), 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). One donor supports the inclusion of a nurse aid for one motor mobile project in Samburu.

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

3) **Samburu County:** Kimirum market, Lowabene, Mugur, Ndonyo Nasipa, Puura, Ntepes, Loroko nyeki, Sasaab, Kilimany, Lorube, Ntabasi, Ntarapani, Archers Post market and Kilimany.
4) **Tharaka Nithi County:** Rukurine, Nkamaru, Kirukuma, Gacerbaka, Gakirwe, Matagatani, Kasarani, Tumbura and Kereria.
5) **Kitui County:** Kamuwongoro, Mandogoi, Kasiluni, Katse, Kyuso, Tyaa Kamuthale, Kilulu, Tharaka, Itiva Nzto and Tseikuru market.

### Camel Mobile Strategy

During this quarter (Apr.-Jun. 2018), various donors (cost shared) enabled CHAT to continue for another 2 month mobile (ie 2 outreachs of one month each) – thus continued on from where the Q1 ended. After each month the camels were met and restocked also. A camel mobile clinic is accompanied by a locum nurse, 6 camel handlers, 1 HTC Counsellors and 2 Family Planning Community Own Resource Persons (CORPs). This was to be a 3 months long camel mobile with one being supported by one donor for two (2) consecutive months & the other for a month supported by 2 seperate and donors.

### Counties reached:
Two (2) counties - Samburu, Marsabit, Isiolo & Laikipia Counties.

### Communities reached so far:
21 (21) communities reached included;
1) **Samburu County:** Nelwa, Maragi, Lesirikan, Soit Ng'tiro, Matepes, Martie Pareu, Ilakweny, Nlumo, Nynyo Wasin, Sirata, Loigaman, Lempaule, Lekiji and Kalkaloi.
2) **Marsabit County:** Ngurunet, Lebendera, Soit Nanyokie, Sukuroi, Siai and Seren.

### Monitoring & Evaluation (M & E)

Between 30-12% 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 program progress and activity dynamics and ensures sensible project planning. CHAT’s M&E process is inclusive of CHAT conducting internal M&E activities with an objective of improving current and future management of outputs, outcomes and impact and at other times includes the MoH and other relevant ministries for supportive supervision and quality control. M & E activities include, but are not limited to: Routine data quality Assessment - RDQA, onsite data verification, site visits, client exit interviews, community feedbacks etc. All these activities are implemented to ensure quality provision of family planning services and ensure donor funds are spend sensibly for the intended purpose. (A detailed M&E report is available on request)

### Volunteering Monitors

During this period - three (3) months - CHAT was assisted by three (3) volunteer monitors. Two students from Princeton University: Ayo and Gabriella, who are currently studying Anthropology and affiliated to their Global Health department. Another volunteer - Rachae, a third year student from the USA who's main interest is 'ecology' and affiliated to KWT in Nairobi, and Diana in Crete, Greece who continues to assist us using her considerable accounting skills by providing CHAT with ‘comptroller’ support (Diana has ben helping CHAT for 5-7 years).

### Program Challenges/Risks encountered

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.

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 and track them down to follow up on their less mobile requirements.

3) "Ego" is CHAT’s most common and frustrating challenge!

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

### How the challenges were addressed

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

2) Through motivating their grass root partners, the CORPs - all 28 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 13 counties).

3) Thus CHAT tries to provide counselling and remain patient!

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

### Case Study

**Communities reached:**

**CAMEL MOBILE STRATEGY**

**Counties reached:**

**Kitui County:** Kamuwongoro, Mandogoi, Kasiluni, Katse, Kyuso, Tyaa Kamuthale, Kilulu, Tharaka, Itiva Nzto and Tseikuru market.

**Laikipia County:** Rukurine, Nkamaru, Kirukuma, Gacerbaka, Gakirwe, Matagatani, Kasarani, Tumbura and Kereria.

**Samburu County:** Kimirum market, Lowabene, Mugur, Ndonyo Nasipa, Puura, Ntepes, Loroko nyeki, Sasaab, Kilimany, Lorube, Ntabasi, Ntarapani, Archers Post market and Kilimany.

**Tharaka Nithi County:** Rukurine, Nkamaru, Kirukuma, Gacerbaka, Gakirwe, Matagatani, Kasarani, Tumbura and Kereria.

**Kitui County:** Kamuwongoro, Mandogoi, Kasiluni, Katse, Kyuso, Tyaa Kamuthale, Kilulu, Tharaka, Itiva Nzto and Tseikuru market.

**Marsabit County:** Ngurunet, Lebendera, Soit Nanyokie, Sukuroi, Siai and Seren.
What becomes of the surplus of human life? It is either 1st. destroyed by infanticide, as among the Chinese and Lacedemonians; or 2nd. it is stifled or starved, as among other nations whose population is commensurate to its food; or 3rd. it is consumed by wars and endemic diseases; or 4th. it overflows, by emigration, to places where a surplus of food is attainable.” - James Madison

Mzee Lekiloki had brought his two wives a couple of months before for the five year method and now he was not worried that they were going to have more children. He decided to call their ‘village doctor’ Jackeline, a CHAT CORP partner, who had helped him understand the importance of FP resulting in him bringing his wives for fp. When Jackeline came and saw that it was Lekonye she had to counsel, she decided to use the approach easiest to capture his mind. She asked him the number of children that he had, mzee said maybe 16-18 he was not really sure and that he had four wives. He was then asked if he could comfortably feed his people without any stress which he said without a doubt some nights he went hungry since there wasn’t enough food for everyone and his wives always decided to feed the children leaving him to eat wherever he was with fellow men.

Jackeline on learning this she explained that the more they all became more the more food and space he was going to need in his manyatta as well as more wealth he would have to distribute to his children once they were old enough for their inheritance. She asked him again whether he would like his family to grow larger than it is and mzee took a huge pause before admitting that he was not wealthy enough to continue growing his family. With this Jackeline was able to explain to him that if he could not afford to enlarge his family then he needed to bring his wives for some contraception as it would help them not conceive thus aiding them in utilizing the little resources that they have. There and then he went home and came with his wives. They were all counselled together with Mzee and he was able to understand that these contraception methods would not completely make them his wives barren - rather they would give them a break and if any of them ever wanted a child again, they could always stop using the contraception. From the look of things the ladies were not ready for another child. Three of his wives chose Jadelles and his last wife who felt young went for the Implanons.

With the kind of mentality that Mzee had and the approach that Jackeline used, it proved that the right kind of information can change a lot of peoples thinking and that it all does not have to happen at once. “The community’s perception is going to change client by client to help build a better place for everyone’s survival without working so hard for it. I believe if more men understood the importance of having access to FP - then this is then going to be their ‘GO TO’ for a more resourceful survival” Jackeline explained.