



COMMUNITIES HEALTH AFRICA TRUST

Qtr. 1 (Jan to March 2022) Progress Report

Program Detail

Program name	HEALTHY PEOPLE FOR A HEALTHY ENVIRONMENT
Location	CHAT is currently reaching 12 Ecosystems – in 16 Counties <ul style="list-style-type: none">• Northern Kenya Rangelands Ecosystem• Ewaso Nyiro Ecosystem• Mt. Kenya Ecosystem• Mt. Kilimanjaro (Amboseli) Ecosystem• Mid-Great Rift Valley Ecosystem• Aberdares Range Ecosystem• The Tana River Ecosystem• The Mau Forest Ecosystem• The Mara Ecosystem• Slum ecosystem• The Lake Victoria Basin Ecosystem• The Lake Turkana Ecosystem (Suguta Valley)
Reporting period	January 2022 to March 2022
Report compiled by	Rose Kimanzi - Projects Manager, Violet Otieno - Data &M&E officer, Paula Murira- Field Monitor, Justus Kioko – Admin & Lucy Kananu - Finance & Procurement Officer. Sharon Wreford Smith - Program Coordinator,
Date submitted	4 th May 2022

Background

CHAT was founded in 2007 (an amalgamation of Mpala Community Trust, founded in 1999, and Nomadic Communities Trust in 2005). By that time, Kenya's population was approximately 38.71 million people, and by the end of 2020, it was more than 53.8 million people.

The population growth in Kenya has significantly impacted the rural communities, especially those dependent on natural resources for their livelihoods and health. The population increase in these communities has consequently increased land degradation, overgrazing, deforestation, and conflicts between communities. The aftermath of these factors has been the deepening of poverty cycles for most communities and has significantly deterred many individuals from improving their livelihoods.

CHAT's Problem Statement:

A lack of access to family planning (FP) information and services contributes to poverty, suffering, and environmental degradation, negatively impacting communities and their surrounding ecosystems.

Therefore **CHAT's mission** is to support underserved individuals and communities in fragile ecosystems across Kenya to access FP information and services.

CHAT has three goals for this project – these are:

- 1: Increase access and use of family planning (contraception)
- 2: Enable positive behaviour change (bcc) for increased family planning (FP) and environmental sustainability uptake.
- 3: Increase empowerment and resilience of communities through self-sustaining community-based structures.

To meet the health and environmental needs of the communities, CHAT uses its innovative Population, Health, and Environment (PHE) approach that clearly shows the interplay between people, their health, and the natural resources on which they depend.

This approach provides a holistic manner to understanding and addressing these issues comprehensively. It has shown that integrating human welfare with environmental concerns yields more positively remarkable outcomes than when managed independently.

Communities reached this quarter (Jan – March 2022) per Ecosystem:

1. MOTOR MOBILE STRATEGY

The CHAT motor mobile team reaches these communities with integrated health services focusing on FP and including basic curative treatment, where the clients and the community members are sensitised to the services. In the last three months, CHAT managed to reach the following communities with integrated health services in the respective counties:

1. *The Ewaso Nyiro Ecosystem:*

- **Laikipia County:** Ngoisusu, Lodapu, Ntabas, Olkinyei, Lekasuyian, Pilili, Nkiroriti, Rongai & Bokish.
- **Samburu County:** Noositet & Lowabene
- **Isiolo:** Mlima Tatu, Lorubae, Puruta, Lagarama, Ntepes, Loturo & Lpartuk.

2. *Tana River Ecosystem:*

- **Tharaka Nithii:** Kathithini.
- **Kitui:** Kyuso, Malioni, Mboro vit, Kamuongo market, IKusya & Kyulungwa.

2. CAMEL MOBILE STRATEGY

In the more remote and difficult to reach areas, CHAT employs the unique strategy of a camel mobile program, which offers integrated health services with a focus on family planning. The camel mobile can also include antenatal care, HIV testing and counselling, basic curatives, and referrals for other health and social issues. This strategy is particularly effective in terms of engaging men, who get involved in helping care for the camels, which provides CHAT with an opportunity to informally share information about family planning

Northern Rangelands ecosystem

- **Samburu:** Lodonokwe, Masi, Lauragi, Lemaue, Ngilat, Ndonyo Nasipa, Ltangi, Nalalai & Keno
- **Marsabit:** Maragi & Lpendera

3. BACKPACK STRATEGY

Community Own Resource Persons (CORPs) are engaged by CHAT to go door-to-door in their own and surrounding communities with the aim of providing behaviour change communication (bcc) whilst integrating intensive sensitisation and access to family planning alongside C-19 prevention using CHAT's innovative PHE approach and strengthening and building efficient referral systems.

