# CHAT Progress Report

**Quarter One (1) Jan to Mar 2023**

## Program Details

<table>
<thead>
<tr>
<th>Program name</th>
<th>HEALTHY PEOPLE FOR A HEALTHY ENVIRONMENT</th>
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<tbody>
<tr>
<td><strong>Location</strong></td>
<td>CHAT is currently reaching 14 Ecosystems – in 19 Counties</td>
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<td></td>
<td>• Northern Kenya Rangelands Ecosystem</td>
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<td></td>
<td>• Ewaso Nyiro Ecosystem</td>
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<td>• Mt. Kenya Ecosystem</td>
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<td>• Mt. Kilimanjaro (Amboseli) Ecosystem</td>
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<td>• Mid-Great Rift Valley Ecosystem</td>
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<td>• Aberdare Range Ecosystem</td>
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<td>• The Tana River Ecosystem</td>
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<td>• The Slum Ecosystem</td>
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<td>• Lake Victoria Basin Ecosystem</td>
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<td>• Suguta Valley Ecosystem</td>
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<td>• Mt. Elgon Ecosystem</td>
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<td>• The Coast Ecosystem</td>
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<tr>
<th>Reporting period</th>
<th>January 2023 to March 2023</th>
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| Report compiled by | Rose Kimanzi - Projects Manager, |
|                    | Violet Otieno - Data &M&E officer, |
|                    | Paula Murira - Communications officer, |
|                    | Justus Kioko – Projects Administrator |
|                    | Lucy Kanaru - Finance & Procurement Officer. |
|                    | Sharon Wreford Smith - Program Coordinator. |

| Date submitted | 15th May 2023 (apologies for the delay!) |
**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 designed, with the GoK, an innovative holistic approach to FP services that recognises the complex interconnection between people, their health, and the natural resources on which they depend. It provides a framework for holistically understanding and addressing these issues, assuming that the outcomes for both human welfare and the environment will be greater than if these issues are addressed separately.

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 FP and environmental sustainability uptake.**
3. **Increase the empowerment and resilience of communities through self-sustaining community-based structures.**

Communities reached this quarter (Jan.-Mar. 2023) using various strategies to implement activities - per CHATs aligned Ecosystems:

a) **Motor mobile strategy**

The CHAT motor mobile team reaches these communities with integrated health services focusing on FP. It includes basic curative treatment, where patients, clients and community members are reached with bcc sensitisation and services. In the last three months, CHAT managed to reach the following communities with integrated health services with a focus on providing FP services in the following ecosystems:

- **The Ewaso Nyiro Ecosystem:**
  - **Laikipia County:** Naserian, Nosrai, Olkinyei, Nkiroriti, Pilili, Muarak market, Rongai, Bokish, Nkaimurunya, Namenlok, Morijo, Lekasuyian, Naibor & Nyahururu.
  - **Isiolo County:** Oldonyiro market, Loturo, Ntepes & Lorubae.

- **The Northern Rangeland Ecosystem:**
  - **Samburu County:** Kirimun market, Lounoi, Long’orate, Lekuru market, Lowabene & Sura Adoru

- **The Tana Ecosystem:**
  - **Tharaka Nithi County:** Kathithini, Mutangiri & Murakiburu.
  - **Kitui County:** Maturumbe, Ndatani, Mborovit & Nyanyaa.

b) **Backpack strategy**

CHAT’s primary outreach strategy is the backpack strategy. It entails the Community Own Resource Persons (CORPs) going door-to-door in their own and surrounding communities, providing information and counselling on FP using CHAT’s innovative Population, Health and Environment (PHE) approach. Working with men, women including youth in the privacy of their own homes allows people to feel at ease whilst making informed decisions in a confidential and low-pressure environment. The CORP
provides referrals to local health facilities and assists individuals in accessing the FP and basic curative treatment health services they may need. The CORPs also engage with people about broader ecological and social issues that impact the community’s overall well-being.

