



# Communities Health Africa Trust (CHAT)

## POPULATION, HEALTH & ENVIRONMENTAL SERVICES (PHE)

2nd Quarter Report for GoK

April - June 2017



Name of the project:	Communities Health Africa Trust's (CHAT) integrated health services with a focus 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 Partners	Global Fund TB, USAID Afya Timiza - both via AMREF as lead partner, Mpala Wildlife Foundation; East African Womens League; Kenya Wildlife Trust (KWT Kenya), Community Health & Sustainable Environments (CHASE UK), Community Health Africa Poverty Solutions (CHAPS USA), Royal Society of St George (RSSG UK), Marie Stopes Kenya, GoK including the Kenya Ministry of Health (MOH) & Ministry of the Environment Kenya; African Impact; Global Giving USA & UK; Suiyan Ltd Kenya; 15 community based Health Support Groups through Laikipia & Samburu, and 28 Community own Resource Persons (CORPs) these are grassroots partners providing FP/ecological sensitization, HIV/AIDS & TB mobilization services in 9 counties
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### 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 updated website at [www.chatafrica.org](http://www.chatafrica.org) & or follow us on facebook*

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

	Reached by <u>CHAT back packing</u> FPCORPS (cost share)	Reached by <u>CHAT motor mobile</u> (cost share)	Reached by <u>CHAT camel mobile</u> (cost share)	CHAT's overall this quarter	CHAT's Cumulative this year 2017
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Indicators	Male	Female	Apr. 2017 - Jun. 2017 (FPCORPs)	FPCORPs cumulative Jan. 2017 - Jun. 2017	Male	Female	Apr. 2017 - Jun. 2017	Cumulative Jan. 2017 - Jun. 2017	Male	Female	Apr. 2017 - Jun. 2017	Cumulative Jan. 2017 - Jun. 2017	Apr. 17 - Jun. 17	Jan. - Jun. 17
<b>RH with a focus on FAMILY PLANNING integrated to include ECOLOGICAL AWARENESS ie using a PHE approach</b>														
Number of individuals mobilized and sensitized about family planning/ecological awareness.	2,437	6,544	8,981	20,287	1,877	4,403	6,280	8,362	0	0	0	2,477	15,261	31,126
Number of men accompanying their women to RH/FP ecological sensitization meetings	1651		1,651	2,926	1,355		1,355	1,903	0		0	534	3,006	5,363
Number of women who chose a Long Acting and Reversible Contraception ( LARC) giving 3-5 years protection.		2,446	2,446	5,495		1,630	1,630	1,985		0	0	518	4,076	7,998
Number of women who chose an injectible' method of contraception i.e Depo provera contraception providing 3-month protection.		1290	1,290	2,588		521	521	672		0	0	146	1,811	3,406
Number of women who chose pills as their method of contraception protection.		232	232	612		283	283	316		0	0	0	515	928
Number of women who chose IUCDs as their method of contraception protection.		24	24	76		0	0	0		0	0	0	24	76
Number of women who chose TL as their method of contraception protection.		5	5	5		0	0	0		0	0	0	5	5
Number of condoms distributed	22,542	110	22,652	40,619	30,449	120	30,569	35,821	0	0	0	3100	53,221	79,540
Number of youth out of school sensitized about FP/ecological sensitisation aged between 15-35	556	1,267	1,823	2,901	290	793	1,083	1,594	0	0	0	381	2,906	4,876
Number of children immunized	0	0	0	0	77	87	164	213	0	0	0	0	164	213
Number of newly enrolled women provided with ANC services, including revisits		0	0	0		50	50	57		0	0	0	50	57
Number of women referred for PMTCT		0	0	0		2	2	3		0	0	0	2	3
<b>BASIC CURATIVES- an important 'entry point' to all our other interventions</b>														
Number of patients treated including opportunistic infections and revisits	0	0	0	0	1016	902	1,918	3,217	0	0	0	157	1,918	3,374
<b>HIV/AIDS (CBHTC)- Kenyan policy makes it compulsory that patients coming for treatment are tested &amp; counselled, hence indicated under motor &amp; camel mobile. (CHAT no longer has funding for this project- therefore a decrease in HIV activities)</b>														
Number of people counselled & tested disaggregated by sex & age	0	0	0	0	1016	902	1,918	2,154	0	0	0	200	1,918	2,354
Number of individuals testing positive	0	0	0	0	1	2	3	3	0	0	0	1	3	4
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
<b>TB - an integral part of our service provision via CORPs</b>														
Number of contacts traced	130	81	211	369	0	0	0	0	0	0	0	0	211	369
Number of Household of TB patients reached with health education on nutrition/infection control	172	99	271	456	0	0	0	0	0	0	0	0	271	456

