



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

Project ref. FF 0509-30



Final Report to the Fondation Eagle

October 2020

Project Summary

Donor Name:	Fondation Eagle
Name of Charity & Project:	CHASE Africa ' <i>Delivering primary healthcare and family planning in rural Kenya</i> '
Reference number:	FF 0509-30
Date grant accepted:	26 th November 2019
Grant amount:	£17,988
Location of the project:	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).
Period of Project:	1 st April 2020 – 30 th September 2020
Conversion rate, date & amount in local currency:	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"> • 23/01/2020, rate: 1 GBP = KES 128.9, amount: £20,606.92 / KES 2,655,408.00 • 04/05/2020, rate 1 GBP = KES 130.2, amount: £10,614.59 / KES 1,382,019.00.

Introduction

The Fondation Eagle awarded a grant of £17,988 on 26th of November 2019 for CHASE Africa's project '*Delivering primary healthcare and family planning in rural Kenya*'.

The funding supported the ongoing work of our local implementing partner Mount Kenya Trust (MKT) to deliver primary healthcare and family planning to communities distant from health facilities and with a high unmet need for family planning. Activities were undertaken 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 with the aim of supporting rural households who face many barriers to accessing good health services. The support from Fondation Eagle was given to run rural health and family planning outreaches 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 healthcare services (including treating any complaints and cervical, breast and prostate cancer screening)
- 450 people with voluntary testing and counselling for HIV/AIDs

With agreement from the Fondation Eagle, the underspend from April-June was used for activities between July-September. This final report details results from this six-month period.

Project Results

Overall, the project has been a great success, bringing vital health information and services to underserved rural communities. In the context of the coronavirus pandemic, community-led healthcare has been crucial to supporting the most remote households to stay safe, access primary healthcare and prevent unintended pregnancies. Rural communities often have to travel miles on public transport to reach their nearest clinic, which presents financial, physical and sometimes social barriers (for example being seen by neighbours or parents to be using family planning). In addition, rural communities lack sufficient healthcare professionals which leads to long queues at health centres and unreliable services.

With so much uncertainty around the health and economic outlook in Kenya and globally, the focus on access to family planning has been greatly appreciated by local families at a time when they are facing increasing barriers to accessing healthcare and making a living. With schools closed until January 2021, there is increasing pressure on household income and for many families, students, and young people, an unintended pregnancy would be extremely stressful at this time.

A total of 19,752 services were delivered to rural communities living far from healthcare facilities. Of these, 16,820 were for various types of modern contraception and 2,930 were for primary healthcare and medical tests.

The table below shows how the project has delivered against its objectives:

Project Goal	Result
1,950 women receive their choice of contraception.	<p>We have far exceeded the number of women and girls who have accessed their choice of contraception. A total of 16,820 services were given during the period.</p> <p>Of these services, 1,670 were 3-5-year contraceptives and 15,150 were short-term contraceptives. Of the short-term services, some of these will be repeat services to the same client.</p>
2,000 people reached with primary healthcare services (including treating general complaints and cancer screening).	2,621 primary healthcare services were provided between July and September. Despite restrictions between April and June, we were able to reach our target in the second half of the project.
450 people counselled and tested for HIV/AIDs.	311 people took up voluntary testing and counselling, less than our original target. We were unable to run the planned number of outreaches which accounts for this difference.

Below, more information is provided on the different aspects of the project: information and awareness raising, family planning services and healthcare services.

Information and awareness raising

Providing quality information is key to allowing couples, young people, and individuals to make informed choices about their sexual and reproductive health. Communicating, educating, and dispelling misinformation is the main role of the Community Health Workers. 33 Community Health Workers were engaged in their local communities around the mountain to provide information and refer clients to health services.



Coronavirus information and advice on how to stay safe was given verbally by CHWs and through posters

Data was collected by Community Health Workers on mobile phones using 'SMART' technology to record the number of households visited and services provided. This facilitates monitoring, and is used to ensure that Community Health Workers are reaching a large number of households in the target areas.

The table below shows that from April – September, a total of 57,014 people were reached with health and family planning information. This included information on Covid-19 and how to keep safe and avoid spreading the virus.

