



COMMUNITIES HEALTH AFRICA TRUST

Quarter Two of 2021 Progress Report

Project Detail

Project name	HEALTHY PEOPLE FOR A HEALTHY ENVIRONMENT
Location	CHAT reaches 11 Ecosystems in Kenya: North Kenya Rangelands Ecosystem, Ewaso Nyiro Ecosystem, Tana River Ecosystem, Mt. Kenya Ecosystem, Mt. Kilimanjaro (Amboseli) Ecosystem, Mara Ecosystem, Dagoretti Slum (Nairobi) Ecosystem, Mau Forest Ecosystem, Lake Victoria Basin Ecosystem, Aberdare Ranges Ecosystem Mid Great-Rift valley Ecosystem
Reporting period	April 2021 to June 2021
Report compiled by	Sharon Wreford Smith - Program Coordinator, Rose Kimanzi - Projects Manager, Violet Otieno - Data &M&E officer, Paula Murira - Field Monitor & Social Media Manager Justus Kioko - Projects Admin Lucy Kananu - the Finance assistant
Date submitted	July 2021

Summary

CHAT was founded in 2007 (an amalgamation of what was Mpala Community Trust - founded in 1999 - and Nomadic Communities Trust in 2005). By that time, Kenya's population was approximately 38.71 million people, and by the end of 2020, it was more than 53.8 **million** people.

Population growth in Kenya has had significant impacts on rural communities dependent on natural resources for their health and livelihoods. As populations in these areas increase, so has land degradation, deforestation, overgrazing, and conflict. These factors have led to deepening poverty cycles for many communities, creating significant barriers for individuals to improve their lives.

CHAT's Problem Statement:

A lack of family planning information and services contributes to poverty, suffering, and environmental degradation, negatively impacting communities and their surrounding ecosystems.

Therefore **CHAT's mission is** to support underserved individuals and communities in fragile ecosystems across Kenya to access family planning information and services.

CHAT has three goals for this project – these are:

- 1:** Increase access and use of family planning.
- 2:** Enable positive behavior change for increased family planning uptake and environmental sustainability.
- 3:** Increase empowerment and resilience of communities through self-sustaining community-based structures.

CHAT receives funds from various supporters to implement their projects with a focus on integrated family planning project. These projects this quarter are located within the above-listed ecosystems.

CHAT has designed an innovative Population Health & Environment (PHE) approach that recognizes the complex interconnection between people, their health, and the natural resources on which they depend. It also provides a framework for understanding and addressing these issues holistically, assuming that the outcomes for both human welfare and the environment will be greater than if these issues are handled separately.

The below report covers overall output achievements for the last three months using CHAT's Backpacking Strategy & Motor Mobile Strategy building on sustainability at the individual and community level.

CHAT's engages Community Own Resource Person (CORPs) to go door-to-door in their own and surrounding communities to provide behavior change information, sensitization, and access to fp - while integrating the innovative PHE approach.

CHAT partners & works with the CORPs to also include components of door-to-door TB and COVID 19 prevention services within their services

Communities reached per Ecosystem:

1) North Kenya Rangelands Ecosystem:

