Organizational Background

Communities Health Africa Trust (CHAT) registered in 2000, is a CBO based from Laikipia implementing community-based services and mobile clinics in 8 counties of Kenya. The mobile clinics provide integrated, comprehensive services including most outpatient aspects of FP/RMNCAH. CHAT also brings on board its innovative expertise of a Population Health & Environment (PHE) approach through integrating ecological awareness into its family planning sensitisation service. Community based own resource persons (FP CORPs) go door to door to mobilise communities for the Family Planning (FP) uptake, provide short-term methods and refer for long-term methods either to the CHAT mobile clinics or public sector facilities. CHAT’s mobile clinics work alongside the FP CORPs who partner’ with CHAT having a MoU between the parties; this approach builds towards CHAT’s vision & goal for a self- sustainable healthy community environment. CHAT reports to the CHMT in all 8 counties. The FPCORPs are trained by, and linked to the GoK ministries of Environment, Water, Livestock & Agriculture, Youth, Health and the William Holden Foundation. As the FPCORs mobilise for FP awareness they raise awareness of the impact of the human population and their livelihoods on the environment, how it impacts their own ability to feed themselves and their livestock, and the role of the FP in their health, and that of the environment. They also promote community action to protect the environment through actions such as planting trees as well as using FP. The CORPs can be equipped with skills on utilisation of waste materials e.g. reusable sanitary towels, and making briquettes-charcoal – they are also equipped to provide door to door mobilisation and sensitisation of HIV/AIDS counselling & testing & TB defaulter tracing and the identifying of new smear positives. Over the last 5 years CHAT succeeded in mobilising 91,00 women, many from extremely traditional, patriarchal, pastoralist communities, to request long-term FP methods. In 2012 CHAT won the “Most Outstanding Health Market Innovation” award in the categories of “Enhancing ‘processes” as well as in the “Mobile Health” category from the Centre of Health Market Innovations (CHMII).

CHAT’s Board of five (5) Trustees meet annually and when necessary. An independent auditor does financial audits annually and when necessary. CHAT’s income in 2015 amounted to USD 398,000, with an additional “In kind” contribution of FP contraception commodities worth USD 250,000, therefore a total of USD 648,000. CHAT has a small core team of presently eight (8) personnel who effectively oversee interventions reaching presently into 8 Counties. Staff have been working for CHAT for 3 – 15 years. CHAT is presently partnering and working alongside 17 Community Own Resource Persons (CORPs) grass-root partners. Guided by their Monitoring & Evaluation (M & E) Plan, CHAT has a strong data collection system in place using predominantly MOH and in-house ‘tools’ to collect and compile data CHAT’s activities are also frequently supervised by various partners such as the Ministry of Health (MoH). CHAT’s closely collaborates with the Ministry of Health (MOH) and other GoK agencies in planning, implementing and monitoring of CHAT’s mobile integrated services. CHAT has been complementing GoK interventions within the devolved county government by facilitating and participating in National and County Annual Planning meetings, and County/Sub county stakeholders forums to ensure CHAT’s activities are included in the County and National strategic plans. CHAT has had experience of developing and implementing similar programs such as partnering CHF with PEPFAR HIV/AIDS in partnership with the Centre for Disease Control (CDC): and two (2) HIV/AIDS programmes, one as a primary implementer of Global Funds Rd 2, and latterly partnering CARE with GF RD 7 Presently CHAT is implementing a TB program with GF Rd 9 funds partnering AMREF. CHAT focus intervention

CHAT also has in place a Financial & Procurement Policies, Human Resource Manual, Strategic Plan, Monitoring & Evaluation (M & E) Plan & a Sustainability Plan.
CHAT WORKS CURRENTLY IN EIGHT COUNTIES IN KENYA

Strategic capacity

CHAT's strategy is to be flexible. CHAT integrates multiple methods of mobility in order to reach communities in a wide variety of terrains and environments. This flexibility is CHAT’s core strength, as it enables CHAT to provide services to all people in need, regardless of the conditions presented. These strategies include:

- **Back pack strategy** – Community own Resource Persons (COPRS) are identified by the community and GoK then trained to provide door to door services that include an innovative family planning intervention that encompasses ecological awareness. (Other skills include Behaviour Change Communication HTC, Community TB care – defaulter tracing, contact invitation, household health education)
- **Motor mobile** – CHAT plans for monthly mobile integrated services however, the availability of funds will dictate the frequency of these outreaches.
- **Camel mobile** – CHAT plans a one month at a time and quarterly providing integrated service – FP/RH, Basic Curatives HTC including OI and STIs treatment and Behaviour Change Communication

CHAT includes a strong component of Behaviour Change within all interventions

**REPRODUCTIVE HEALTH /MATERNAL HEALTH**

*Family Planning and Environmental Sustainability Hand-in-Hand*

Globally, limited access to contraception contributes to 74m unintended pregnancies and 20m unsafe abortions annually. It is estimated that approximately 300,000 women die each year from preventable causes related to pregnancy and childbirth.

CHAT's main focus is our unique initiative of **holistic family planning, integrating a strong component of ecological awareness and sensitization.** Our success in this area has dramatically improved the quality of life for thousands of Kenyan women and, by extension, their families, their communities, and their environment.