	Information and awareness raising								
	Male		Female		Male disabled		Female disabled		TOTAL INFO
	Under 19	Over 19	Under 19	Over 19	Under 19	Over 19	Under 19	Over 19	
April - June	1,238	7,128	1,539	12,921	9	84	7	95	22,826
July - September	2,385	10,745	2,849	18,209	4	65	2	60	34,188
TOTAL	3,623	17,873	4,388	31,130	13	149	9	155	57,014

Of those informed, 62% were female and 38% were male. Although women should have the right to ultimately make the choices concerning their reproductive health, in reality their partners, husbands or fathers often influence these decisions. Therefore, it is important to engage men and boys in conversations about family planning to dispel common myths and misconceptions so that they will support their daughters' and wives' choices to use modern

contraceptives. These myths include the belief that modern contraception leads to infertility, promiscuity or can give a woman cancer.

Awareness raising was conducted through various channels. Giving information door-to-door has been the main option due to Covid-19. It is often the best way to change minds, as a one-to-one conversation can explore the individual's fears and ideas, questions and interests. Posters were also used, and information is also given to groups during mobile outreach clinics.

Total family planning services provided

A total of 16,820 women and girls accessed modern contraception through this project. We follow a rights-based approach to family planning, ensuring that services are accessible, of high quality, free from coercion, and that the client chooses the right method for their personal situation.

The table below shows an overview of the number of family planning services taken up.

Couple Year Protection (CYP) is the total number of years' protection given. This calculation considers the difference between a short-term method such as the pill and a long-term 3-5-year method. The total CYP during the period was 6,950.

In addition to short and long-term contraceptives, 136,452 condoms were distributed, and 14 contraceptive implants were removed.

	Family Planning overview						
	FP total	CYP total	Condoms	Under 19	Over 19	*Disabled people (FP)	Implant removal
April - June	7,813	3,231	58,773	137	7,676	94	-
July - September	9,007	3,719	77,679	153	8,854	67	14
TOTAL	16,820	6,950	136,452	290	16,530	161	14

*disabled people are recorded both as part of the under/over 19 category and separated to show the total number of disabled people reached.

Long-term preferences

The table below shows the number and type of long-term contraceptives taken up during the 6-month period. It also shows that 18% of clients were first time users – which means they had not used modern contraception before.

The numbers of women taking up services increased from July-September, as Covid-19 restriction were lifted and mobile outreaches could resume. These outreaches play a key role in educating women and girls who might not otherwise come into contact with a Community Health Worker. Many people are attracted for health services, immunisations or cancer screening and learn about family planning when visiting the mobile clinic.

	Family Planning - long term methods				
	IUCD	5 year 1st	5 year Repeat	3 year 1st	3 year Repeat
April - June	162	66	208	62	270
July - September	177	68	226	102	329
TOTAL	339	134	434	164	599

For some women and girls, the health services provide a cover story which allows them to access contraception when their husbands or fathers might be against their using it. Although we always prefer couples to decide together, the ultimate choice must remain with the women themselves.

Fridah's story on page 9 shows just how important the mobile outreaches can be in reaching women with complimentary services.



Client receiving information and referral from a medical outreach Nurse

Short-term preferences

The table below shows the number and type of short-term services taken up. The pill is by far the most popular option. This is partly explained by the difficulty experienced in securing other family planning commodities. In some cases it is a temporary solution until a longer-term contraceptive becomes available.

	Family Planning - short term methods									
	Depo 1st	Depo Repeat	Pill 6m 1st	Pill 6m Rep	Pill 3m 1st	Pill 3m Rep	Pill 2m 1st	Pill 2m Rep	Pill 1m 1st	Pill 1m Rep
April - June	165	626	-	-	-	-	-	-	1,176	5,078
July - September	177	710	-	-	2	53	-	-	1,205	5,958
TOTAL	342	1,336	-	-	2	53	-	-	2,381	11,036

Healthcare service delivery

Healthcare services are delivered during 'mobile outreach clinics' which take place on a specified day in a rural community. Medical staff and equipment are transported to a pre-identified area. The community are made aware of the services on offer in the weeks leading up to the day clinic through the Community Health Workers, who are based in 33 different communities in the target sub-counties.

