**Project Detail**

<table>
<thead>
<tr>
<th>Project name</th>
<th>HEALTHY PEOPLE FOR A HEALTHY ENVIRONMENT</th>
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</table>
| Location     | **CHAT is currently reaching 12 Ecosystems:**  
  - 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  
  - The Dagoreti Slums- Nairobi  
  - The Lake Victoria Basin Ecosystem  
  - The Lake Turkana Ecosystem. |

| Reporting period | **October 2021 to December 2021** |
| Report compiled by | Sharon Wreford Smith - Program Coordinator,  
  Rose Kimanzi - Projects Manager,  
  Violet Otieno - Data &M&E officer,  
  Paula Murira- Field Monitor  
  Justus Kioko - Admin &  
  Lucy Kananu - Finance & Procurement Officer. |
| Date submitted | 24th January 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 understand and address these issues comprehensively. It has shown that integrating human welfare with environmental concerns yields more positively remarkable outcomes than when managed independently.

The below report covers overall output achievements for the last three months using CHAT’s innovative backpacking & motor mobile integrated strategies, thus building on sustainability at the community level.

CHAT works closely with community leaders, Nyumba Kumi, MoH and their community own resource person (CORP) partner in identifying areas that are hardest to reach and in dire need of health services, especially family planning services.

a) MOTOR MOBILE STRATEGY
The CHAT motor mobile team reaches these communities with integrated health services focusing on FP and includes basic curative treatment, where the clients and the community members are sensitised for 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, Posta market, Lodapu, Lekasuyian, Sangumai, Namelok, Ntabas, Nkiororiti & Morijo
   • Samburu County: Noositet & Lekuru market
   • Isiolo: Parkuruk, Loturo, N tepes, Oldonyiro market & Mlima Tatu.

2) Tana River Ecosystem:
   • Tharaka Nithi: Kathithini.
   • Kitui: Usu eni, Ngaie, Mboro vit, Kamuongo market, IKusya & Kyulungwa.

b) BACKPACK STRATEGY
CHAT engages CORPs to go door-to-door in their own and surrounding communities. The CORP will provide behaviour change information (bcc), integrating sensitisation and access to FP & C19 prevention whilst building a solid referral system to their nearest health facilities – whilst incorporating CHAT’s innovative PHE approach.

Communities reached by CORPs whilst ‘Backpacking’ in each of the below Ecosystems:

3) Northern Kenya Rangelands Ecosystem:
### Samburu County:

### Marsabit County:
- D-Kambi, G-Quresa, Namarei, Korrr, Mpagas, Scheme, W-Duba, Manyatta Jillo, Sikawai, Ngoruninit, Lpendera, Siang'an, Shori Yako, Yare, Milimani, Maralal Town, Mtaro, Lporos, Ngari., Nkuto to, Noontoto, Kisima, Longewan & Lekuru market.

### The Ewaso Nyiro Ecosystem:
- **Laikipia County:** Supukia, Mukima, Chunum, Lositiati, Gatero, Nkando, Upper Mukima, Lukusero, Lotasha, Makurian, Munishi, Naserian, Piliili, Ndonyo, Koija, Nosirai, Mtaro, Segera, Powys, Lpingwan, Posta, Rumrum, Ngaye, Muwarak, Nai bor, Ranch, Kariuni, Sukutan, Lekjii, Illmotiok, Mugandura, Ndkir, Olgilgir, Lorubae, Mara Moja, Soinarack, Daraja, Jua Kali, Corner, Lorien, Container, Melwa, Gatundia, Kihato, Kijito, Share 4, Center.
- **Isiolo:** Loturo, Matundai, Lekjii, Ltingai, Lenguruma, Ntepess, Labarsherek, Ngare Ntare, Noloroi, Kipsing, Wayama, 78, Chechelesi, M-Gari, Isiolo town, Prison, Manyatta Demo, Garbatulla, Manyatta Jillo, Equator, Merti, Basa, Malka Gall, Milimani & Koropu

### Samburu County:
- Archers Post market, Laresoro, Lerata B, Treetop slum, West gate & Kiltamany

### The Mau Ecosystem:
- **Nakuru County:** Sasumwa, Kiambereria, Setkotes, Mchorwe, Kimkasa, Molo South & Kuresoi, Elburgon, Marishoni & Kasarani slum in Elburgon town.

### The Mara Ecosystem:
- **Narok South Sub County:** Kirok, Chepore, Kipsirat, Enkuto to, Oleoshi, Kirok, Soka, Oloogulin, Nkobiletai, Emarti, Cheleme, Olsukut, Olesharan, Torokiat, Meleo, Orokia t, Chepalungu, Olomkenyu, Ololulung'a, Sogoo, Kimogoro market, Enkuto to & Oleguruoni.