Communities reached by CORPs using CHAT's Backpacking strategy in the below Ecosystems:

1. *Northern Kenya Rangelands Ecosystem:*

- **Samburu County:** Kisima, Lekuru market, Nkejumuny, Lemisigiyo, Longewan, Baawa, Naibor Keju, Noontoto, Yare, Nomotio, Lokuto Lolmoolong, Loosuk, Puura, Kisima, Lekuru, Naibor Keju, Noontoto, Sirata, Lemisigiyo, Lporoo, Lpartuk, Seketet, Kirimun, Loikumkum, Latakweny, Leilei, Lbendera, Baragoi, Ngilai, Lesirkan, Tangar market, Loudwa, Lchoro, Ntiil, Opiroi, Nachola, Marti, Sereolipi, Shapulo, Ntabas, Kinya, Kirbartare, Ntiltil, Ndume, Martie Iepareu, Ndonyo Wasin, Ngusoroni, Losesia, Sordo, Tree top, Dalapo, Wamba town, Tree top, KMC, Sumuruai, Jijia, Ndir, Soweto, Nteremka, Soit Nyiro, Nkwesere, Charda, Marti Manyatta, Soko Mjinga Ntamiyo, Yare, Milimani, Maralal Town, Mtaro, Lporos, Ngari, Nkutoto, Noontoto & Ledero.
- **Marsabit County:** D-Kambi, G-Quresa, Namarei, Korr, Mpagas, Scheme, W-Duba, Manyatta Jillo, Sikawai, Ngurunit, Lpendera, Siang'an, Shori Yako, Majengo, Ginda, Old Town, Atatisa, Milima Tatu, A-Hidaya, Kambi Ndege, AP Line & M-Otte.

2. *The Slums Ecosystem:*

- **Laikipia County:** In Nanyuki town - Likii 'A', Likii 'B', Rwai, Kabiru, Majengo, Kathanji, Kambi Panya slum, Shika Adabu slum, Mungetho, Nkando, Gachathi, Kambi ya Mbuzi, Kambi Panya slum, Shika Adabu slum & Kwa Cecilia slum.
- **Samburu County:** in Maralal town Tamiyo, Loikas, Allamano, Rangau, Mtaro, Shangaa, Shabaa,
- **Nairobi County:** Dagoretti center, Ruthimitu, Thogoto, Dagoretti market, Gachui, Kikuyu, Gikumbura & Waithaka slum.

3. *The Mau Ecosystem*

- **Nakuru County:** Kimkasa, Kambi Bili, Langweda, Saguton, Muteme, Mchorwe, Olassland, K.K, Sasumwa, Kiambereria, Kangwanda, Githiriga, Molo South, Elburgon, Ndimu, Kasarani, Satewa, Kapsita, Matweku, Salama & Eastleigh slums surrounding Elburgon town, Marishoni, Mathuke, Mwato, Green estate, Kapsita, New creation area, Elburgon town & Kuresoi.

4. *The Mara Ecosystem:*

- **Narok South Sub County:** Kirok, Ologolin, Olesakwana, Chelemei, Emanyatta, Olchoro, Ntulele, Kiribwet, Olmeoshi, Olesakwana, Enkutoto, Emburkutia, Enkobilata, Ngoswani, Olkintare, Empurputia, Ololulung'a, Sogoo, Kimogoro market & Oleguruoni.

5. *Lake Victoria Basin Ecosystem:*

- **Kisii County:** Ikorongo, Ramasha, Sosera, Kenyanya, Bogonta, Getengera, Gekonge, Ramasha, Enchoro & Ikorongo.
- **Homabay County:** Okok, Kabondo, Winam, Kogwang, Kanjira, Lwala, Oriang market, Awach, Gendia, Rambira, Kogembo, Simbi, Gumba, Jieri, Kibiri, Dera, Wang adonji, Karabondi, Kochia, Nyaola, Seka, Kendu bay center, Oldtown, Komollo, Dindi & Wangedongo.