Government Covid-19 restrictions meant that in the period April – June mobile clinics were not able to go ahead. From July – September, these were able to resume.



Rural communities receive Covid-19 briefing at medical outreach close to the forest boundary

	Healthcare services					
	Basic health services	HIV/AIDS VCT		Cancer screening		Total health only
			+		+	
April - June	-	-	-	-	-	-
July - September	2,004	311	1	617	11	2,932
TOTAL	2,004	311	1	617	11	2,932

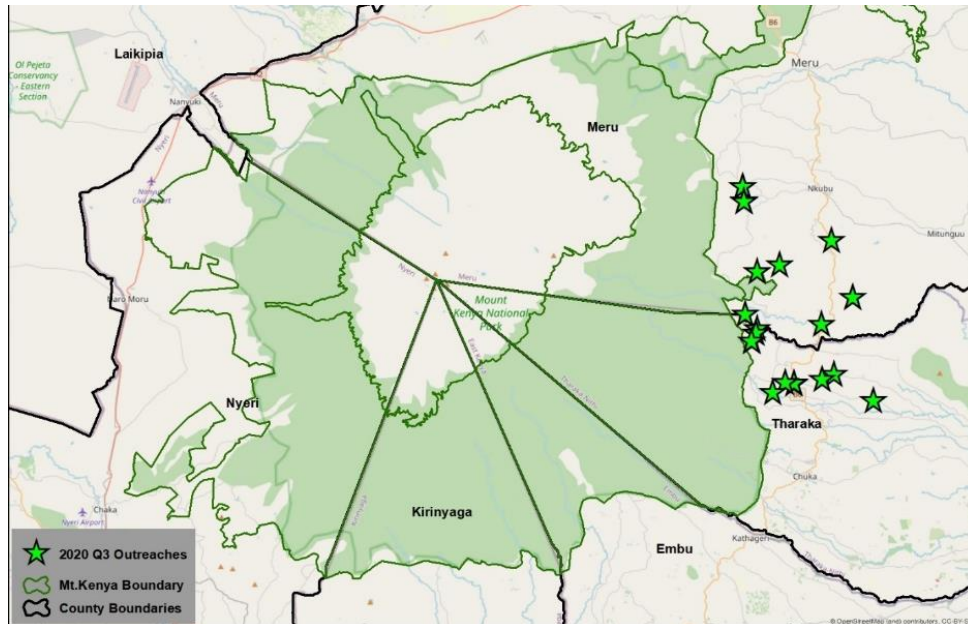


Medical outreaches took place between July and September, with smaller groups to ensure social distancing was respected

During mobile outreach clinics, a total of 2,004 primary healthcare services were taken up. In addition, 311 people took up HIV voluntary testing and counselling and 617 people were

screened for cancer. One client tested positive for HIV and 11 clients were referred for further cancer testing.

The map below shows where the mobile outreaches were held between July and September.



Challenges

The global pandemic has thrown up challenges to delivering the project as initially planned. Kenya announced its first Covid-19 case on March 13th and shortly afterwards we had to stop all outreach clinics. Discussions with the Ministry of Health (MoH) established it would be possible for the Community Health Workers 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. Community Health Workers continued to provide information and services door-to-door, including the contraceptive pill and condoms. Other services must be provided by a nurse or doctor.

In July, local restrictions were eased, and our mobile health and family planning outreaches resumed. These outreaches attracted large numbers of people and provided both healthcare and family planning services.

Another challenge posed by the pandemic was the supply of contraceptives. These are usually provided free of charge, through a partnership with the local MoH clinics. CHASE Africa projects raise awareness about health and family planning and provide services in the most remote areas, and the MoH provide the family planning commodities.

Between July and September, our local partner experienced stock-outs of commodities, especially contraceptive implants and oral contraceptives. Up to a point, commodities can be shifted between counties depending on demand, however, particularly in September there was a general shortage across all counties. We are working to address this situation through buying a buffer supply of commodities until the MoH supplies become available again.

