



COMMUNITIES HEALTH AFRICA TRUST

CHAT Qtr. 3 Progress Report

July to Sept. 2022

Program name	HEALTHY PEOPLE FOR A HEALTHY ENVIRONMENT
Location	CHAT is currently reaching 13 Ecosystems – in 17 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)• The Mt. Elgon Ecosystem
Reporting period	July 2022 to September 2022
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Date submitted	21 st October 2022

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 implements FP activities by partnering with 57 Community Own Resource Person (CORPs) who, utilising CHAT's Backpacking strategy, go door to door providing FP mobilisation, sensitisation and referrals whilst reaching communities within 17 counties in 13 Ecosystems across Kenya.

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 the empowerment and resilience of communities through self-sustaining community-based structures.

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.

Meanwhile, for quick visual information, the following 4-minute video clip provides a CHAT Profile [HERE](#)

Communities reached this quarter (July to Sept. 2022) per Ecosystem using various strategies:

Motor mobile strategy

The CHAT motor mobile team reaches these communities with integrated health services focusing on FP and includes basic curative treatment, where patients, clients and community members are sensitised with bcc sensitisation 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:** Omotonyi, Naibor, Lekasuyian, Noositet, Upper Nkiroriti, Posta, Muarak market, KMC & Wakumbe.
- **Isiolo County:** Oldonyiro market, Lorubae & Ntepes.

The Northern Rangeland Ecosystem:

- **Samburu County:** Long'orate, Lekuru market, Lowabene, Sura Adoru & Kirimun market.

Backpack strategy

CHAT's primary outreach strategy is the backpack strategy which engages CORPs to go door-to-door in their own and surrounding communities and provide information and counselling on FP using a population, health and environment (PHE) approach. Working with men, women and other people present in the privacy of their own home allows people to feel at ease and make informed decisions in a confidential and low-pressure environment. The CORPs provides referrals to local health facilities and assists individuals to access the family

planning and basic health service 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 Backpacking strategy in the below ecosystems:

Northern Kenya Rangelands Ecosystem:

- **Samburu County:** *Tree top, Dalapo, Wamba town, KMC, Sumuruai, Jijja, Ndir, Soweto, Nteremka, Soit Nyiro, Nkwesere, Charda, Marti Manyatta, Soko Mjinga Ntamiyoi, Yare, Milimani, Maralal Town, Mtaro, Lporos, Ngari, Nkutoto, Noontoto, Ledero, Kisima, Ledero, Lpaani, Lodokejek, Baawa, Naibor Keju, Mbarigon, Lonkaitolia, Loltulelei, Lkiroriti, Lekuru market, Nkejumuny, Lemisigiyo, Longewan, Baawa, Naibor Keju, Noontoto, Yare, Nomotio,, Puura, Noontoto, Sirata, Lporoo, Lpartuk, Seketet, Loikumkum, Latakweny, Leilei, Lbendera, Baragoi, Ngilai, Lesirkan, Tangar market, Loudwa, Lchoro, Ntiil, Opiroi, Nachola, Marti, Sereolipi, Shapulo, Ntabas, Kinya, Kirbartare, Ntilntil, Ndume, Martie Iepareu, Ndonyo Wasin, Ngusoroni, Losesia & Sordo.*
- **Marsabit County:** *Merille, Manyatta Jillo, D-Kambi, G-Quresa, Namarei, Mpagas, W-Duba, Sikawai, Lependera, Siang'an, Shori Yako, Majengo, Ginda, Old Town, Atatisa, A-Hidaya, Kambi Ndege, AP Line, M-Otte, Logologo, Laisamis, Korr, Ngurunit, Kargi, Sagante, Jaldesa, Karare, Marsabit town, D' akabarricha, Dirib, Gombo & Mlima Tatu.*

The Lake Turkana Ecosystem (Suguta Valley)

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

The Ewaso Nyiro Ecosystem:

