



Communities Health Africa Trust

POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

GoK Report 3rd Quarter 2018

July. 2018 - Sept. 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: laikipiacountyhealth@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: mmmuchanqi@yahoo.com ; Kitui County: scmohmwinqinorth@yahoo.com ; Narok County: nyabwarievans@gmail.com ; scmohnaroksouth@gmail.com
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
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

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	July, 2018 - Sept. 2018 (FPCORPs)	FPCORPs cumulative Jan. 2018- Sept. 2018	Male	Female	July, 2018-Sept. 2018	Motor Mobile Cumulative Jan. 2018 - Sept. 2018	Male	Female	July, 2018-Sept. 2018	Camel mobile Cumulative Jan. 2018 - Sept. 2018	July, 18 - Sept. 18	Jan.2018 - Sept. 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)	6,625	14,032	20,657	77,894	3,749	6,615	10,364	39,466	1714	2769	4,483	17,322	35,504	134,682
Number of men accompanying their women to RH/FP ecological sensitization meeting..(Behavior change information)	4261		4,261	14,784	2,066		2,066	7,441	1,123		1,123	4126	7,450	26,351
Number of women who chose Long Acting Reversible Contraception (LARC) 3-5 years protection.		5,874	5,874	16,994		2,545	2,545	6,949		1,287	1,287	4329	9,706	28,272
Number of women who chose an injectable' method of contraception i.e. Depo Provera (3-month protection).		2,297	2,297	8,292		553	553	1,803		196	196	542	3,046	10,637
Number of women who chose pills as their method of contraception protection.		510	510	2084		158	158	629		59	59	119	727	2,832
Number of women who chose IUCDs as their method of contraception protection.		58	58	363		0	0	0		0	0	0	58	363
Number of women who chose TL as their method of contraception protection.		2	2	2		0	0	0		0	0	0	2	2
Number of condoms distributed	33,220	1403	34,623	151,185	29,032	370	29,402	103,645	66,694	0	66,694	82867	130,719	337,697
Number of youth out of school sensitized on FP/ecological sensitization (aged between 15-24) .(Behavior change information)	2364	4,255	6,619	20,120	1,683	2,894	4,577	12,203	591	399	990	1654	12,186	33,977
Number of children immunized including revisits & referrals	623	742	1,365	2,917	147	130	277	574	0	0	0	0	1,642	3,491
Number of newly enrolled women provided with ANC services and revisits & Referrals		470	470	1,095		202	202	380		11	11	30	683	1,505
Number of women referred for PMTCT		0	0	0		1	1	3		1	1	1	2	4
BASIC CURATIVES- an important 'entry point' to all our other interventions														
Number of patients treated	0	0	0	0	1029	1353	2,382	7787	98	189	287	1190	2,669	8,977
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 including referrals	76	108	184	184	287	675	962	2,424	210	222	432	2,014	1,578	4,622

Number of individuals testing positive	0	0	0	0	2	3	5	15	1	1	2	5	7	20
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

“First, population growth is a devastating statistic. Even the best efforts to encourage growth will fail unless Africa’s population growth can be brought under control. The population issue must move much further up the African agenda. A basic shift of attitude is required. Second, and closely related to population pressure and poverty, there is the problem of growing environmental degradation...” Douglas Hurd, UK Foreign Secretary

Activity News

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

CHAT relies 100% on donor support to implement their vital interventions. CHAT implements activities using a variety of innovative integrated strategies - with a focus on family planning services encompassing ecological sensitization intervention using a Population Health & Environment approach (PHE). CHAT's core objective is building on community sustainability, thus CHAT is motivating 32 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 services to needy, vulnerable marginalized and underserved communities:- 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)

Population, Health and Environment ('PHE') is an approach to human development that integrates family planning and health with conservation efforts to seek synergistic successes for greater conservation and human welfare outcomes than single sector approach we. There is a deep relationship between population, health and environment. Those subjects are not only related to each other but also to other important aspects that are very necessary for keeping phenomenon in a close-knit relationships.