Communities reached by CORPs using CHAT’s innovative Backpacking strategy into the below ecosystems:

Northern Kenya Rangelands Ecosystem partnering with thirty CORS


Suguta Valley Ecosystem Partnering with one CORP

- **Turkana County**: Lotubae, Naturkana, Suguta valley, Nataruk, Loperot and Kamuge in the Suguta Valley

The Ewaso Nyiro Ecosystem partnering with six CORS

- **Laikipia County**: Munishoi, Naserian, Pilili, Ndonyo, Koija, Nosirai, Mtaro, Segera, Powys, Lpingwan, Oligirir, Lorubae, Mara Moja, Soinarack, Daraja, Jua Kali, Corner, Lorien, Container, Melwa, Gatundia, Kihato, Kijito, Supukia, Mukima, Chumvi, Lositati, Rumrum, Ngeyei, Mwurak, Naibor, Ranch, Kariunga, Sukutan, Lekiji, Ilmotiok, Mugandura, Ndikir, Gatero, Nkando, Upper Mukima, Lokusero, Lotasha, Makurian, Posta and Center.

- **Isiolo County**: Zurzuchi, Kinna Duba, Manyatta Odha, Torojan, Koticha, Mpeketoni, Darajan, Jamia, Sabansa, Hidaya, Cerial Board, Al-Gani, Jillo Dim, Shauri Yako, Manyatta Sakuye, Kombola, Shambole, Taqwa, Shako, Merti, Waso, Milimani, Epidin, B-Pesa, Kandebene, Chechelesi, Turuba, Ola-dha, wabera, Kiwanjani, B-Waso, Prison & Bula Safi

- **Samburu County**: Archers Post market & tree top village.

Mid-Great Rift Valley Ecosystem partnering with one CORP

- **Baringo County**: Waseges, Kasiela, Muchongoi, Kabel, Arabal, Tandare, Ng’arua and Koimugul.

Mt. Kenya Ecosystem partnering with two CORS

- **Nyeri County**: Gakawa, Kiawara, Shalom IDP camp, and Karemeno.

- **Meru County**: Kalalu, Nyambatu, Kisima, Timau slums, Ngushishi, Gundua, Maritati, Batian, River side, Kwa Ng’ang’a, Baselast, Mia Moja and Sirimun
• **Laikipia County:** Makutano, Katheri, Thingithu, Ichuga, Matanya, Sweetwaters, Baraka, and Solio villages 1,7,2, 3 & 6.

The Aberdares Ecosystem partnering with one CORP

• **Nyandarua County:** Ndaragwa, Kona Mbaya IDP Camp, Shamata and Leshau.

The Tana River Ecosystem partnering with six CORPs

• **Kitui County:** Kaase, Wikitinki, Kyumbe, Mborovit, Tyaa, market, Kyuso market, Ngaiae, Mikwa, Kwa somo, Kalani, Kamuungo market, Kalatine, Tseikuru market, Katse, Kamula, Ngomeni, Waita market and Marisi.

• **Tharaka Nithi County:** Kirangare, Marimanti, Karugaru Kerera, Rukurini, Ntenderuni, Kathanje, Kibuka, Mwerera, Mutungungi, Murere, Kathwana, Kamungaru, Chiakariga market, Karimani, Kiorimba and Tunyai

The Slum Ecosystems partnering with 5 CORPs

• **Laikipia County:** In Nanyuki town: Ruai, Likii, Nturukuma, B-Gum, Kangaita, Thingithu, Nkando, Majengo, Cottage, Makutan, Likii 'B', Kwa Cecilia, Kabiru, Kanyoni, Majengo, Likii A’, Rwai, Majengo, Gathanjii, Kambi Panya & Kambi ya Mbuzi slum.

• **Samburu County:** in Maralal town: Nomotio, Milimani, Maralal, Rangau, Lkuroto, Town, Loikas, Kirisia, Ngari, Yare, Lporos, Pcea Town, Lemisigiyoi, Nkipuruti, Cereal Board, Tamiyo, Allamano, Shangaa & Shabaa slum.

• **Nairobi County:** Dagoretti market, Kandutu, Kareru, Waithaka, Kinoo, Njiku, Thogoto, Gachui, Kikuyu, Dangoretti Center, Gikumbura slum.