- **Samburu County:** Sugata Marmar, Sererit, Nkwesere, Bendera, Nichola, Amaiya, Lesidai, Longewan, Ngairi, Lolmoolong, Look, Puura, Kisima, Lekuru Market, Sirata Nairobi, Lemisigiyo, Lporoo, Lpartuk, Seketet, Kirimun, Loikumkum, Latakweny, Leilei, Lbendera, Baragoi, Nilai, Lesirkan, Tangar Market, Loudwa, Lchoro, Tamiyo, Merimeji, Sumuruai, Nolderkei, Park, Nalingangor, Uraa, Matepes, Noontoto, Shabana, Maralal, town, Mtaro, Rangau, Allamano, Ntiil, Opiroi, Nichola, Marti, Sereolipi, Shapulo, Ntabas, Kinya, Kirbartare, Ntilntil, Ndume, Martie lepareu, Ndonyo Wasin, Ngusoroni, Losesia, Milliman, Sordo, Treetop, Mugur, Ndikir, Soweto, Nteremka, Soit Nyiro, Nkwesere, Marti Manyatta & Loukas Slum in Maralal.
- **Marsabit County:**
Villages reached included: M-otte, AP line, Technical Majengo Slum in Marsabit town, Shauri Yako, old town, M-Willy, Karatina Slum in Marsabit Town, Shrine, Kiwanja Ndege, M-chilled, Saku, New Road, Daka Barida, Marsabit Town, Majengo Slum in Marsabit, Sikawai, Nguroni, Loldepe, Urowen, Sikawai, Rongumo, Taparsoot, Sale, Laisamis, Merille, Nahgan, Gaborone, Urowen, Shauri Yako slums in Marsabit, Silapani, MJ, G-Qurssa, W-Duba, D- Kambi & Nguroni.

2) Ewaso Nyiro Ecosystem

- **Isiolo County:** Kipsing, Parkuruk, Loturo, Nororoi, Kambi-Ya-Juu, Kipsing, Ndonyo Lengala, Ntepes, Kijiji, Lemorijoi, Kusokon, Chechelesi, LMD, Lagaaman, Longopito, Tuale, Labarsherek, Matundai, Garbatulla, Manyatta Jillo, Losirai, Parkison, & Tulla Roba.

- **Laikipia County:** Pilili, Namelok, KMC, Kanambio, Sananguri, Ngeriyoi, Maram, Nguisusu, Lemunga, Kambi Simba, Sangumai, Munishoi, Naserian, Koija, Nosirai, Mtaro, Vetenary, Mbogani, Container, Kona Mbaya, Kantana, Loisukut, Kurikuri, Mathira, Segera, Powys, Lpingwan, Posta, Rumrum, Muwarak, Naibor, Murua, Soinarok, Mutirithia, Ranch, Kariunga, Sukutan, Lekiji, Ilmotiok, Mugandura, Ndikir, Olgirgir, Daraja, Jua Kali, Nkiroriti, Thome, Gatundia, Canaan slums, Cha-Nne, Lorien, Location & Kadutura
- 3) Tana River Ecosystem:**
- **Kitui County:** Usueni, Kamakuyuni, Matooni, Kalusa, Kandwia, Kangilu, Kalaa, Mikwaa, Mavauni, Ngaai, Ngeani, Mangoa, Kahani, Tyaa Market, Masukanionii, Sess, Kamusiliu, Mikauni, Mwambui & Tseikuru Market.
 - **Tharaka Nithi County:** Mbacaca, Rungu, Kombo, Ngairi, Kavote, Katuroni, Karungaru, Nkomaru, Kamajee, Kaarwa, Matakiri, Kabote, Kiorimba, Kamwathu, Kambiti, Kamatungu, Karimani, Kiorimba, Chiakariga & Tunyai
- 4) Mt. Kenya Ecosystem**
- **Laikipia County:** Rwai, Nkando, Nturukuma, Katheri, Thingithu, Makutano, Mail Saba, Ontulili, Baraka, Jericho, Majengo, Kabiru, Shika Adabu, Kambi-Ya-Mbuzi, Rwai, Gachathi, Kwa Celilia Slum, Likii 'A' & Likii 'B' Slums in Nanyuki Town.
 - **Meru County:** Nigeria, Sirimon, Angaine, Ngushishi, Kisima, Kwa Ng'ang'a Slum in Timau & Mia Moja.
- 5) Amboseli & Mt. Kilimanjaro Ecosystem:**
- **Kajiado County:** Inchuura, Oltome, Esiteti, Oltiyani, Oldule, Olasiti, Normsyianat, Olashaki & Emurua Loibor
- 6) The Mara Ecosystem:**
- **Narok County:** Chepore, Cheleme, Olsukut, Sogoo, Kipsirat, Enkutoto, Oleoshi, Kirok, Soka, Oloogulin, Nkobiletai, Emarti, Orokiat & Kimogoro Market.
- 7) The Dagoretti Slums Ecosystem:**
- **Nairobi County:** Dagoretti Market, Dagoretti Center, Kikuyu, Thogoto, Gachie, Waithaka, Kirigu, Gachongo, Gikumbura
- 8) Mau Forest Ecosystem:**
- **Nakuru County:** Ndiimu, Salama & Kasarani Slums in Elburgon, Elburgon Town, Molo South, Karia, Kiambereria, Ngenia, Kimkasa, Mchorwe, Mungetho, Maji Punda & Kamoja.
- 9) Lake Victoria Basin Ecosystem:**
- **Kisii County:** Ikorongo, Bogonta, Ramasha & Sosera
- 10) Aberdare Ranges Ecosystem:**
- **Nyeri County:** Kihato, Kona Mbaya - an Internal Displaced Persons (IDP) camp, Wiyumererie,
- 11) Mid Great-Rift Valley Ecosystem:**
- **Baringo County:** Lameiwe, Kaptonon, Elboor, Muchongoi, Kitilil, Keneroi, Kabel, Waseges & Araba.