- **Laikipia County:** *Olgirgir, Lorubae, Mara Moja, Soinarack, Daraja, Jua Kali, Corner, Lorien, Container, Melwa, Gatundia, Kihato, Kijito, Supukia, Mukima, Chumvi, Lositati, Gatero, Nkando, Upper Mukima, Lokusero, Lotasha, Makurian, Rumrum, Ngeyei, Muwarak, Naibor, Ranch, Kariunga, Sukutan, Lekiji, Ilmotiok, Mugandura, Ndir, Munishoi, Naserian, Pilili, Ndonyo, Koija, Nosirai, Mtaro, Segera, Powys, Lpingwan, Posta & Center.*
- **Isiolo:** *Manyatta Demo, Garbatulla, Manyatta Jillo, Loturo, Matundai, Lekiji, Ltingai, Lenguruma, Equator, Merti, Basa, Malka Galla, Milimani, Koropu, Ntepes, Matundai, Lobarsherek, Lpusi Nantedo, Labarsherek, Ngare Ntare, Noloroi, Kipsing, Wayama, 78, Chechelesi, M-Gari, Isiolo town & Prison.*
- **Samburu County:** *Lerata 'A', Tree top, West gate, Kiltamany, Archers Post market, Laresoro, Lerata B, Umoja, Kamanga, Waso, Lpus & Lbaa.*

Mid-Great Rift Valley Ecosystem:

- **Baringo County:** *Keon, Muchongoi, Kabel, Arabal, Waseges, Kasiela, Tandare, Ng'arua & Koimugul.*

Mt. Kenya Ecosystem:

- **Nyeri County:** *Shalom IDP camp, Gakawa, Kiawara & Karemeno.*
- **Meru County:** *Kalalu, Gundua, Ngushishi, Gundua, Maritati, Batian, River side, Nyambatu, Kisima, Timau slums, Kwa Ng'ang'a, Baselast, Mia Moja & Sirimun*
- **Laikipia County:** *Makutano, Katheri, Thingithu, Ichuga, Baraka, Kiawara market, Nairutia market & Solio villages 1, 2, 3 & 6.*

The Aberdares Ecosystem

- **Nyandarua County:** *Ndaragwa, Shamata & Leshau.*

The Tana River Ecosystem:

- **Kitui County:** *Katse, Masiri, Kaase, Wikitinki, Kyumbe, Tyaa Kamuthale, Tyaa, market, Kyuso market, Ngaai, Mikwa, Kwa somo, Kalani, Kamuongo market, Kalatine, Tseikuru market, Tharaka, Kamula, Twikolo, Ngomeni, Waita market & Marisi.*

- **Tharaka Nithi County:** *Kathanje, Kibuka, Mwerera, Mutunguni, Murere, Kathwana, Kamungaru, Chiakariga market, Kirangare, Marimanti, Karugaru Kereria, Rukurini, Ntenderuni, Karimani, Kiorimba & Tunyai*

The Slum Ecosystems:

- **Laikipia County: In Nanyuki town:** *Mugetho, Kwa Cecilia, Kabiru, Kanyoni, Kangaita, Makutano, Majengo, Kilimo, Blue Gum, Likii A', Likii 'B', Rwai, Majengo, Gathanji, Kambi Panya slum, & Kambi ya Mbuzi slum.*
- **Samburu County: in Maralal town:** *Rangau, Loikas, Mtaro, Milimani, KWS, Lporro, Allamano, Shangaa & Shabaa slum.*
- **Nairobi County:** *Dagoretti market, Kandutu, Kareru, Githarani, Kaburi, Kinja, Mutego, Kanguku, Ruthimitu, Thogoto, Dagoretti center, Gachui, Gikumbura & Waithaka slum.*

The Mau Ecosystem

- **Nakuru County:** *Mariashoni, Kambi Bili, Mchorwe, Olasland, K.K, Sasumwa, Kiambereria, Molo South, Kasarani, Satewa, & Eastleigh slums surrounding Elburgon town, Marishoni, Mathuke, Mwato, Green estate, Kapsita, New creation area, Elburgon town & Kuresoi.*

The Mara Ecosystem:

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

Lake Victoria Basin Ecosystem:

- **Kisii County:** *Ramasha, Sosera, Kenyena, Bogonta, Getengera, Gekonge, Ramasha, Enchoro & Ikorongo.*
- **Homabay County:** *Ochot Odong', Kanyanam, Gumba, Jieri, Kibiri, Dera, Wang adonji, Karabondi, Kochia, Nyaola, Seka, Kendu bay Junction, Down town, Jieri, Konyango, Wiobiero, Oldtown, Komollo, Dindi, Wangedongo, Okok, Kabondo, Winam, Kogwang, Kanjira, Lwala, Oriang market, Awach, Gendia, Rambira, Kogembo & Simbi.*

Mt. Kilimanjaro (Amboseli) Ecosystem:

- **Kajiado County:** *Meshenani Center, Naunoppir, Normayianat, Emuruai Loibor, Oldume, Empari, Oltiyani, Inchurra, Oltume, Olasuti, Kankere, E/Narok Oloshaiki & Murua Loibor.*

The Mount Elgon Ecosystem:

- **TransNzoia County:** *Teldet, Kisawai, Kapretwa & Mlima Shetani.*

The below table **covers overall output achievements for the last three months** using CHAT's innovative strategies, backpacking & motor mobile clinics with an objective of building on sustainability at the community level.

OUTCOME

Indicator	Target (Jul.-Sept. 2022)	Quarterly Results (Jul-Sept. 2022)	Cumulative Results (Jan 2022 to September 2022)
Number of CORPs		CHAT has performance based MoUs with a total of 57 CORPs however in this last quarter 46 CORPs contributed.	
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	31,799	90,510
Number of men accompanying their women to FP		10,418	27,497
Number of women who chose different FP contraception methods	18,550	21,123	61,235
Number of women choosing longer-term , 3 & 5 yrs. implants & IUCD pregnancy protection methods		16,018	43,665
Number of women choosing short term contraceptive methods daily & 3 months pregnancy protection (pills & the injectable, depo)		5,105	17,570
Number of women referred for ANC services – these include revisits		418	1,147
Number of children immunized, these include revisits and referrals (follow up referrals done by CORPs)		533	1,656

Indicator	Target (Jul.-Sept. 2022)	Quarterly Results (Jul-Sept. 2022)	Cumulative Results (Jan 2022 to September 2022)
The number of patients who received essential basic curative treatment (1 nurse only provides these services in the motor mobile)		396 (in 3 motor mobile outreaches)	3,246
Number of CORP group supervision meets & networking meetings held	1	1	3
Number of bacteriologically confirmed TB patients - includes under 5yrs (households whose contacts were visited for contact tracing in <i>Laikipia & Isiolo counties only</i>))	153	127	482

Expected outcomes

- Improved FP/ reproductive health (RH) services thus strengthened economies that contributed to sustainable development by empowering women & girls to complete their education, join the paid labour force, be more productive in their jobs thus possibly earning higher incomes and increase savings and investments
- Increased people's knowledge of FP thus 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).
- FP 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.
- Reduced maternal & child mortality rates
- Increased uptake of TB/HIV testing services, hence provision of quality care and prevention services for communities in the larger Laikipia & Isiolo counties with TB, Leprosy and Lung diseases.

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, quarterly and when deemed necessary - to ensure that the anticipated project deliverables are achieved in good time and desirably. The M&E activity informs and confirms 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:

- 95.1% (20,088) of the 21,123 women who received fp 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 31,799 people reached with bcc, 32.8% (10,418) 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, 98.8% (21,123) embraced different FP methods, with 75.8% (16,018) choosing and receiving long-term contraception methods (implants protecting for 3yrs and 5yrs). At the same time, the remaining 24.2% (5,105) opted for short-term methods. This implies significant progress in the effectiveness of the FP messaging and thorough sensitisation by the CORPs.
- 96.9% (20,468) of the 21,123 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 communities and the responsiveness of local leadership structures in enhancing FP information and access in the communities.
- Between Q2 2022 & Q3 2022, the total 'couple of years' protection' (CYP) has increased by 53.9% (7,889.5) - from 46,273 to 54,162.50 respectively.
- FP uptake in Q3 has increased from 20,341 to 21,123 (782), translating to a 50.94% increment. The success, for the most part, are the CORPs using CHAT's integrated innovative door-to-door backpacking strategy, which has proven to be the most effective community-based strategy for FP service delivery.