The Mau Ecosystem partnering with two CORPs

• **Nakuru County:** Mwato, Ndimu, New creation, Mathuke, Mawe Mbili, Kenya Mpya, Mariashoni, Kutaragon, Elburgon, Comred, Site, Mwatu, Salama, Kapsita, Kamirithu, Nyota, Mchorwe, Willa Eastleigh, Kasarani & Bondeni slum.

The Mara Ecosystem partnering with two CORPs

• **Narok South Sub County:** Emarti, Enkutoto, Emburukutia, Enkobilata, Ngoswani, Olkintare, Pangani, Sogoo, Kimogoro market, Kirok, Oloogolin, Olesakwana, Chelemwi, Emanyatta, Olchoro, Ntulele, Kiribwet, Olmeoshi, Olesakwana, Olkintare, Empurputia, Ololulung’a & Oleguruoni.

Lake Victoria Basin Ecosystem partnering with two CORPs

• **Kisii County:** Sosera, Kenyenyaa, Bogonta, Getengera, Gekonge, Ramasha, Enchoro & Ikorongo.

• **Homabay County:** Gendia, Awach, Down town, Jieri, Konyango, Simbi Nyaima, Rambira, Yala, Gumba, Kogembo, Nyaola, Oriang Market, Ochot Odong market, Wang’adonji, Kwoyo Kochia, Kadel, Kendu-bay junction, Seka, Obaria & Alego beach.

Mt. Kilimanjaro (Amboseli) Ecosystem partnering with two CORPs

• **Kajiado County:** Meshenani, Kimana gate, Iremit, Naunoppir, Enkong Narok, Emparinkoi, Kankerre, Oltume, Esiteti, Inchurra, Oldume, Oltiyani, Enkiito, Oloshaiki, Normayanat, Kibandani, Emurua Loibor, Lenkisim & Olasiti.
The Mount Elgon Ecosystem partnering with two CORPs

- **TransNzoia County**: Gitwamba, Kipsagum, County, Carlifonia, Skinwa, Museng, Pieland, Laini Mawe, Kapretwa, Mengo, Chebukaka, Muroki, Saboti, Lagamet, Makuti, Nasianda, Teldet, Chebosan, Mlima Shetani, Skinwa, Kiboroa, Sukwo, Sodom & Berur.

The Coast Ecosystem partnering with one CORPs

- **Kilifi County**: Vipingo, Shariani, Chodari, Msumarini, Gongoni, Timboni, Kuruwitu, Kikambala & Mapawa

### OUTCOMES FOR THE QTR – JAN to MAR 2023

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<tr>
<th>Indicator</th>
<th>Target (Jan – Mar 2023)</th>
<th>Result as of Jan - Mar 2023</th>
<th>Trustee report Cumulative data Jan – Mar 2023</th>
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<tbody>
<tr>
<td>Number of individuals reached with behaviour change communication (bcc) information using CHATs Population Health &amp; Environment (PHE) approach</td>
<td>23,163</td>
<td>30,099</td>
<td>30,099</td>
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<tr>
<td>Number of men accompanying their women to FP/RH &amp; provided bcc</td>
<td></td>
<td>9,426</td>
<td>9,426</td>
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<tr>
<td>Number of women who chose different FP contraception methods</td>
<td>18,550</td>
<td>18,782</td>
<td>18,782</td>
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<td>Number of women referred for ANC services</td>
<td></td>
<td>417</td>
<td>417</td>
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<tr>
<td>Number of children immunised, including revisits and referrals (follow-up of the referrals done by CORPs)</td>
<td></td>
<td>325</td>
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**Number of women who chose different FP contraception methods**

- **18,782**
- Of these, **12,456 chose long-acting pregnancy protection methods (implant) of 3 or 5 yr & 12 yrs protection IUCD methods**, whereas **7,326 women chose short-term methods**.
- Of these, **12,456 chose long-acting pregnancy protection of 3 or 5 yrs (implants) & the 12 yrs IUCD protection method**, whereas **7,326 women chose short-term methods**.
EXPECTED OUTCOME: JAN-MAR 2023

- Improved FP/RH services resulting in strengthened economies that contributes to sustainable development by empowering women & girls to complete their education, join the paid labour force, be more productive in their jobs, and increase savings and investments

- Increased knowledge about FP to help people 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. (Presently, as a consequence, the country’s population size has grown dramatically, but economic growth has not kept in parallel with it).

