# Progress Report for CHAT

**QTR 4 (OCT to DEC 2022)**

## 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 13 Ecosystems – in 18 Counties</td>
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<td></td>
<td>• Northern Kenya Rangelands Ecosystem</td>
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<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>• Aberdares Range Ecosystem</td>
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<td>• The Tana River Ecosystem</td>
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<td>• The Mau Ecosystem</td>
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<td>• The Mara 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><strong>Reporting period</strong></td>
<td>October 2022 to December 2022</td>
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<td><strong>Report compiled by</strong></td>
<td>Rose Kimanzi - Projects Manager, Violet Otieno - Data &amp; M&amp;E officer, Paula Murira - Communications Officer, Justus Kioko – Admin, Lucy Kananu - Finance &amp; Procurement Officer, Sharon Wreford Smith - Program Coordinator</td>
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<td><strong>Date submitted</strong></td>
<td>9th March 2023</td>
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CHAT’s Problem Statement:

A lack of access to family planning (FP) information and services contribute 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 64 Community Own Resource Persons (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’s and the Government of Kenya’s (GoK’s) team designed 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.

Communities that were reached this quarter (Oct to Dec. 2022) per ecosystem using various strategies were:

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 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, Naatum and Wakumbe.
- Isiolo County: Oldonyiro market, Lorubae, Loturo & Ntepes.

The Northern Rangeland Ecosystem:
- Samburu County: Long’orate, Lekuru market, Lowabene, Sura Adoru and Kirimun market.

Suguta Valley Ecosystem:
- Turkana County: Ng’ilikia and Kamuge in the Suguta valley.

The Tana Ecosystem:
- Tharaka Nithi County: Mwanyani, Miomboni and Kathithini.
- Kitui County: Kilulu, Matulumbi, MboreVit and Ndithi.

Backpack strategy
CHAT’s primary outreach strategy is the backpack strategy. It 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 homes allows people to feel at ease and make informed decisions in a confidential and low-pressure environment. The CORPs provide referrals to the nearest local health facility and assist individuals in accessing family planning and basic health they may need. The CORPs also engage with people about broader ecological and social issues that impact the community’s overall well-being, e.g. domestic violence victims & disability requirements. Communities reached by CORPs using CHAT’s Backpacking strategy in the below ecosystems:

Northern Kenya Rangelands Ecosystem:


The Suguta Valley Ecosystem

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

The Ewaso Nyiro Ecosystem:

- **Laikipia County**: Rumrum, Ngeyei, Muwarak, Naibor, Ranch, Kariunga, Sukutan, Lekiji, Ilmotiok, Mugandura, Ndikir, Munishoi, Naserian, Pilili, Ndonyo, Kojia, Nosirai, Mtaror, Segera, Powys, Lpingwan, Oligorir, Lorubae, Mara Moja, Soinarack, Daraja, Jua Kali, Corner, Lorien, Containere, Melwa, Gatundia, Kihato, Kijito, Supukia, Chumvi, Lopotititi, Gatero, Nkando, Upper Mukima, Lokusero, Lotosha, Makurian, Posta and Center.


Mid-Great Rift Valley Ecosystem:

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

Mt. Kenya Ecosystem:

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

- **Meru County**: Kalalu, Gundua, Ngushishi, Gundua, Maritati, Batian River side, Nyambatu, Kisima, Timau slums, Kwa Ng’ang’a, Baselast, Mia Moja andSirimu.

- **Laikipia County**: Makutano, Katheri, Thingithu, Ichuga, Baraka, and Solio villages 1, 7, 2, 3 & 6.
**Aberdare Mt Range Ecosystem**

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

**The Tana River Ecosystem:**

- **Kitui County**: Katse, Masiri, Kaase, Wikitinki, Kyumbe, Tyaa Kamathale, Tyaa, market, Kyuso market, Ngaie, Mikwa, Kwa somo, Kalani, Kamuungo market, Kalatine, Tseikuru market, Tharaka, Kamula, Twikolo, Ngomeni, Waita market and Marisi.

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

**The Slum Ecosystems:**


- **Samburu County**: in Maralal town: Rangau, Loikas, Mtaro, Milimani, KWS, Lporro, Allamanó, Shangaa and Shabaa slum.

- **Nairobi County**: Dagoretti market, Kandutu, Kareru, Githarani, Kaburi, Kinja, Mutegeo, Kangaku, Ruthimitu, Thogoto, Dagoretti centre, Gachui, Gikumbura & Waitaka slum.

**The Mau Ecosystem**

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

**The Mara Ecosystem**

- **Narok South Sub County**: Emarti, Enkutoto, Emburutia, Enkobilata, Ngoswani, Olkintare, Emburutia, Ololulung’a, Sogoo, Kimogoro market, Talek, Kirok, Oloogolin, Olesakwana, Chelemeti, Emnyatta, Olchoro, Nulele, Olmeoshi, Olesakwana and Oleguruni.

**Lake Victoria Basin Ecosystem**

- **Kisii County**: Ramasha, Sosera, Kenyenya, Bogonta, Getengera, Gekonge, Ramasha, Enchoro & Ikorongo.