Number of defaulters traced	42	18	60	87	0	0	0	0	0	0	0	0	60	87
<b>Ecology- Environmental/Water Conservation-Integral part of our service provision via CORPs</b>														
Number of households provided with ecological awareness information encompassing family planning	2,573		2,573	4,530	335		335	556	0		0	176	2,908	5,262
Number of individuals sensitized about environmental conservation	2,437	6,544	8,981	20,287	1,877	4,403	6,280	8362	0	0	0	2,477	15,261	31,126
Number of households practising any form of environmental/water conservation	1,673		1,673	2993	198		198	220	0		0	17	1,871	3,230
Number of environmental/water committees formed/existing	32		32	55	5		5	6	0		0	1	37	62
Number of households practising bee keeping	17		17	25	4		4	9	0		0	2	21	36
Number of households practising bee keeping as an IGA	11		11	17	2		2	5	0		0	3	13	25
Number of households keeping over <20 heads of livestock	1029		1,029	2010	37		37	52	0		0	8	1,066	2,070
Number of tree planting/forestry committees	32		32	55	6		6	6	0		0	1	38	62
No. of households making charcola as an 'income generating activity' (IGA)	769		769	1447	43		43	65	0		0	13	812	1,525

**"Population stabilisation should become a priority for sustainable development, including a strong focus on the empowerment of women and girls." - Kofi Annan, UN Secretary-General**

#### Activity News

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

Donor's support goes towards a variety of CHAT's integrated strategies and health services, whilst the main focus is on providing access to family planning (fp) ecological awareness using a PHE approach. CHAT's core objective is focussed on building community sustainability, thus CHAT motivating 26 grassroots partners in 9 counties called Community Own Resource Persons (CORPs) - whom work alongside CHAT implementing CHAT's innovative door to door 'Back Pack' strategy that utilises public transport or going by foot. This strategy is supported by motor mobile and camel mobile integrated health services - i.e, basic curative treatment integrated with HIV/AIDS services, other RH/Maternal Health services such as ANC, immunisation, STI treatment - and i TB defaulter & contact tracing - all integrated with positive behaviour change and nutritional information

#### BACK PACK STRATEGY:

**Counties reached:** this quarter seven (7) counties - Nakuru, Meru, Marsabet, Isiolo, Laikipia, Samburu & Baringo counties.

**Communities reached in various counties include:** This quarter, different donors supported twenty twenty five (25) FPCORPs implemented CHAT's innovative 'Back Pack door to door' strategy

- 1) **Nakuru county:** Nyongores, Boron, Murgiyen, Longweda, Githiriga, Matunda, Mteme, Ierere, Nyota, Chepeinoyo and Nyakiwa.
- 2) **Baringo county:** Kapkerich, Komoigul, Muchongoi, Keneroi, Kabel, Kongasis, Kasiela, Sampaka, Ngarie, Lamaiwe, Nyimbei and Tuiyobei.
- 3) **Samburu County:** Ntepes, Munanda, Embakasi slums, Milimani, Maralal slums, Loikumkum, Lkumur, Parkuo, Gorie, Soweto, Merimeji, Arge, Ntiil, Sirata Oirobi, Lpulee, Kamomo, Sumuruai, Latakweny, Loibarmkari market, Parkuruk, Sokotei and Naimaralal.
- 4) **Laikipia county:** Dipatas, Shabaha, Tutu, Kariunga, Likii slums, Lamuria, Mlima Chui, Hababaha, Lorien, Gatundia, Ainapko, Kapkures, Melwa, Ngobit, Oldonyiro, Tiamut, Nkorika, Lduvai, Daraja, Morijo, Pakare, Jerusalem, Bosnia, Ntepes, Labarsherek, Kimanjo, Ntepes, Kambi ya Juu, Kirimon, Poyce, Eleri, Shangilia, Endana, Jua kali, Naibor, Ndurumo, Aiyam, Kahari, ADC, Nkorika, Kukulai, Mbongoine and Makandura.
- 5) **Marsabet County:** Logologo, Namarei, Merille, Laisamis, Dubsahai village and Loruko
- 6) **Isiolo County:** Tulla Roba, Isiolo slums, Bula Pesa, Bula Odha, APU, Merti, Garbatulla, Manyatta Arba, Chechelesi and Kula mawe.
- 7) **Meru County:** Nkubu slums, Muguru, Mujwa, Kiria and Ikuu.

#### MOTOR MOBILE STRATEGY

The motor mobile team usually consists of a nurse, driver, nurse aid and accompanied by the local Family Planning Community Own Resource Person(s). On occasion a monitoring volunteer also attends. This quarter the MOH of Samburu accompanied the m/v for 3 days with a purpose to oversee and supervise CHAT m/v services.