Challenges

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

- **Vastness of the coverage area and clients' 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 causes fewer clients seeking FP than otherwise would have if a health facility was to be closer by. The CORPs, however, have intensively involved the MoH health care workers who often will accompany the CORPs using CHAT's back-packing strategy to ensure those willing but unable to seek medical services - are reached.
- **Overwhelming unmet needs for fp-** The current 'official' birth rate for Kenya in 2022 is **27.667** births per 1000 people. While it has reduced from 2021 by **1.1%**, this means that demand has gone up, thus an overwhelming need for FP. More support is needed from both governmental and non-governmental agencies to fulfil the need.
- **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 the 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 'contraceptives are dangerous to women's health', or 'contraceptives can harm the womb'! And another myth that tends to create a barrier are 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-makings.
- **The government's inadequate and unreliable supply chain of FP commodities** CHAT continues to encourage the CORPs to utilise community structures to strengthen their own advocacy for improved and reliable commodity supplies and health services.
- **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 story

***Not their real name**

Free at last!

"When I started visiting the Obaria Beach of Lake Victoria, I had the hope of not only reaching the fishermen who are busy all day but also targeting the women who dry the caught fish around the shores," explained Emily- CHAT's CORP partner based at Kendu Bay in Homa Bay County. She went on to narrate that she understood the dynamics of her community well. She knew how vulnerable the women at the beach were, especially young women who relied on the fishermen and fishing activities for a living.

She remembers this young girl she interacted with on her very first day.

"When I saw the yellow T-shirt and carrying a yellow bag on her back with a book in her hands, I was

anxious to know what this lady was up to," *Akinyi narrated. "She looked very composed and resourceful even at a distance," she continued. She explains that though she had been busy spreading the fish to dry since morning, she wouldn't mind enquiring what help the lady in the yellow T shirt would be to her (CHAT CORP partners usually wear a yellow t-shirt to help community members identify them)

Emily would then call her Akinyi from the other women at the shore and walk towards the kiosks as they interacted. "*Daktari*, you should have come earlier than this! Many of us are suffering here, not knowing what to do nor where to go," Akinyi said after CORP Emily explained herself. Akinyi not only felt for herself but also for her friends, who she knew would be benefit enormously from Emily's services. She would then tell Emily that she had had several men in her life, and she had a child from each of them but only for them to leave her to bring them up alone. "I am a mother of three, two daughters and one son. It is not easy bringing them up, and I would not wish to have any more," Akinyi said emotionally. She explained how she had been mistreated by several of her boyfriends, recalling a scenario where she and three children spent a night in the rain outside after being chased out of the house at midnight.

"Had I known this long before, I wouldn't have made these mistakes. I don't regret my choices. I regret my ignorance and lack of knowledge," she said bitterly. "Now I have known the way and seen the light; I will return. Not alone, but with my friends who gave me company in this tough journey of ignorance," Akinyi said satirically. She would later introduce CORP Emily to a talk to the other girls and women at the beach. Emily recalls how Akinyi reacted when she saw her coming accompanied by a nurse the following day Akinyi shouted joyfully, "Freedom is here!" Later, she would continue to be the one to link CORP Emily on when to bring the nurse to serve her other busy friends.

For more information about CHAT:

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 works in, go to CHAT's webpage, <http://www.chatafrica.org/where.html>, and take a glimpse at our short 'overview' video clips (maximum 2 minutes).

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

Facebook: <https://www.facebook.com/communiteshhealthafrica/>

YouTube: <https://www.youtube.com/channel/UCpD0suvs5gUqvAsM4Be7NAA/featured>

Photo Gallery



Photo 1 Basic curative service provision during a motor mobile clinic



Photo 2 CHAT CORP Emily referring clients for fp service provision after sensitizing them by the shores of Lake Victoria in Kendu Bay – in the Lake Victoria Basin Ecosystem.



Photo 3 FP service provision by CHAT's Nurse Ann to clients in the Northern Rangelands Ecosystem



Photo 4 Sensitization by CORP Alice during mentorship of newly identified CORP Lilian Naibei in the recently reached Mt. Elgon Ecosystem