- FP interventions to help individuals and families to build up the coordination between family members environmental and economic resources. To build up the condition of income and expenditure and their proper utilisation and help care for mother and child

- Increased number of girls completing their education

- Reduced maternal and child mortality rates

- A healthier well-being for people and their environment i.e mitigating suffering, especially for the poorest.

Though the project realised significant deliverables contributing to improving the country’s priority indicators and also contributing to intended Sustainable Development Goals, there continues to be substantial challenges that are identified during the monitoring and evaluation (M&E) activity, an important activity for CHAT.

Monitoring & Evaluation (M&E) Activity

10% of CHAT’s budget is allocated to this essential 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 allocating 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

The CHAT team then brainstorms over gaps and deviations identified after screening the performances - to identify the most suitable and sustainable solutions and to ensure the project’s performance is on track.

Within the period under review, the CHAT team conducted M&E activities within the 14 ecosystems – and the following were the findings:

- 62.7% (11,776) of 18,782 women who chose different FP contraception methods (referred by CORPs to various facilities within the ecosystems) were new FP clients- resulting from door-to-door messaging by CORPs.
- 66.3% (12,456) of the total 18,782 clients mobilised, sensitised & referred by door-to-door CORP for FP contraception method received Long-Acting Reproductive Contraceptives (LARCs) – 3 & 5yr implants & IUCDs. This is a result of CHAT’s innovative door-to-door approach to FP that is integrated with a strong component of PHE, HIV/AIDS, TB & C-19 messaging by CORPs, thus reducing the myths around FP and increasing FP uptake due to the inclusive, active participation in the “fp conversation”.

CHATs Q1 (Jan - Mar 2023) CHAT Progress Report
• **31.3% (9,426)** of the individuals reached with FP information using the CHATs innovative PHE approach were men who have embraced FP services, thus allowing & accompanying their wives to access the FP contraception method of their choice; thus possibly mitigating considerable amounts of domestic violence.

• Participative community involvement in the FP intervention through community structures such as community health committees (CHCs), which CHAT has been strengthening and working closely with, is proving very helpful in ensuring a platform for community-based advocacy to build & strengthen community sustainability.

• CHAT’s MoH partnerships helped improve contraceptive uptake due to CHAT & their CORP partners quiet advocacy – resulting in the county MoHs’ increasing quantity flow of FP commodities to their respective health facilities.

The quiet advocacy approach CHAT uses through various grassroots community structures, including Community Health Committees (CHC) – and by being in partnership with sub-county MoHs – results in CHATs CORP partners (with your support) having unpredictable but somewhat positive yields. This is evident with the improved supplies of FP commodities at the GoK/MoH level. It is at the National level where our advocating efforts are not reaching, and as a result, shortages of contraceptives are still being felt at the grassroots health facility levels.

**Challenges**

There are many challenges out there; however, the following are the main challenges:

• **Vastness of the coverage area and distances to reach health facilities** - the CORPs continue to cover large areas whilst sensitising their own and neighbouring communities, many of which are far from health facilities. This has resulted in fewer clients seeking FP and other health services. The CORPs, however, have intensively involved the MoH health care workers who now will often accompany the CORPs - using CHAT's Back-packing strategy - to ensure those willing but unable to seek medical services are reached.

• **Prolonged dry period** resulting in drought presently, combined with land that is being mismanaged, is resulting in hunger, malnutrition and increased water-borne diseases.

• **Many unmet needs for FP services and unwanted pregnancies** result mainly from unpredictable stock-outs of FP commodities. The intensive sensitisation by the CORP has increased demand for FP services which has since outdone the supplies of FP commodities at the facilities. CHAT encourages the CORP to utilise community structures to strengthen grassroots advocacy for improved and reliable commodity supplies and health services.