**Counties reached:** Four (4) counties - Kitui, Tharaka, Laikipia and Samburu Counties

**Communities reached in various counties included:**

- 1) **Laikipia County:** Mpala Ranch, Mpala Research, Lekiji, Sukutan, Aiyam, Thome, Lorien, Kambi ya Simba, City Cottton, Ndurumo, Sipili, Kadutura, Maundu ne Meri and Lorora.
- 2) **Samburu County:** Naimaralal, Suiyan, Ndoyo Nasipa, Ngokoyei, Reteti, Kirish, Ngilai, Ndarapani and Kiltamany.
- 3) **Kitui County:** Kamuvwongo, Kaningo, Tseikuru, Masyungwa, Kyuso, Kilulu, Tharaka, Kambusu, Konyu and Katse.
- 4) **Tharaka County:** Kamarandi, Mitongoro and Kamanyaki.

**CAMEL MOBILE STRATEGY :** There was no camel mobile implemented within the quarter

#### Monitoring & Evaluation

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 . M & E activities include, but are not limited to, conducting routine monitoring activities by visiting health facilities to verify data from the registers; impromptu visits to FPCORPs as they carry out their door to door activities; interviewing beneficiaries either in a group or one to one discussions; support supervision by the CHMT; checking with the County Records Officer to ensure CHAT's contribution is captured in the District Health Information System (DHIS) and nationally. CHAT's M&E process is inclusive of CHAT conducting internal M&E activities with an objective of strengthening internal operation systems and at other times includes the MoH and other relevant ministries for supportive supervision and quality control. This quarter your donation supported CHAT's M&E team to conduct a data verification, output process indicators, responding to questions targetting one community in West Laikipia, as to why a higher percentage of women were taking short term methods ( pills & depo) of contraceptives as opposed to the more popular (for all other communities) - the Long Acting & Reversible Contraceptives ( LARC).

### Volunteer Monitors

This quarter CHAT was assisted by five (5) volunteering monitors. One (1) Kenyan volunteer - Tomas Mwangi Njogu, a student persuing a Linguistic and International Relations degree at Maseno University; and in the month of June/July three (3) Interns from Princeton University and based at Mpala Research Centre - Madalene, Maria and Annabel. In the month of May, Dr Oliver Kemp who graduated from the Imperial College, London monitored activities in Samburu County. They proved invaluable to CHAT as apart from assisting the donors with monitoring their fund activities, they also helped with CHATs Resource Mobilisation activities i.e mapping, compiling case stories, social media management & other fundraising activities..

### Program Challenges/Risks encountered

### How the Challenges were addressed

Within this quarter, Laikipia & Baringo Counties in particular are experiencing politically instigated livestock invasions targetting privately owned land in West Laikipia affecting especially the small poorer land owners - this continues to cause tension within the communities thus affecting CHAT's logistic operations with a considerably higher incidents of insecurity

CHAT's mobile outreach team is liaising with GoK administration - chiefs and sub chiefs, police and KDF officers on a regular basis about security matters thus assiting CHAT to plan sensibly

GoK employed nurses have been on a National strike now for 1 month. Prior to that the GoK employed doctors were on strike for several months...so especially underserved communities are not receiving any health care whatsoever...therefore the need for CHAT's services has been and is overwhelming

CHAT is trying to engage with private facilities to curb the challenge of national strikes (which seemingly could be an ongoing situation) to partner with the CORPs (CHAT's grassroot partners) thus networking and building strenghtening partnerships with private enterprises.

Overpopluation is causing what many Kenyans want to label a usual dry spell - " a droughted" situation - when in reality the drought being experienced is the result of a high fertility rate that is causing/resulting in the depletion of numerous natural resources such as water, wood, and fertile soil - and the cause of ever increasing insecurity.

CHATs and their grass root partners are trying to develop and provide communities with sustainable access to contraception in all the counties CHAT reaches (this is presently 9 counties)

It was realized that there are isolated and stigmatized groups in West Laikipia that have been over-looked and left un attended. This was brought to our notice this last month after a camel mobile clinic returned from visting communities along the border of Baringo with West Laikipia. One of these 'forgotten' communities includes a School for the Deaf who had not been previously reached with fp services - resulting in many disabled girls of reproductive age experiencing unwanted pregnancies . CHAT's grass root partners, the CORPs - Esther, from Rumuruti and Pauline, from Kontaina in West Laikipia, will continue to revisit these communities and schools to provide necessary services and install strong referral systems.

CHAT's grass root partners will be organizing regular 'back pack' outreach services to these vulnerable groups to provide integrated family planning services and health education using a PHE approach

### Lessons Learnt/ Best Practices

Active involvement of the MoH medical team in both support supervision and social public mobilization has proved beneficial to all participants – and facilitated trust between the parties involved

Utilising all community gatherings for mobilisation, including youth/women group meetings, market days, churches, schools - and also including chiefs, natural leaders and any other respected leaders in the community - enhances clients' attendance to the integrated mobile clinic services. CHAT embraces such gatherings, where all market days have been marked and always considered during planning and mapping out of communities to be targeted in a particular region/community.