Provision of accessible and affordable family planning is a true cost-saving intervention. Its benefits include:

- Numbers of unskilled abortions and infanticides due to unwanted pregnancies decline; East Africa has the highest unskilled abortion rate per capita in the world*.
- Child/infant mortality declines; children born three to five years apart are 2.5 times more likely to survive than children born two years apart.
- Fewer girls drop out of school on account of unwanted pregnancies.
country's resources and tillable land.

- Water sources are able to remain plentiful.
- Degraded environment is given a chance to recover.
- Human conflict over pasture reduces.
- Human-wildlife conflict eases.
- An overall healthier and wealthier socio-economic environment emerges, a win-win solution to poverty.
- When women are empowered decision-makers in their families, they spend more resources on their children's nutrition, healthcare and education. Involving men in family planning can lead to changes in gender norms. Empowering women in many ways, including their ability to achieve their desired family size, is a key driver of modern development efforts.

**Other Maternal Health/RH services CHAT provide are**

- Antenatal clinics
- Prevention & Treatment of Sexually Transmitted Infections (STI)
- PMCTC
- Immunisation - In partnership with the MOH, CHAT delivers all the essential childhood immunizations as stipulated by the Ministry of Health guidelines including:
  - Polio
  - Measles
  - Pneumococcus
  - BCG-for Tuberculosis
  - DPT-Pentavanent: Diphtheria, pertussis, tetanus
Basic Curative Services

- Basic curative services provide an entry point for many of CHAT’s other health service interventions. CHAT provides treatment for many ailments, such as upper respiratory track infections (URTI), malaria, diarrhoea, skin infections, etc.

HIV/AIDS

Kenya’s prevalence rate is 5.6%

CHAT integrates a number of relevant HIV/AIDS service components to all our interventions, which include:

- HIV/AIDS counselling and testing
- Referrals for anti-retroviral treatment (ARVs)
- Prevention of mother-to-child transmission (PMTCT)
- Treatment of opportunistic infections (OI)
- Treatment of sexually transmitted infections (STIs) and condom distribution
- Prevention of transmission with positives

Every year, CHAT reaches an average of 58,797 people - adults and youth - with HIV prevention messages through video shows, discussions, condom demonstrations and information about the prevention of mother-to-child transmission as well as prevention of transmission with positives.
Working closely with the MoH and presently in partnership with AMREF Health Africa, CHAT is supported by the Global Fund Round 9 TB to implement the following interventions:

- Identifying and referring of the new contact smears
- Identifying TB patients who have interrupted treatment
- Providing health and nutritional education for TB patients via household visits.

**Female Genital Mutilation (FGM)**

Though female genital mutilation is illegal in Kenya, it is considered a rite of passage for young women and is still deeply embedded in the cultural fabric of numerous tribes, including many of the communities that CHAT serves.

Education efforts target young men who are encouraged to debate the on-going necessity for such a practice and to eliminate their expectation of a "circumcised" bride. CHAT continues to collaborate with other agencies in an effort to partner and strengthen its FGM interventions in the communities it serves.

**Empowering and Engaging**

Due to fluctuating funding, CHAT's mobile unit is only able to visit each community approximately every three months. These visits primarily provide access to family planning, but also include CHAT's other integrated services. Of course, problems persist in our absence. Many of the communities we serve are so remote that we are the only source of reliable healthcare available to them. Because of this, we capacity-build the communities to be as sustainable as possible.

Rather than creating a culture of dependency, CHAT’s clinics empower individuals in the communities we serve to become Family Planning Community-Own Resource Persons (FPCORPs) and community based HIV/AIDS Counsellors and Testers (HCTCORPs). These people provide on-going support to the local populations when the clinic is not present. They also serve as CHAT's "ears" on the ground, giving us regular feedback, through their formal and informal reports, on the community's satisfaction with the services we provide, on the needs of the communities, and also on the community's whereabouts, as many are often on the move.

CHAT has been able to ensure that these CORPs are incorporated into the Ministry of Health – another element of sustainability for the community-based health workers. Working closely with our clinic staff, the CORPs have been capacity-built and empowered to provide services such as family planning counselling, HIV/AIDS testing and counselling, providing nutritional education and support, tracking TB defaulters and multiple other services.

CORPs also initiate and lead legitimate Community-Based Organisations (CBOs) providing psychosocial help for people living with HIV/AIDS. In addition, these CBOs advocate for other health services such as family planning and TB in under-served regions. Through being registered as CBOs, these groups can access government and other organisational funds for income-generating projects.

**Enabling Income-Generation**

The CORPs also assist in creating income-generating projects in collaboration with their support groups, such as:
- Manufacturing reusable sanitary towels (see photo below)
- Bee-keeping
- Farming (see vegetable farming photo below)
- Making crafts for the tourist trade or export

Such activities can go far beyond addressing healthcare issues; they can build leadership, management skills, and capacity - with the goal of becoming sustainable and empowered communities.

**Model for Sustainable Communities**
CHAT's model of sustainability for communities adheres to the following steps and principles:

- Enter into previously under-served regions that have requested assistance for clinic services.
- Engage local communities using integrated mobile clinic options such as vehicle, camel, foot and bicycle delivery.
- Educate and motivate indigenous Community Own Resource Persons (CORPs) and healthcare workers.
- Empower communities towards self-sustainable healthcare.
- Enhance the well-being of previously marginalized and disadvantaged communities.
- Exit once a framework of strong human and institutional capacity is in place with good management and leadership capability.

CHAT's vision is closely aligned with the Sustainable Development Goals and Kenya 2030.