



***Delivering primary healthcare and family planning in  
rural Kenya***

**Project ref. FF 0509-30**



**Interim Report to the Fondation Eagle**

**August 2020**

## **Project Summary**

<b>Donor Name:</b>	Fondation Eagle
<b>Name of Charity &amp; Project:</b>	CHASE Africa ' <i>Delivering primary healthcare and family planning in rural Kenya</i> '
<b>Reference number:</b>	FF 0509-30
<b>Date grant accepted:</b>	26 <sup>th</sup> November 2019
<b>Grant amount:</b>	£17,988
<b>Location of the project:</b>	Rural counties surrounding Mount Kenya - Embu County, Kirinyaga County, Tharaka Nithi county (Mwimbi and Chuka sub-county) and Meru County (Buuri, North Imenti, South Imenti and Central Imenti Sub-Counties).
<b>Period of Project:</b>	1 <sup>st</sup> April 2020 – 30 <sup>th</sup> June 2020
<b>Conversion rate, date &amp; amount in local currency:</b>	Made in two transfers as part of the full annual budget agreed between CHASE Africa and Mount Kenya Trust: <ul style="list-style-type: none"><li>• 23/01/2020, rate: 1 GBP = KES 128.9, amount: £20,606.92 / KES 2,655,408.00</li><li>• 04/05/2020, rate 1 GBP = KES 130.2, amount: £10,614.59 / KES 1,382,019.00.</li></ul>

## **Introduction**

CHASE Africa were very grateful to receive a grant of £17,988 from the Fondation Eagle on the 26th of November 2019.

The funding was given to support the ongoing work of our partner Mount Kenya Trust (MKT) delivering primary healthcare and family planning in four rural counties around Mount Kenya: Embu County, Kirinyaga County, Tharaka Nithi County (Mwimbi and Chuka sub-county) and Meru County (Buuri, North Imenti, South Imenti and Central Imenti sub-counties).

The community healthcare project run by Mount Kenya Trust began in 2015 with support from CHASE Africa who have supported the programme to benefit rural households over the last 5 years. The grant was to support rural health and family planning outreach with MKT for three months from April to June 2020. It aimed to reach:

- 1,950 women with their choice of contraception
- 2,000 community members with primary health care services (including treating any complaints and cervical, breast and prostate cancer screening)
- 450 people counselled and tested for HIV/AIDs



## **Project Progress**

Due to the outbreak of the COVID-19 pandemic, the project has faced challenges in functioning as originally planned. The large mobile outreach clinics were cancelled due to government guidance, meaning that the primary healthcare components of the project have not yet been delivered. However, we have adapted our model to focus on door-to-door services providing health and family planning information and advice, as well as providing condoms and the contraceptive pill, and providing referrals to static clinics.

Kenya announced its first COVID-19 case on March 13<sup>th</sup> and shortly afterwards we had to stop all the outreach clinics. Discussions with the Ministry of Health (MoH) established it would be possible for the Community Health Workers (CHWs) to keep working and they could also play an important role in making the local community aware of the dangers of COVID-19 and how best to protect themselves.

Two new CHWs were hired at the beginning of April to support wider dissemination of information, taking the total number to 33. CHWs are at the heart of our health outreach work, bringing services to remote and rural locations. They are recruited from their own communities and trained to provide accurate information and advice in a culturally appropriate manner.

This builds trust and ensures that local communities know who to reach out to if they would like more information on family planning and healthcare, or to access a service.

All 33 CHWs attended an additional training day on COVID-19 prevention with the MoH in their respective sub-county, giving them the confidence and information to raise awareness on how to avoid catching coronavirus. Integrating this information into their door-to-door



*COVID-19 briefing with Community Health Workers*

family planning work has been a win-win situation, dispelling misinformation about both the use of modern contraception and cures for COVID-19.

As part of this training, each CHW was briefed to try and ensure that every household had hand washing equipment. They were also trained to target places where people gathered like tea kiosks and to encourage the community to maintain social distance and to wear masks.

Between April and June, CHWs provided 11,647 people with information about how to protect themselves from COVID-19.



*An improvised 'tippy-tap' hand washing facility using a pedal to tip the water and avoid hand contact.*



*A Community Health Worker gives family planning advice and explains how to reduce the risk of exposure to COVID-19*

## **Adapting Services**

In times of crisis, it is often women and girls who are hit the hardest. So, although outreach clinics had to be cancelled it was crucial that the CHWs could safely adapt their working practices so that women and girls were not denied access to contraception. MKT ramped up their door-to-door work, ensuring CHWs had adequate hand sanitiser and were wearing a mask and keeping socially distanced.