6. *The Ewaso Nyiro Ecosystem:*

- **Laikipia County:** Supukia, Mukima, Chumvi, Lositati, Gatero, Nkando, Upper Mukima, Lokusero, Lotasha, Makurian, Munishoi, Naserian, Pilili, Ndonyo, Koija, Nosirai, Mtaro, Segera, Powys, Lpingwan, Posta, Rumrum, Ngeyei, Muwarak, Naibor, Ranch, Kariunga, Sukutan, Lekiji, Ilmotiok, Mugandura, Ndirir, Olgirgir, Lorubae, Mara Moja, Soinarack, Daraja, Jua Kali, Corner, Lorien, Container, Melwa, Gatundia, Kihato, Kijito, Share 4, Center.
 - **Isiolo:** Loturo, Matundai, Lekiji, Ltingai, Lenguruma, Ntepes, Labarsherek, Ngare Ntare, Noloroi, Kipsing, Wayama, 78, Chechelesi, M-Gari, Isiolo town, Prison, Manyatta Demo, Garbatulla, Manyatta Jillo, Equator, Merti, Basa, Malka Galla, Milimani & Koropu
 - **Samburu County:** Archers Post market, Laesoror, Lerata B, Treetop slum, West gate & Kiltamany
7. **Mt. Kenya Ecosystem:**
- **Nyeri County:** Shalom IDP camp, Gakawa, Kiawara & Karemeno.
 - **Meru County:** Ngushishi, Gundua, Maritati, Batian, River side, Nyambatu, Go down, Kisima, Timau slums, Migingo slums, Kwa Ng'ang'a, Baselast, Mia Moja & Sirimun
 - **Laikipia County:** Makutano, Katheri, Thingithu, Ichuga & Baraka.
8. **Mt. Kilimanjaro (Amboseli) Ecosystem:**
- **Kajiado County:** Meshenani, Esiteti, Oltiyani, Oldule, Olasiti, Oltome, Inchora, Emparingoi, Kangere, Enkong Narok, Enkiito, Emurua Loibor, Lenkisim & Kankare.
9. **Mid-Great Rift Valley Ecosystem:**
- **Baringo County:** Keneroi, Muchongi, Koimugul, Kabel, Waseges & Arabal.
10. **The Lake Turkana Ecosystem (Suguta Valley)**
- **Turkana County:** Naturkana, Kamuge in the Suguta Valley
11. **The Aberdares Ecosystem**
- **Nyandarua County:** Ndaragwa.
12. **The Tana River Ecosystem:**
- **Kitui County:** Kamusiliu, Kakongo, Kalole, Kyuso market, Kamuongo market, Kalatine, Tseikuru market, Tharaka, Kamula, Twikolo, Ngomeni, Waita market & Marisi.
 - **Tharaka Nithi County:** Kamatungu, Karunguaru, Gakuru, Kithingiti, Kirangare, Marimanti, Karugaru Kereria, Rukurini, Ntenderuni, Karimani, Kiorimba, Chiakariga & Tunyai

The below report covers overall output achievements for the last three months using CHAT's innovative 3 strategies - backpacking, camel mobile & motor mobiles – all building on sustainability at the community level.

OUTCOMES

Indicator	Target (Jan-March 2022)	Quarterly Results (Jan to March 2022)	Cumulative Results (Jan 2022 to March 2022)
Number of CORPs	0	0	45

Indicator	Target (Jan-March 2022)	Quarterly Results (Jan to March 2022)	Cumulative Results (Jan 2022 to March 2022)
Number of individuals reached with bcc information using CHAT's PHE approach integrating components of family planning, ecology, HIV/AIDS & COVID 19 awareness	23,163	29026	29,026
Number of men accompanying their women to RH/FP		8,828	8,828
Number of women who chose different FP contraception methods	18,550	19,771	19,771
Number of women choosing longer-term , 3 & 5 yrs implants & IUCD pregnancy protection methods		12,914	12,914
Number of women choosing short term contraceptive methods 1 & 3 months (pills & depo)		6,857	6,857
Number of women referred for ANC services – these include revisits		427	427
Number of children immunized, these include revisits and referrals (follow up referrals done by CORPs)		629	629
The number of patients who received essential basic curative treatment		2,603	2,603
Number of CORPs supervision & networking meetings held	1	1	1

Expected outcomes

- Improved family planning/ reproductive health services thus strengthened economies that contributed to sustainable development by empowering women & girls to complete their education, join the paid labor force, be more productive in their jobs thus possibly earning higher incomes and increase savings and investments
- Increased people's knowledge of family planning helped them to have the desired number of children which, as a result, improves the health of mothers and contributes to the nation's social and economic development.
(As a consequence, the population size of the country has grown dramatically but economic growth has not kept in parallel with it).
- Family planning interventions have helped individuals & families to build up the coordination between the family members and economic resources. It also helped to build up the condition of income and expenditure and their proper utilization. It helps to take care of mother and child.
- Increased number of girls completing their school
- Reduced maternal & child mortality rates

Though the project realized significant deliverables, improving the country's priority indicators and contributing to intended Sustainable Development Goals, it was not achieved without substantial challenges (see below).