Results

Intervention	Indicator	Target	Result as of April to June 2021	Status
	Number of CORPs including the newly identified mentored CORPs	38	38	Achieved
Behaviour Change Communication (BCC)	Number of individuals reached with behavior change (bcc) information using CHAT's PHE approach, i.e., integrating family planning, ecological awareness & C-19 prevention sensitization	3,602	32,476	Achieved
	The number of youth (aged between 15-24) out of school sensitized about FP using CHAT's PHE approach- i.e., bcc information.		9,653	Achieved
	Number of men accompanying their women to RH/FP (bcc)		11,329	Achieved
Accessing Contraception	Number of FP clients took FP contraception methods of their choice	9,120	17,454	Achieved
	Number of condoms distributed		16,511	Achieved
Maternal & Child Health	Number of women referred for ANC services		321	Achieved
	Number of children immunized including revisits and referrals (follow up referrals done by CORPs)		397	Achieved
Basic Curative Service	Number of patients receiving essential curative treatment		1,678	Achieved
C19 Prevention	Numbers of individuals with presumed COVID-19 referred to isolation and quarantine shelters for further diagnosis & care.		11	Achieved
TB	Number of TB contacts traced	178	164	In progress
	Number of households with TB patients reached with health education on nutrition/infection control	178	164	In progress
	Number of TB treatment interrupters traced	19		All the 19 treatment interrupters to be traced by end of Q2 2021, were achieved by 31st Mar 21

Monitoring & Evaluation (M&E) Activity

10% of CHAT's budget is to implement this vital activity that:

- ensures transparency and accountability,
- improves on project performance
- ensures effective resource allocation promotes learning (lessons learned) & data-driven decision-making,

- improves and strengthen systematic management of the organization, including helping organizations make informed technical & financial decisions

M&E activities are implemented on a daily, monthly & quarterly basis, or when necessary, to ensure timely achievement of expected deliverables.

M&E findings enable CHAT to make sensible plans and informed decisions.

It is through M&E where the impact of the project is determined, including sustainable strategies.