Through door-to-door meetings, 20,049 people were reached with information about family planning (12,921 women, 7,128 men). Of those who received information, 195 were people with disabilities and 2,777 were adolescents (1,539 female and 1,238 male).

Running outreach clinics is expensive and in the long term probably not sustainable. Part of CHASE Africa and MKT's long-term strategy is to encourage women to feel confident about using their nearest local MoH clinic. CHWs are able to provide the contraceptive pill but over the last year a growing part of their role has been instigating a referral program for women who would like to choose a long-term method of family planning.

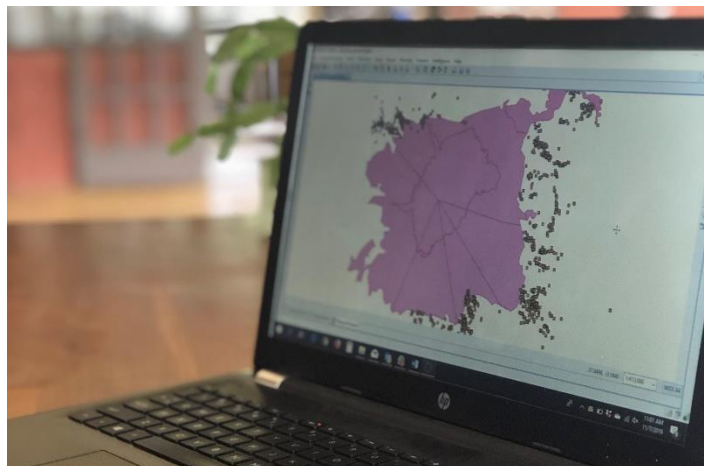


The referral system is beginning to work well as women know they will get their choice of family planning for free (illegal charging for family planning has been an issue in the past). The CHWs keep in touch with their local clinic and make sure all the various types of family planning are in stock. Due to COVID-19, there have been problems sourcing contraceptive implants which are popular as they give 3-5 year protection. MKT has played a key role in coordinating the transport of stock across the sub-counties to ensure that the supplies are moved to where there is demand, thus avoiding stock-outs.

In the past stock-outs have been common and have caused some women to abandon family planning, as the time and effort to reach a clinic have been wasted when they arrive and cannot access their desired service.

When a woman requests a longer-term method of family planning, the CHW fills out a form with her request in triplicate. The CHW keeps one copy and gives two to their client. When the woman attends the clinic, she gives one copy to the clinician and keeps the other one herself. Once a month the CHW will go to the clinic and check which women they referred have received their chosen method of family planning.

Every CHW has a smart phone (purchased with CHASE funding) which they use to submit all their data back to MKT. Our project with MKT is helping to improve the services offered by the local MoH clinics, and in the long-term, this is the most sustainable option.



*Each CHW submits data on the households they have visited and the referrals they have made, which is collected and analysed at the MKT office*



*Community Health Workers on their way to provide door-to-door information and services with PPE*

## **Beneficiaries**

Despite the problems caused by COVID-19 the family planning component of the community health project has yielded encouraging results as shown in the table below.

Type of Family Planning	First time user	Repeat user
Contraceptive pill	1,176	5,078
3 month depo-provera injection	165	626
3 year implant	62	270
5 year implant	66	208
IUCD	162	-
<b>Sub-total services</b>	<b>1,631</b>	<b>6,182</b>
<b>TOTAL SERVICES</b>	<b>7,813</b>	

Considering that all the outreach clinics were cancelled, it is encouraging to see 1,631 women choosing to use family planning for the first time through door-to-door services and referrals. Family planning services were provided to 7,813 women and girls, far higher than our original target of 1,950 women accessing their choice of family planning. Additionally, a total of 58,773 condoms were distributed to households.

With no outreach clinics, unfortunately the primary healthcare and HIV/AIDs counselling and testing services could not happen between April and June, as the mobile day clinics attract large numbers of people. Conversations with the MoH have been ongoing, and MKT has now been given guidelines and protocols to put in place to resume mobile day outreaches from July 2020. We hope to carry forwards our underspend from April-June in order to achieve the project outcomes. The table below is a summary of our progress to date:

Project Goal	Progress	Suggested Action
<b>1,950 women receive their choice of contraception</b>	We have far exceeded the number of women and girls who have accessed their choice of contraception, reaching a total of 7,813 people between April and June 2020.	Continue to provide door-to-door services alongside mobile outreach from July-September.
<b>2,000 people reached with primary health care services (including treating any complaints and cervical, breast and prostate cancer screening)</b>	Unable to achieve between April and June 2020 due to lockdown measures.	Resume mobile medical outreaches complying to safety procedures and measures from July-September.
<b>450 people counselled and tested for HIV/AIDs</b>	Unable to achieve between April and June 2020 due to lockdown measures.	Resume mobile medical outreaches complying to safety procedures and measures from July-September.