Monitoring & Evaluation (M&E) Activity

CHAT allocates 10% of its budget to undertake this imperative activity which:

- ensures transparency and accountability,
- fosters improvement in project performance by identifying respective gaps and offering direction for action points.
- provides for data-driven decision-making such as enhancing effectiveness in the allocation of resources and creating the basis for learning.
- improves and strengthens systematic management of the organisation, including helping the management team make informed technical & financial decisions

CHAT undertakes M&E exercises daily, monthly, and quarterly - and when deemed necessary - to ensure that the anticipated project deliverables are achieved in good time and desirably. The M&E activity informs of the project's outputs, outcomes & possible impact and implies the sustainability of the strategies and the effectiveness of the approaches used.

As a result, the findings of the M&E undertaking enable CHAT to make informed decisions and develop relevant plans for consistent and gradual improvement of the project's goals & objectives

Within the period under review, the CHAT team conducted M&E activities within all ecosystems and the following were the findings:

- 93.74 % of the 19,771 women who received family planning services during the quarter were first-time users resulting from the intensive door-to-door sensitisation undertaken by the CORPs in their respective communities.
- Out of the 29,026 people reached with behaviour change communication, 30.41% were men who positively responded to the FP intervention, accompanying their wives to the facilities to receive services. This is an indicator of participative male involvement in the FP discussions and decision making and the effectiveness of CHAT's innovative PHE approach.

- The outcome showed that out of the total number of women sensitised, 97.88% embraced different FP methods, with 65.31% choosing and receiving long-term contraception methods (3yrs and 5yrs). At the same time, the remaining 34.69 opted for short-term methods. This implies significant progress in the effectiveness of the FP messaging and thorough sensitisation by the CORPs.
- 96.39% of the 19,771 women embracing different FP methods of their choice were from new communities identified by the CORPs (in liaison with other community leaders) as “needy” in terms of FP access. This shows progress in building a sustainability aspect within the project and the responsiveness of local leadership structures in enhancing FP information and access in the communities.

The quiet advocacy approach used by CHAT on different structures - in partnership with the MoH and the Community Health Committees (CHC), which include the CORPs, has had positive yields. This is evident with the consistent supplies of FP commodities within the first two months. However, shortages at the National level were especially being felt down at the grassroots levels within the facilities during the quarter; resulting in many women lacking a variety of contraception methods to choose from.

As a result, the findings of the M&E undertaking enabled CHAT to make informed decisions and develop relevant plans for consistent and gradual improvement of the project's goals & objectives.

Challenges

There are many challenges out there – as indicated in previous quarterly reports, however, the 10 main challenges are

1. **Delay in deciding to seek family planning services**
 - a) Lack of access to quality information on available SRH services at both public and private health care facilities
 - b) Negative past experiences at health facilities
 - c) Cultural factors such as low female decision-making power
 - d) Affordability of services in private facilities
2. **Delay in receiving adequate FP services at the health facility**
 - a) Lack of adequately trained health care providers
 - b) Lack of (or inadequate) medical equipment and SRH commodities stockouts
 - c) Inadequate human resources for health, especially in public sector facilities
 - d) Poor provider attitude and bias towards the provision of SRH services.
3. **Overwhelming unmet needs for family planning-** inadequate resource allocation for family planning interventions at both governmental and non-governmental levels. This includes an unreliable chain supply system of FP commodities: The stock-outs of FP commodities have, to an extent, limited the freedom of choice of the desired family planning methods of the FP clients - and prospects.
4. **Unwanted and mistimed pregnancies** continue to be experienced. Due to a lack of access to contraception some girls & women developed unplanned pregnancies. Also, there have been school dropouts in young girls in primary, secondary, and some tertiary institutions. Due to unplanned pregnancies (in many instances due to lack of access to contraception)
5. **Peer influence and pressure** discussions amongst some cultures peers across all ages have created a shameful illusion that people who seek contraception or carry condoms are promiscuous. Women especially fear the thought of being perceived as sexually wayward or untrustworthy. Thus CHAT has taken the liberty to educate them on the need of using contraception to better their lives rather than see it as a social shamefulness.
6. **Illiteracy, cultural myths, and misconceptions** about modern contraceptives are some myths surrounding FP services. A mixture of biological and social misconceptions cited included perceptions that modern contraception jeopardised future fertility; could result in problems conceiving or congenital disabilities; made women and girls promiscuous; was 'un-African; loss of women sexual urge; and would deny couples their sexual freedom.