Case studies

Behind the numbers are thousands of stories of how access to services has improved the lives of people living in rural areas of Kenya. Fridah and Jeremy are two clients who have benefitted from the support of the Fondation Eagle. As is so often the case, they both came to a medical outreach for a simple consultation, and left with longer-term healthcare support and information.

Fridah's Story

Fridah attended a medical outreach at Kieni in Tharaka Nithi County. After consulting a doctor for her daughter, she came to pick up her prescription from the pharmacy desk. Little by little, Fridah started talking with MKT's Project Manager about her daughter and her life story.

Fridah was 25 years old, and had given birth at age 21 when studying at university. In her second year, she started seeing an older man who began to support her financially. One month into their relationship, Fridah got pregnant. The man suggested she get an abortion, but Fridah wasn't comfortable with this.

This disagreement led to the end of their relationship, and Fridah was left without any financial support for the baby she was carrying. She had no alternative other than to drop out of university and return to her parent's home in rural Kenya, taking on casual jobs.

When university re-open in Kenya, Fridah hopes to return to her education. Her grandparents have offered to pay her fees and look after her daughter.

MKT's Project Manager asked if she had ever considered using contraception, and Fridah said she had never used it before. Fridah then spent some time talking to the Reproductive Health Nurse. Since she wasn't planning to have another baby soon, Fridah decided to use an intra-uterine contraceptive device (IUCD).

Jeremy's Story

Jeremy is a 51-year-old lorry driver who attended a medical outreach clinic in Ntharene village in South Imenti sub-county, Meru County.

"In the month of August when I heard that Mount Kenya Trust were holding a medical camp at Ntharene Primary School I decided to go and get some medication since I was home and I was feeling unwell. On arrival I got to learn that they were doing HIV testing and counselling. I was interested since I had never been tested. After counselling I was so ready for the test.

The first test showed two lines and I couldn't believe my eyes; the counsellor did the second test and now it dawned on me that its confirmed am positive for this deadly disease.

At first, I couldn't accept the results because as far as I can remember I had only been unfaithful once. I have been home since the onset of Covid-19 pandemic and around the month of April I can recall been unfaithful to my wife, mother of my four children.

Upon receiving counselling, I was given a referral to Kanyakine Sub-county hospital Comprehensive Care Center for further management. I went to the hospital straight from the

medical camp and the nurse there confirmed I was positive. I was given a second appointment the next day which I was to take my wife for testing which I did, lucky enough she tested negative.

I was put on ARVs (Antiretroviral) drugs and my wife was put on PrEP (Pre-exposure prophylaxis) drugs to reduce her exposure to the virus. It was by luck that I decide to go get tested. I thank Mount Kenya Trust for bringing medical camp near us. I have never been tested because of the stigma associated with visiting a government hospital and requesting an HIV test.

Right now, I am on treatment and fingers crossed that my wife won't contract the virus."

Budget

The table below shows a summary of the budget and actual expenditure. The column 'Budget' shows the amount requested from Fondation Eagle. The following columns show the actual spend April – June and July – September, followed by the total spend. The second period had higher expenditure because lockdown was eased meaning medical outreaches could resume.

The variance of £7,699 came from trust income secured by CHASE Africa during the year.

Budget line description	Budget £	April - June	July - Sept	Total actual spend
MKT Project Officer	469	0	0	0
Medical staff	1,114	0	2,191	2,191
Outreach Costs	1,180	16	821	837
33 CHW's	7,711	6,148	6,082	12,230
Drugs and Venue hire	1,811	0	1,564	1,564
Driver and vehicle	2,180	538	1,192	1,730
Sundry supplies	556	0	385	385
Project monitoring	1,367	1,538	3,254	4,792
CHASE Africa Programmes Coordinator and contribution to M&E visit	1,600	979	979	1,958
Total	£17,988	£9,219	£16,468	£25,687

About 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.

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.



MKT's health project slogan

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.

Thank you

CHASE Africa, Mount Kenya Trust and the communities who have benefitted from this project would like to thank the Fondation Eagle for their fantastic support.



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