Offering a full package of integrated services (a PHE approach to FP & basic curatives) increases a high uptake to services - with men and boys now more able to participate in the 'family planning conversation'

CHAT's innovative PHE approach - ecological sensitization being integrated into the FP intervetnion - was and is a new perspective to the communities and has been received with a lot of excitement and internalization. It will help communities make informed resource allocation and distribution decisions in relation to their family size, influencing communal decisions and realising their high population growth rate at this time impacts negatively on entire communities. Men were especially receptive to this form of 'logic' enhancing their contribution and particiaption in the family planning 'conversation'.

### Case Story

Gatwiri, is a 19 year old girl living in the Likki slum in Nanyuki town since 2014. I had come to work for my aunt as a household helper, earning a meager salary of Kshs 1000/ a month. It was rigorous and back breaking work. When my aunt approached me to accompany her to Nanyuki I naively imagined that life would be rosy; but I was soon to be puzzled as to why my dear auntie began treating me the way she did when I complained to her that I was doing too much work. This annoyed my aunt, who then began to beat me so hard that I became unconscious - and later she locked me up in a room for two days without food or water. I managed to run away and stayed with a female friend who frequented Nanyuki's 'red light streets'. A new chapter had been opened in her life, Gatwiri explains to CHAT mobilizer Mulonzya."I am now a prostitute"!

Her friend introduced her to a new life of, "money without sweat", as she put it - a life where she would make money effortlessly, sometimes as much or even more than what she was earning per month she was able to earn in just one night. What with the big spending "Johnnies" (British Military Officers) and even our own Kenya army soldiers who number in the thousands in Nanyuki. Do not forget that Nanyuki is also a popular tourist destination in the Mt. Kenya and northern tourist circuit. All these factors and the fact that some men on transit often go out in search of "pleasure" combine to make Nanyuki town attractive for Gatwiri, besides providing her with the much needed refuge away from that cruel harridan of an aunt.

"Before long, I perfected the art of prostitution, and mastered the skills of wooing money-ed "johnnies" and other local army men, and am now able to afford my own house rent in the neighboring Majengo slum within Nanyuki town. I have made "sex work" my permanent source of income. A few years ago, I was a timid innocent girl, but currently i am now a hardened night woman who not only will sell sex, but also indulge in drug abuse - and i have also terminated several pregnancies," Gatwiri comments. "Life which had appeared so promising for its money also brings with it challenges - such as being used without being paid for my services by macho men, being raped and dumped often this is late at night; being assaulted, being arrested for loitering by security personnel whose main motive was sometimes to extort money from me or give them free sex – sometimes in gangs! Nonetheless, there seems to be no turning back as much as I wanted to I don't know any other way of making money!?" "I feel like the world would not accept me back to let me lead anormal life," she further comments.

"I, Rosie, as the CORPs mobilizer working with CHAT in these slums, can attest that Gatwiri detests being what she is today - a sex worker - she never knew that she would end up like this, in the streets; but she does manage to feed, clothe herself and pay for her one shack, by solicitating sex," CHAT's CORP partner confirms.

"I learnt about CHAT services from one of my friends who had been approached by Mulonzya a few years ago. Out of curiosity, I visited her - and the more she counselled me about the different Family Planning methods the more I got interested - I wanted to hear more also about other related topics being discussed including the risk factor associated with my lifestyle such as sexually transmitted infections and HIV/AIDS. I realized that I must thank God taht I have not contracted HIV /AIDS (as far as I know) which my peers and I in this business regard so casually having an attitude that AIDS is "just another accident", but is actually serious business and a cause to fear and dread," Gatwiri says. "At the end, the mobilizer organized with a health care worker from a nearby dispensary and they brought the services to my door step and I chose the three (3) years implant method of contraction. And hey, this might surprise you but I am getting married and will invite the CHAT team for my wedding - I feel I am here today because they opened my eyes to so much - I really appreciate the knowledge and sensitivity they shared with me," Gatwiri smiles as she leaves the clinic.

"Gatwiri is a ray of light in a very dark room," comments a CHAT mobiliser in reference to Nanyuki town where sex work is booming and girls as young as 12 are seen loitering with men old enough to be their great grandfathers. "The allure of the British and Kenyan military personnel is irresistible to many. CHAT hopes that other beneficiaries-of a similar lifestyle as Gatwiri's, will work with the conviction and vigor of Gatwiri to bring change in the town a - Nanyuki desperately needs that." The mobiliser, Rosie, concludes philosophically by quipping, 'we have sown a seed, it will surely grow and bring forth healthy life'

**"We are Earth's parasites. We multiply and eat Mother Earth away. If Mother dies, parasites die with her. That is why we must save the Earth." - Billy Connolly, comedian**