7. **Increased poverty due to rapid population growth** resulting in overutilization of natural resources causing adverse effects. With a lack of continuous flow of water and dwindling vegetation coverage, there is reduced sustainability – and wellbeing. CHAT's grassroots partners – the CORPs - are trying to intensify and scale up advocacy using CHAT's innovative PHE approach, emphasizing that access to FP is a health right for every individual in the country.
8. **Patriarchal communities (male-controlled)** leave women with minimal opportunity for decision-making. However, using CHAT's innovative PHE approach to FP has enhanced male involvement in FP discussions & decision making. CHAT's PHE approach aims to minimize male dominance and improve women's empowerment in their health decision-making.
9. **Community apathy** and unresponsiveness to information delivered to them.
10. **Ego** at all levels of society

Case story

**Not their real names*

Neighbours' Gift

"I never realised good people still exist. She is so selfless," explained *Makena as Rose - a CORP partner of CHAT- and Makena's neighbour were leaving the house. Makena had never bothered to interact with her neighbour, *Gakii since moving into the Likii slum in Nanyuki two years ago (having left her husband's place). Makena narrates that it was not her nature to be so silent, but circumstances had forced her to keep to herself. Every day, Makena woke up worried about how she would feed her family of eight and probably educate them without having to depend on the different fathers of her children.

Rose was doing what she passionately does- engaging couples in the comfort of their homes to discuss health and environmental issues. She had visited a section of the Likii slums on the outskirts of Nanyuki town for sensitisation. When she entered Gakii's house and started the FP discussion she welcomed the idea and thought that her immediate neighbour needed the talk more than her. Gakii, a single mother of two, had already embraced family planning seven months ago and had decided to concentrate on bringing up her children single-handedly. "*Mimi nishaajipanga. Nimechoka kupangwa na wanaume,*" said Gakii in Swahili, meaning that she had already embraced FP and needed not a man to dictate her life.

Rose had brought such an opportunity for the two members to interact as Gakii led her to Makena's house. Makena's room seemed smaller, though it was the same size as Gakii's. As soon as Rose started the discussion on FP, Makena could not help the tears that began cascading down her cheeks as she bitterly sobbed, "I admit I have been ignorant, but what you have shared is just the bitter reality." She agreed with Rose that the few resources available are overstretched to sustain the family and poverty deepens whenever another unwanted child is born.

"I am a mother of 8 - 5 sons and three daughters, I can't change that! When my children grow up, I will advise them only to have two children." She regretted that her children lived in abject poverty - and would not wish to see them repeat the same mistake. Rose referred Makena to the facility, where she chose and received 5-years of contraceptive protection. Since then, Makena has always referred her friends to Rose for counseling. "I will be happiest when I see all my ignorant friends getting fp. Until then, there is neither peace for them nor me," stated Makena as she bid Rose goodbye in a follow-up call.

5

See photos depicting how & where CHAT works below.

Meanwhile, for quick visual information, the following 4-minute video clip provides a CHAT Profile <https://youtu.be/K9nRTKcVOTE>

Also for more understanding of the environments CHAT's work reaches go to CHAT's webpage, <http://www.chatafrica.org/where.html>, for a glimpse at our short 'overview' video clips (maximum 2 minutes).

CHAT's work is also posted in our social media accounts, accessible via the links below:

<http://instagram.com/communitieshealthafricatrust/> - Instagram

<https://www.facebook.com/communitieshealthafrica/> - Facebook

Search @CHATKenya to view our TikTok account.

Photo Gallery



Photo 1. CHATs' camel mobile team towards the Seiya-Lugga to provide integrated FP with basic curative treatment services to remote communities in the Northern Rangelands ecosystem in Samburu County



Photo 2 Volunteer doctors through Health Yetu with the help of the CHAT team treat patients during the 4-week camel mobile clinic.



Photo 3 CHAT Nurse, Ann, attends to a couple who were seeking FP services together after extensive sensitization by CORP Juliet at Waita during an integrated fp/basic curative services & M&E activity.



Photo 4 A CORP and nurse onboard a canoe in Tharaka, crossing River Tana to go provide much-needed FP services on the Mwingi side of the river.