Challenge	Lessons learned / solutions
<ul style="list-style-type: none"> • Impacts of C-19 to fp service access & provision continues to be challenging hindering frequent healthcare-seeking behaviors within the communities. • Unpredictable supply of contraception commodities & other supplies from the Ministry of Health (MoH) • Inadequate supply & restrictions of C-19 vaccines – Most of the population willing to get the C-19 vaccine could not due to insufficient supplies and the limits on preferred cadres concerned. • Some cultural traditional practices – experienced initially when CHAT enters into ‘new’ communities with the integrated fp services. These practises continue to hinder needy & deserving clients from accessing services to improve wellbeing - particularly in paternalistic communities where male dominance is very deep-rooted • Apathy among some community members remains a common challenge. • Ego Is an ongoing common challenge CHAT experiences at all levels of society. 	<ul style="list-style-type: none"> • Impacts of C-19 to fp service access & provision - CORPs are disseminating C-19 preventive messages to the communities as directed by the MoH technical staff, integrating these into the fp, HIV/AIDS, and ecological messages • Unpredictable supply of contraception commodities & other supplies – Commodity supplies have improved this quarter. (possibly indicating that CORP grassroots advocacy has worked positively?!) • Inadequate supply & restrictions of C-19 vaccines - This affects the entire country and is beyond CHATs control. However, CHAT staff and its grassroots 38 Partners in 14 counties have managed to acquire both doses. • Some cultural traditional practices - CHAT continues to sensitise and enhance awareness by providing mentorship interventions and requesting stronger CORP partners to assist in mentoring CORPs who might be facing challenges in penetrating communities due to these deep rooted cultural negative practises. • Apathy - CORPs are vigorously working with these individuals and communities to overcome this. • Ego - It is typical behavior in many humans - and as CHAT, we have to navigate it diligently.

Case story

Turn Around

**Their names have been changed*

As the mobile motor team packed the vehicle at Longopito (Isiolo County) in June 2021, they kept wondering where Naitemwa* was. For about three years, she was always present to help them set up camp and organize the clinic before people started arriving for services. It was not always like that with her; initially she always discouraged community members from visiting the integrated health clinic whenever they went to the village to provide services. She was totally against family planning (fp). Herself being the first wife, she believed the other co-wives were required to have as many children as her, or even more if possible. She did not expect them to be 'lazy.' Though she had always known the husband would marry more wives, she found this difficult to accept, so decided to punish them all and insighted them to give him many children.

The more the family grew, the more suffering they went through. They could not provide for all the children, let alone the whole family. They started sleeping hungry on most nights of the week and if they had any food, they never ate to their satisfaction. Naitemwa still never related the large family size to their suffering. She kept blaming the drought and bad times.

One day as CORP Julius was providing health education to a group of women he had mobilized near the motor mobile where someone would give him a cup of tea, another one offered to host him for lunch - Naitemwa was in disbelief! "How could the other women afford to host someone else" lamented Naitemwa, when she knew they would be sleeping hungry that night? Julius asked her how big her family was – she responded "19, inclusive of my husband"! She then went on to say that non of them had work and depended on their flock, which was dwindling slowly, and soon, they would have nothing.

Julius explained that if she could start planning her family and had a small income-generating activity, it would be easier for them to manage their family. He recommended that at the moment, they should not further increase their family size. From this understanding, Naitemwa discussed with her husband and with all her co-wives – resulting in that they each agreed and received the 5-year family planning implant. On top of that, they decided to sell two goats and start a business selling groceries in the surrounding markets.

From this, they now have enough food for all of them, which was their greatest need. Also, the children are now able to go school. She always tells other women that were it not for Julius and "Nurse" (CHAT's mobile nurse) maybe they would have died of hunger. As of June 2021, she had helped 12 women change their minds and access services when the motor mobile clinic visited.

See photo Gallery below



Photo 1 Nurse inserting an implant to a woman after sensitization by CORP.



Photo 2. The CHAT FP CORP ready to go door to door for sensitization as well as participation in the National Polio vaccine campaign.



Figure 3. Motor Mobile driver with CORP skills addressing community members on family planning and ecological awareness.



Figure 4. CHAT team crossing river Tana via boat to serve people on the other side of the river



Figure 5 CHAT CORP sensitizing a client on the different methods of family planning in the slums



Figure 6CHAT team during a motor-mobile in one of the villages in Suguta Valley



Figure 7CORP helping a woman put on mask properly during distribution and sensitization on FP and COVID-19 prevention.