### The Dagoretti Slum Ecosystem:
- **Nairobi County:** Dagoretti centre, Thogoto, Waithaka, Dagoretti market, Kware, Gachue, Kikuyu, Kware, Njiru & Mutini slum.

### Lake Victoria Basin Ecosystem:
- **Kisii County:** Sosera, Kenyenyia, Bogonta, Getengera, Gekoge, Ekaona, Riamichoki, Ramasha, Bokebaroi, Endemu, Enhoro & Ikorongo.
- **Homabay County:** Komollo, Kolumo, Kadianga, Alego beach, Kanjira, Nyakwere, Omboga, Kogembo, Konyango Jieri, Simbi Kolonde, Kotiveo, Orion', Oneno Nam, Obaria beach, Kendo old town, Dindi, Kombai, Kadianga, Mititi, Ogoma, Kadianga, Alero, Kolumo, Kawuor & Kanyadhian

### Mt. Kenya Ecosystem:
- **Nyeri County:** Shalom IDP camp, Gakawa, Kiawara & Karemeno.
- **Meru County:** Ngushishi, Gundua, Maritati, Batian, River side, Nyambantu, Go down, Kisima, Timau slums, Migingo slums, Kwa Ng'ang'a slums (Slums within Timau town) Baselast, Mia Moja & Sirimun
- **Laikipia County (Nanyuki slums):** Rwai, Kabiru, Likii ‘B’, Majengo slums, Makutano, Katheri, Thingithu, Ichuga, Baraka, Mungetho, Kambi Panya slums & Shikaa Adabu slum

### Mt. Kilimanjaro (Amboseli) Ecosystem:
• **Kajiado County:** Meshenani, Esiteti, Oltiyani, Oldule, Olasiti, Oltome, Inchora, Emparingoi, Kangere, Enkong Narok, Enkiito, Emurua Loibor, Lenkisim & Kankare.

11) **Mid-Great Rift Valley Ecosystem:**
• **Baringo County:** Keneroi, Muchongi, Koimugul, Kabel, Waseges & Arabal.

12) **The Lake Turkana Ecosystem (Suguta Valley)**
• **Turkana County:** Naturkana, Kamug in the Suguta Valley

13) **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

14) **The Aberdares Ecosystem**
• **Nyandarua County:** Ndaragwa.

### OUTCOMES

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target per quarter</th>
<th>Result as of Oct. to Dec. 2021</th>
<th>January to December 2021 Cumulative Achievements</th>
</tr>
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<tbody>
<tr>
<td>Number of newly identified &amp; mentored CORPs</td>
<td>1</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Number of individuals reached with bcc information using the PHE approach, i.e., family planning/ecological/COVID-19 awareness</td>
<td>17,500</td>
<td>35,313</td>
<td>127,332</td>
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<tr>
<td>Number of men accompanying their women to RH/FP (bcc)</td>
<td>12,186</td>
<td></td>
<td>43,076</td>
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<tr>
<td>Number of women who chose different FP contraception methods</td>
<td>9,190</td>
<td>19,217</td>
<td>68,588</td>
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<tr>
<td>Of these, <strong>18,078</strong> were long term 3 – 5 yr implant protection methods + IUCDs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of women referred for ANC services</td>
<td>378</td>
<td></td>
<td>1,408</td>
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<tr>
<td>Indicator</td>
<td>Target per quarter.</td>
<td>Result as of Oct. to Dec. 2021</td>
<td>January to December 2021 Cumulative Achievements</td>
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<tr>
<td>Number of children immunised including revisits and referrals (follow up referrals done by CORPs)</td>
<td>463</td>
<td>1,373</td>
<td></td>
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<tr>
<td>The number of patients your support contributed towards receiving essential basic curative treatment.</td>
<td>1,706</td>
<td>5,901</td>
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**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 resource allocation 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.

Within the period under review, the CHAT team conducted M&E activities within the five (5) ecosystems, and the following were the findings:

- 94% of the total women who chose different FP contraception methods (referred by CORPs to various facilities within the ecosystems) were long-acting contraception methods (LARCs)- This is as a result of CHAT’s innovative door to door FP integrated with a strong component of PHE & C-19 messaging by CORPs, thus reducing the myths around FP & C-19 and increased FP & vaccines’ uptake and men & boys are able to participate in the fp conversation

- 12,186 men reached with FP/PHE information have embraced FP services, thus allowing & accompanying their wives/partners to access the FP contraception method of their choice, thus possibly mitigating considerable amounts of domestic violence.

