



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
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Regions covered by CHAT	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
CHAT Partners	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 (CHASE), Community Health Africa Poverty Solutions, (CHAPS), Global Giving; Mission for Essential Drugs (MEDS), Suiyan Ltd, Small Foundation; Milgis Trust, Northern Rangeland Trust, St George Trust, 29 grassroots Health Support and Groups/Village Development Committees through Laikipia & Samburu, and 27 Community own Resource Persons (CORPs)- these are grassroots partners providing FP/ecological, HIV/AIDS & TB sensitisation & mobilisation services
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Problem Statement

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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

B - Please see our website at - www.chatafrica.org & or follow us on Facebook at - <https://www.facebook.com/communityhealthafrica> (altho this latter we are nogt that storn on at this time

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 3 mths	CHAT's Cumulative so far this year Jan. 2018/Dec. 2018
	Male	Female	Apr. 2018 - Jun. 2018 (FPCORPs)	FPCORPs cumulative Jan. 2018- Jun. 2018	Male	Female	Apr. 2018- Jun. 2018	Motor Mobile Cumulative Jan. 2018 - Jun. 2018	Male	Female	Apr. 2018-Jun. 2018	Camel mobile Cumulative Jan. 2018 - Jun. 2018	Apr. 18 - Jun. 18	Jan.2018 - Jun. 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)	7,059	17,906	24,965	57,237	7,333	12,211	19,544	29,102	671	1373	2,044	7,949	46,553	94,288
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	4680		4,680	10,523	4,092		4,092	5,375	398		398	1763	9,170	17,661
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		5,187	5,187	11,120		2,316	2,316	4,404		944	944	2374	8,447	17,898
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		2,699	2,699	5,995		726	726	1,250		63	63	250	3,488	7,495
Number of women who chose pills as their method of contraception protection.		672	672	1574		236	236	471		4	4	7	912	2,052
Number of women who chose IUCDs as their method of contraception protection.		156	156	305		0	0	0		0	0	0	156	305
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	43,068	3886	46,954	116,562	52,625	310	52,935	74,243	10,933	0	10,933	15673	110,822	206,478
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) .(Behavior change information)	1275	2,498	3,773	13,501	1,043	2,454	3,497	7,626	91	226	317	664	7,587	21,791
Number of children immunized including revisits & referrals	512	684	1,196	1,552	95	93	188	297	0	0	0	0	1,384	1,849
Number of newly enrolled women provided with ANC services and revisits & Referrals		417	417	625		170	170	178		19	19	19	606	822
Number of women referred for PMTCT		0	0	0		2	2	2		0	0	0	2	2

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

Number of patients treated	0	0	0	0	1889	1404	3,293	5405	171	222	393	732	3,686	6,137
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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
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Number of individuals testing positive	0	0	0	0	2	5	7	10	0	1	1	3	8	13
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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
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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
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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
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Number of defaulters traced	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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“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, Meru, Nyeri, Nairobi & recently Narok county

Communities reached in various counties include:

- 1) **Nakuru county:** Kiambereria, Sasumwa, Setkobor, Muchorwe, Tembwo, Kiptulwo, Tinga juu, Okwala, Githiriga, Matunga, Muteme, Mung'etho and Nyongores.
- 2) **Baringo county:** Kabel, Ngarie, Muchongoi, 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, Korbesa, 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, Kanyanya, Mellil, Nyanya, Enchoroge, Konge, Endemo, Soseria 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 Waithaka slums.
- 13) **Narok County:** Chepalungu, Ololulung'a, Enkutoto Table Banking, 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.

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

Communities reached: Over sixty (60) communities reached included;

- 1) **Laikipia County:** Ilmotiok, Doldol market, Saramba, Sangumai, Lekiji, Jua kali, Moriyo, Seek, Bokish, Maraibenek, Ngerimunya, Muarak, Lipingwan market, Rabal and Soito Udo
- 2) **Samburu County:** Kirimun market, Lowabene, Mugur, Nduyo Nasipa, Puura, Ntepes, Loroko nyeki, Sasaab, Kiltamany, Lorubae, Ntabasi, Ntarapani, Archers Post market and Kiltamany.
- 3) **Tharaka Nithi County:** Rukurine, Nkamaru, Kirukuma, Gaceraka, Gakirwe, Matagatani, Kasarani, Tumbura and Kereria.
- 4) **Isiolo County:** Ltingai, Longopito, Lenguruma, Lemorijo, Kipsing market, Langaaman and Labarsherek.
- 5) **Kitui County:** Kamuvwongo, Mandogoi, Kasiluni, Katse, Kyuso, Tyaa Kamuthale, Kilulu, Tharaka, Itiva Nzoo and Tseikuru market.

CAMEL MOBILE STRATEGY

During this this quarter (Apr.-Jun. 2018), various donors (cost shared) enabled CHAT to continue for another 2 month mobile (ie 2 outreaches 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 Counsellor 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 separate donors

Counties reached: Two (4) counties - Samburu, Marsabit, Isiolo & Laikipia Counties.

Communities reached so far: Twenty one (21) communities reached included;

- 1) **Samburu County:** Nelwa, Maragi, Lesirikan, Soit Ng'iro, Matepes, Martie Pareu, Ilakweny, Soiyo, Ndume, Nyonyo Wasin, Sirata, Loigaman, Lempaula, Lekiji and Kalkaloi.
- 2) **Marsabet County:** Ngurunet, Lebendera, Soit Nanyokie, Sukuroi, Sidai and Seren.

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 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 spent 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 - Rachael, a third year student from the USA whose 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 been helping CHAT for 6-7 years).

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 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).
4) "Ego" is CHAT's most common and frustrating challenge!	Thus CHAT tries to provide counselling and remain patient!
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.

Case Story

contraception methods that stopped them from having children - unlike him, whose wives gave him more children - as many as he wanted!. His friend, Mzee Lekiloki, who sat with him as they took some local brew could not believe the kind of sentiments that his friend was sharing..

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.

"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