In addition, we have reached 20,049 people with information about family planning (one of the main barriers to accessing family planning) as well as providing 11,647 people with information about how to protect themselves from COVID-19.

### **Budget**

The table below shows a summary of the budget and actual expenditure. There was an underspend of £8,769.

Budget line description	Budget £	Actual £	Notes
MKT Project Officer	469	0	Funds were secured from another donor to cover Project Officer wages.
Medical staff	1,114	0	No spend due to outreach cancellation.
Outreach Costs	1,180	16	Outreaches cancelled. £16 spent on meetings with MoH.
31 CHW's	7,711	6,148	CHWs ramped up work going door-to-door but did not attend outreaches. 33 CHWs were active, rather than 31 budgeted.
Drugs and Venue hire	1,811	0	No spend due to outreach cancellation.
Driver and vehicle	2,180	538	Underspend as much of this cost is associated with outreaches.
Sundry supplies	556	0	No spend due to outreach cancellation.
Project monitoring	1,367	1,538	In-country monitoring still key to project delivery – increase to 33 CHWs.
CHASE Africa Programmes Coordinator and contribution to M&E visit	1,600	979	Coordination, planning and M&E was closely monitored from the UK.
<b>Total</b>	<b>£17,988</b>	<b>£9,219</b>	
Balance		£8,769	

With all outreaches cancelled due to COVID-19 lockdown measures, we had to revise the budget. With no clinic costs, the in-country budget for the period was reduced to £12,197. CHASE Africa sent the funds in two transfers as per our policy. The first in January to cover work in the period from January – April, and the second transfer in May to cover the quarter 2 work.

The restrictions caused by COVID-19 were greater than had been anticipated and the actual spend during the period was £9,219 (of which £8,240 was spent in Kenya).

### **Request to carry funds forwards**

We would like to request that the remaining £8,769 is carried forwards to the quarter 3 (July – September 2020). CHASE Africa is currently funding quarters 3 and 4 from unrestricted funding, however we anticipate that we will see a drop in grants in the coming 6-12 months due to uncertain funding horizons. A number of UK trusts and foundations who usually support us have refocussed their funding on supporting UK communities. In addition, the UK government has announced that the Department for International Development will merge with the Foreign Office, cutting overseas aid spending.

If Fondation Eagle would agree to carry forwards the underspend, this would be enormously helpful in allowing us to continue supporting remote, rural communities around Mount Kenya. The MoH have given us permission for outreach clinics to start again in July, and we plan to hold the clinics in the counties of Tharaka Nithi and Meru, where there is the greatest need.

### **A note on Mount Kenya Trust**

MKT were originally established to protect Mount Kenya National Park. In 1949 when the park was created, the population of Kenya was six million. When MKT started working in 1999 the population had grown to 31 million. As the population has increased, farms have grown in quantity and reduced in size, as they have crept up the mountain's slopes. As cooking in rural areas is mainly fuelled by wood or charcoal the once well-forested slopes of the mountain have been severely depleted.

As the forest cover has reduced, many of the streams and rivers flowing off the mountain are becoming increasingly seasonal, causing great problems for the local communities who rely on them as their water supply. The mountain is also a vital water tower for Kenya's capital city Nairobi.

MKT have taken the unusual step in training their CHWs to talk about environmental issues and their slogan is 'My family, my health, my environment'. They are trying to encourage the local community to realise that their lives and those of their children will be much better when the natural environment is protected. Another area of CHASE Africa's work is supporting MKT to restore indigenous forests in degraded areas of the park.



*MKT's health project slogan*

Kenya's population is currently 54 million. The predicted population for 2050 varies between 88m to 114m. This large variation in the population is principally driven by how quickly the unmet need for family planning is met. This rapid increase in the population will put enormous pressure on the government to provide the necessary services and infrastructure and place





much more pressure on the natural environment on which so many Kenyans rely on for their daily living. CHASE Africa has deliberately chosen to work in fragile rural areas where there is a high unmet need for family planning.

It is well recognised that addressing sexual and reproductive health rights is critical to achieving all the sustainable development goals agreed by the UN. CHASE believes that a joined up, holistic approach is the best way to work towards a sustainable future.

The hard work of MKT's CHWs is enabling women to have the opportunity to choose the number and spacing of their children, making families healthier and wealthier as well as helping to protect the environment for future generations.

On behalf of all the lives which have benefited from this work we would like to thank the Fondation Eagle for their support.