- FP uptake in quarter four (Q4) has increased from 18,109 reached in qr 3 to 19,217 (1,108), translating to a 51% increment. For the most part, the success is due to the CORPs using CHAT’s backpacking strategy, which has proven to be the most effective strategy for fp service delivery – all the while integrating with CHAT’s innovative PHE approach.

- MoH partnership helped improve contraceptive uptake by CHAT & CORPs who continued to do quiet advocacy ensuring a more efficient supply of contraception reaching the grassroots - resulting in the MoH availing increasing amounts of FP commodities to their respective facilities.
• Participative community involvement in the FP intervention through community structures such as village development committees (VDCs) and community health committees (CHCs), which CHAT has been building, strengthening and working closely with, is proving very helpful in ensuring community sustainability is strengthened.

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 & Lessons learned.

(i) **Unwanted and mistimed pregnancies** continue to be experienced. Due to 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 in tertiary institutions – mostly due to unplanned pregnancies (in many instances due to lack of access to contraception).

(ii) **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 promiscuous or untrustworthy. Thus CHAT has taken the liberty to educate them on the importance of using contraception to better their lives rather than see it as a social shamefulness.

(iii) **Illiteracy, cultural myths and misconceptions** about modern contraceptives 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.

(iv) **Rapid population growth** has increased poverty and over-utilisation of natural recourses, which has adverse effects. With a lack of continuous flow of water and dwindling vegetation coverage, there is reduced sustainability and well-being. CHAT’s grassroots partners – the CORPs -are trying to intensify and scale & build up grassroots advocacy through CHAT’s innovative PHE approach emphasising that access to FP is a right for every individual in the country.

(v) **Inadequate supply of fp commodities** continues to pose a challenge where men and women who, after sensitisation by CORPs, want to access fp services but have to wait for supplies which could lead to unwanted pregnancies, likely ending up becoming and experiencing abortions or infanticides.

(vi) **Patriarchal communities (male-controlled)** leave women with minimal opportunity for decision making. But using CHAT’s innovative PHE approach to FP has enhanced male involvement in FP discussions & decision making. CHAT’s PHE approach aims to minimise male dominance and improve women empowerment in their health decision making.

(vii) **Apathy** – individuals and some families remain apathetic in most communities.

(viii) **Ego** – CHAT experiences this at all levels of society.

(ix) **Overwhelming need of fp services** country wide
"My sister, the rains have delayed, and I am hopeless. My children are starving, and I can do nothing about it," said Kasyoki as she bitterly recalled how desperate she was. She had woken very early to seek help from a neighbor before she left for her work. "Whose business is it when you go breeding aimlessly in such a tough economy? Whose children will I strive to feed- yours or mine? Have you never heard about family planning?"

Kasyoka could not forget how the good neighbor harshly reacted to her pleas for help. She would later go back to her home, where she had a silent talk within herself while digesting the neighbor's feedback. She came to her senses and realized that her neighbor was correct and was only telling her the bitter truth- something which she should have thought about years ago. She remembered one day when Juliet (CHAT CORP) visited her home and sensitized her together with her husband on the FP intervention. They were both drunkards at that time and chose to ignore the whole concept.

"They say experience is the best teacher, and life has taught me lessons no tutor could teach me," said a smiling Kasyoki as she explained her story to Juliet. She would inform Juliet that the day she encountered her neighbor, was a turning point in her life. "That woman was very tough on me. Those questions made me think deep. I could not end this day without receiving the five-year contraception" Kasyoki narrated. She was grateful that Juliet had sensitized her properly, despite taking too long to embrace contraception, she was finally at it.

She promised to support Juliet in sensitizing many other women undergoing similar challenges to better her community's wellbeing. "I can confidently say that women’s ignorance is the cause of environmental and social challenges we are facing, and we are still in the best position to change it all," the enlightened Kasyoki jokingly stated.

Juliet explains how satisfying it is when she positively impacts the lives of other women.

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See photos depicting how & where CHAT's works below. Meanwhile, go to CHAT's website to their WHERE page for some 'overview short video clips ' on the ecosystems CHAT reaches.
Photo 1. CHAT CORP partner providing door to door FP & C19 sensitisation and awareness using CHAT’s innovative PHE approach. In Bula Pesa Slum in Isiolo.

Photo 2. Camels crossing the river at Lekij in Laikipa during the Recce camel mobile outreach
Photo 3. CHAT team crossing River Tana from Tharaka side to Kitui side to offer Family Planning services to communities along the river banks.
Photo 4. A man is set up for a chest X-RAY during the outreach in Isiolo for TB detection.

Photo 5. CHAT Nurse Ann taking blood pressure for a client before diagnosis during a motor mobile.