• **Poverty** remains a huge challenge in providing FP intervention. The increased cost of living makes desperate community members more vulnerable. This has led to increased demand for FP uptake, which is surpassing the supply of FP commodities at health facilities.

• **Illiteracy, social-cultural myths and misconceptions** One example includes a mixture of biological and social misconceptions of people who will use contraceptives believing they will end up with health problems, or believe ‘contraceptives are dangerous to women’s health’, or ‘contraceptives can harm the womb’! And another myth that tends to create a barrier are that people who lack the right information thus end up not using contraception. CHAT is working with the CORPs to dispel these to ensure informed and timely decision-making.

• **Unclear government guidelines and policies** on the use of contraception for Adolescents and Youth pose a challenge, where the GoK specifies the age of 18 years and above as the eligible age to seek for FP services, while the reality is that girls begin their menstruation periods as early as 9 years and are at risk of getting pregnant. However, CHAT is circumventing this challenge by reaching this target group at ‘out-of-school’ settings with the consent of their parents.
• **Community apathy** Despite the tireless efforts of the CORPs to sensitise the communities, there are still some who are well-informed but cannot be bothered to seek FP services.

• **Ego** at all levels of society

### Case study

**A Timely Solution**

* Not their real name

“As I was going home on a Thursday evening, I heard a woman telling her kids not to worry; maybe their father had found a job and would be bringing them some food.” CORP partner Lucy Ngugi started. “I felt pitiful and decided to talk to the woman and know what was happening. That is how I met *Kanini.*

*Kanini* is a mother of 5 (3 of them are under five years). She is a stay-at-home mother and majorly depends on her husband, who does menial jobs to earn a living for his family. It was now the second day since they ate anything. They had only been drinking water to fill their empty stomachs.

She wished that she could go back home to her parents, but she had been banished from home after choosing to get married and drop out of school. Her husband could not secure a job as he, too, had not completed his education. I decided to counsel *Kanini* on the importance of family planning because, as in her present situation, she could not afford to have more children. She had heard from her peers about fp but was scared of using any method as she had been told it would make her heart bigger!

I sensitised her to the different methods and their importance. We agreed that I would accompany her to the health centre for services. She talked to her husband later that night, and they agreed on a 5-year implant. They both knew they needed to take control of their family size, and with their limited resources, that was the best option for them.

Feeling sorry for *Kanini,* I introduced her to one of my friends who does laundry in the nearby posh residence of Karen, Nairobi, so that she can also help out in her home. I know she did not wish to be in that position but only needed a guiding hand to help her. I hope I was of help in her life.” Lucy finished.

### For more information about CHAT:

Watch a 4-minute video clip about CHAT’s Profile [https://youtu.be/K9nRTKcV0TE](https://youtu.be/K9nRTKcV0TE)


Facebook: [https://www.facebook.com/communitesthealthafrica/](https://www.facebook.com/communitesthealthafrica/)

YouTube: [https://www.youtube.com/channel/UCpD0suvs5gUqvAsM4Be7NAA/featured](https://www.youtube.com/channel/UCpD0suvs5gUqvAsM4Be7NAA/featured)

Meanwhile, go to CHAT’s website and on the WHERE page, for some overviews of the ecosystems CHAT reaches.
Photo Gallery

*Photos are often shared by the CORPs themselves – so quality can vary!*

**Photo 1** – CHAT CORP partner, Lucy Ngugi, distributing condoms to young men in Kware slum, Dagoreti, Nairobi

**Photo 2** CHAT M&E officer (in green t-shirt) accompanied by CHAT’s CORP partner, Jackeline (Yellow t-shirt), interviewing a beneficiary in Kisii during a monitoring and evaluation (M & E) exercise. Lake Victoria Basin Ecosystem
Photo 3 Sensitization by CHAT CORP partner Nelly (with yellow backpack) in Pangani, Ololunga- The Mara Ecosystem

Photo 4 CHAT’s CORP partner, John (yellow t-shirt), distributing learning materials to a group during a ‘baraza’ in Engong Narok – Mt Kilimanjaro (Amboseli) Ecosystem
Photo 5 - Health care workers undertaking TB outreach in Laikipia West - photo courtesy of CHAT