BACK PACK STRATEGY: This quarter, different donors supported thirty two (32) 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:** Sirikwa, Sachora, Gacharage, Githiriga, Nyongores, Nteme, Matunda, Sachoran and Nyakinywa.
- 2) **Baringo county:** Kabel, Kasiela, Koimugul, Tuiyobeyi and Koitillil.
- 3) **Laikipia county:** Lorien, Maundu ne Meri, Likii, Prison, Makutano, Shalom IDPs, Doldol, Kurikuri, Loiborsoit, Ewaso, Powyse, Jua Kali, Tangi Nyeusi, Kimakandura, Muruamong'i, Likii A & B, Wiyumirerie, Jericho, Old market, Doldol, Seek, Ilipwangwa, Rabal, Jua Kali, Reteti, Kariunga, Naibor, chumvi, Loruko, Ruai, Dipatas, Kiwanja Ndege, Murupusi, Saramba, Bokish, Ntepes, Ngobit, Graton, Lotacha, Rusika, Nkorika, Rumate, Parkuruk and Loruko.
- 4) **Isiolo County:** Kambi ya Juu, Garbatulla, Manyatta, Korbasa, Kachuru, Kiwanjani, Kula mawe, Kiombiga, Bula Pesa, Shambani, Kinna, Sericho, Kombola, Ola Bule and EPIDI.
- 5) **Samburu County:** Milimani, Munanda, Town, Lpashe, Ntepes, Ldupai, Jerusalem, Tree top, Kiltamany, West gate, Lodungokwe, Lesericho, Nkorage, Nkusoro, Marti, Liberoso Ebru, Suguta Marmar, Lorakesire, Tongu, Nkutoto, Yare, Lekeri, Sererit, Matepes, Laresoro, Isil, Englai, Tamiyoi, Baragoi, Sirata, Nkejumny, Loiragai, Loosuk market, Kisima, Ntepes, Loikas slums, Alamano, Rangau, South Horr Town, Lesirikan, Wamba, Ndonyo Nasipa, Loshoorong, Lerata, Archers Post market, Kirimon market, Seren and Kurungu market.
- 6) **Kitui County:** Kyuso, Matooni, Kamuongo, Tyaa Kamuthale, Marisi, Kamula, Nduguni, Kakune, Twikolo, Mandongoi, Marisi, Gai, Matooni, Waita, Mauru, Matooni, Malava, Kamusili, Kamuongo, Mbukoni, Kaya and Nyamanzei.
- 7) **Tharaka Nithi County:** Kamanyore, Gakuuru, Kakuru, Kuuru, Kiama, Nkarini, Kagucha, Kithigiti, Ciakariga, Kiboka, Gakurungu, Kamarandi, Mitongoro, Nkondi, Materi, Tunyai, Gatunga market, Marimanti market, Kibera slums, Soweto slums and Mathiga.
- 8) **Marsabet County:** Lpendera, Letero, Lmoti, Adiyakhiche, Center, Soweto, Silapani, Losidan, Combon, Barrier, Mpagas, Laisamis, Logologo, Merille, Harulla, Marsabet town and Namarei.
- 9) **Kisii County:** Bungonta, Nyansakia, Kabarori, Kanyenya, Melil, Nyanya, Enchoroge, Konge, Endemo, Sosera and Chokira.
- 10) **Meru County:** Timau slums, Kwa Ng'ang'a, Gundua, Kisima center, Kariene and Rukura.
- 11) **Nyeri County:** Shalom IDP Camp, Karemenu and Kona Mbaya.
- 12) **Nairobi County:** Thogoto, Kabiria, Njiku, Kware, Ngong, Gitaru, Gachugo, Kirigu, Mutuini, Dagoreti and Waitthaka slums.
- 13) **Narok County:** Oloolobangi, Torokiet, Narok town, Oloisukut, Enkutoto, Enkobeliani, Kipsirat, Chepalungu, Olmeoshi, Ololulung'a, Sapet, Bureti, Chepore and Chelemei

MOTOR MOBILE STRATEGY (cost shared)

During this quarter (July.-Sept. 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, Laikipia and Samburu Counties

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

- 1) **Laikipia County:** Ilmotiok, Saramba, Kurum, Nkiroriti, Mpala Ranch & Research, Lekiji, Sukutan, Rabal, Morijo, Kurikuri, Kiwanja and Bokish.
- 2) **Samburu County:** Naimaralal, Ntepes, Lorok, Lkeek Sapuki, Puura, Learoni, Leskia, Nkokoyei, Lorapa, Lorrokonkyeki, Kirimun Market, Garma, Sura adoru, Lorubae, Kibartare, Ndonyo Wasin, Loigama, Ndarapani, Lounoi, Noldoto, Lengusaka, Lolkuniani market, Meuwa, Ngii and Lowabene.
- 3) **Tharaka Nithi County:** Tumbura, Rukurine, Nkomaro, Kireria, Kirukuma, Gacheraka, Gakirwe, Matagatani and Kasarani.
- 4) **Isiolo County:** Tuale, Ltingai, Longopito, Kipsing, Lenguruma and Langaaman.
- 5) **Kitui County:** Kiseuni, Tseikuru, Katse, Mitamisyi Nduuni, Kimela, Mitamisyi, Nzaini, Nthigani, Tharaka and Tyaa kamuthale

CAMEL MOBILE STRATEGY

During this this quarter (July.-Sept. 2018), various donors (cost shared) enabled CHAT to go for a 2 month long camel mobile (ie 2 outreaches of one month each). After the first month the camels were met and restocked in preparation for the second month mobile trip. 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 a 2 months long camel mobile.

Counties reached: Three (3) counties - Samburu, Isiolo & Laikipia Counties.

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

- 1) **Samburu County:** Kalkaloi, Lngarde, Nalepoboo, Oromodei, Losike, Siambu, Terengwe, Lkitagesi, Lorkomongo, Sunoni, Lngujita, Soit Pus, Lkeek Sapuki, Puura, Loisukutan, Kao, Amaiya and Naminito .
- 2) **Isiolo County:** Satiman, Lpus Lenantodo, Naturatur, Tuale.
- 3) **Laikipia County:** Lonyeek, Rabal and Naminito.

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 this also 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, in the long term - impact; and at other times includes volunteers, the MoH and other relevant ministries for supportive supervision and continuous quality improvement. M & E activities include, but are not limited to routine data quality assessments (RDQA), onsite data verification, site visits, client exit interviews, community feedbacks etc. All these activities are implemented to ensure quality provision of family planning and other services, thus ensuring donor funds are spent sensibly for the intended purpose. (A detailed M&E report for the quarter is available on request)

Volunteering Monitors

During this period - three (3) months - CHAT was assisted by three (3) volunteer monitors. Helen Langat, from France, whom was volunteering with CHAT for the second time. Wilson To and Gregory Allan from the Global Giving office in the UK that offered support to the CHAT team. Diana in Crete, Greece, who continues to assist CHAT using her considerable accounting skills by providing CHAT with ' comptroller' support (Diana has been helping CHAT for 6 - 7 years); however, Diana has been unable to assist us since July - but hopes to be able to help us again come January 2019

Program Challenges/Risks encountered

How the challenges were addressed

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

Thus CHAT tries to provide counselling and remain patient!

Though the MoH pharmacy department is optimistic of reliable family planning commodity supplies from the GoK supply chain Management - KEMSA, CHAT is always putting a precautionary measure by sourcing alternative suppliers.

CHAT is putting a precautionary measure by sourcing alternative supplier to ensure consistency of service provision.

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) 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

'Uuuui uuui mtoto nalia kwa chool! Saidia Mimi!' Mama Mwendu screamed. At first people thought the ever drunk old woman was being crazy as usual, but her endless screams prompted the nearby community members to go and check if there was really was a baby in the pit latrine. True to her word an infant was relentlessly crying due to the harsh conditions down below in the toilet pit. People wondered where the baby could have come from especially since Mama Mwendu* was too old to conceive let alone carry a pregnancy to term? From the cooperation of the sympathetic community members the child was retrieved. This was a shock especially since something like that had never been seen before by the people. The biggest question was who was the mother? "Soon enough a young girl confided in CORP Karimbi in Tharaka County"

The young girl told Karimi that when she, CORP Karimi, had visited earlier in the year she had chosen the three month contraceptive protection and refused any other method, thinking it would be the most effective in terminating her pregnancy. She, the young girl, had lied saying that she was on her period and went on to fake it so that she would not be tested for a pregnancy - because she had heard that people who are not menstruating usually get tested. Kathambi got her depo and went home thinking that now she would not deliver a child at nine months. When she got labor pains she did not understand why especially since she was sure that when she was injected with the depo she had terminated the pregnancy.

When CORP Karimbi learnt of this mountain of misunderstanding, she explained to Kathambi (the young girl) that contraceptives do not terminate pregnancies since they are the same hormones that are in the body - only that they are usually controlled. Kathambi had decided to throw the child away and not inform anyone since she was hoping that her parents would take her back to school.

Kathambi was counselled on the use of long-term contraceptives that would ensure there would be no risk of pregnancy for the next five years. Many girls in Gaceraka area in Tharaka south are dropping out of school due to unwanted pregnancies.

Kathambi was a good example to show that if the young girls were not counselled and their mothers sensitized on the importance of taking their girls to family planning services it would lead to a lot of fatalities, with some even as extreme as death – or in this case to commit infanticide. Kathambis' child was taken to the hospital with minor bruises and a small reaction due to the waste down in the toilet pit - otherwise she was okay.

'I wish she had told me that she was pregnant we would have found a solution together. This is desperately sad - I don't know what to do!' Kathambis' mother regretted.

'There is a huge need for contraception in this community as mostly the women here do not go to the hospital neither do they have adequate knowledge on the use of family planning. It will take a lot of intervention to ensure that they all have been helped and are aware of their right to contraception.' CHAT's CORP partner, Karimi explained, and she added "There is this wonderful quote, - "my goal is to know more today about the world than I knew yesterday and lessen the suffering of others. You'd be surprised how far that gets you." - I have known the suffering of the women here and I hope I will help in at least reducing their worries."

"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