**Mt. Kilimanjaro (Amboseli) Ecosystem**

- **Kajiado County**: Meshenani Center, Naunoppir, Normayanat, Emuruai Loibor, Oldume, Empari, Oltiyani, Inchurra, Olterm, Olasuti, Tankere, E/Narok Olashaiki & Murua Loibor.

**Mt. Elgon Ecosystem**

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

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**OUTCOMES FOR THE 4th QTR, OCT to DEC 2022**
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<tr>
<td>Number of newly identified &amp; mentored CORPs</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Number of individuals reached with bcc information using the PHE approach, e.g., integrating ecological &amp; COVID-19 awareness into the family planning component</td>
<td>23,163</td>
<td>32,568</td>
<td>123,078</td>
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<td>Number of men accompanying their women to FP/RH (bcc)</td>
<td></td>
<td></td>
<td></td>
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<td>Number of women who chose different FP contraception methods</td>
<td>18,550</td>
<td>19,001</td>
<td>80,236</td>
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<td>Number of women choosing <strong>longer-term</strong>, 3 &amp; 5 yrs. implants &amp; IUCD pregnancy protection methods</td>
<td></td>
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<tr>
<td>Number of women choosing short term contraceptive methods daily &amp; 3 months pregnancy protection (pills &amp; the injectable, depo)</td>
<td></td>
<td>2,892</td>
<td>20,462</td>
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<td>Number of women referred for ANC services</td>
<td>393</td>
<td></td>
<td>1,540</td>
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<td>Number of children immunised including revisits and referrals (follow up of the referrals done by CORPs)</td>
<td></td>
<td>549</td>
<td>2,205</td>
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**EXPECTED OUTCOME: OCT-DEC 2022**

- Improved FP/RH services resulting in 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, 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 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 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 project performance improvement by identifying 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 all the ecosystems - the following were the findings:

- **96.8% (18,393) of 19,001** 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

- **95.3% (13,934) of 14,621** men reached with FP using CHAT’s innovative PHE approach with information have embraced FP services, thus allowing & accompanying their wives to access the FP contraception method of their choice, possibly mitigating considerable amounts of domestic violence and more understanding and making sensible decisions about their surrounding vital natural resources.

- FP uptake in this fourth quarter of 2022 has increased. The success, for the most part, is the CORP's increasing strength in using CHAT’s backpacking door-to-door strategy, which has proven to be CHAT’s most effective (& economical) strategy for FP service delivery (integrated with CHAT’s PHE approach).
• MoH partnerships helped improve contraceptive uptake due to CHAT & their grassroots CORP partner’s quiet advocacy – resulting in the county MoHs increasing the quantity flow of FP commodities to their respective health facilities.

• It is evident that the high uptake of contraceptives contributes to women’s empowerment, thus reducing Gender Based Violence (GBV) within the household and cascading to the entire community.

The quiet advocacy approach CHAT uses through various grassroots community structures, including Community Health Committees (CHC) – and being in partnership with sub-county MoHs – results in CHAT’s CORP partners 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 for many 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 has resulted in fewer clients seeking FP and other health services. The CORPs, however, have extensively involved the MoH health care workers who will often accompany the CORPs - using CHAT’s Back-packing strategy - to ensure those willing but unable to seek FP (& 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 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 & well-being services.

• **Poverty** remains a huge challenge in providing FP intervention. The increased cost of living makes desperate community members more vulnerable. This has increased demand for FP uptake, 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, e.g., 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 is 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 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 in ‘out-of-school’ settings with the consent of their parents.

• **Community apathy** - despite the tireless efforts of the CORPs to sensitise the communities, some are still well-informed but cannot be bothered to seek FP services.

• **Ego** at all levels of society

**Case story**

*Not their real name

**Regrets**
“It has been a tough year. More than half my livestock died, and based on the current situation, I might have nothing left by the end of this drought,” Bwana *Said from Ntipes, Laikipia, stated. “See, last year it rained; we had enough pasture and water for our animals. All seemed well. We did not think to prepare ourselves for the drought. We did not save grass, nor did we get any water storage. It’s not only the animals but also for ourselves. We do not have much food. And the little we buy from the market is so expensive that we cannot afford to buy much of it. We go for long without water to drink, let alone for basic hygiene around the house. The water we get is not that clean, so you can only imagine how many trips we have made to the hospital for stomach aches. Sometimes I do not want to come home since I wonder what will happen to my family. I have six boys and five girls. Two wives and my mother live with us. 13 mouths to feed are not easy. I wish it were a smaller number; maybe we would have been better off.” *Said lamented.

“If only I had accepted what Julius - CHAT’s CORP’s partner, was telling me some time back, maybe I would be less stressed. He told me how to have less livestock and manage my family size to a number I could care for. I thought he did not want me to be wealthy and maintain a respectable position in the community, but now I regret it. I want to improve my family situation so that I can plan better for the future.” He went on. “I want all my children to go to school so they may one day care for me in my old age. I want them to be educated like the children of my peers. I have decided to ensure my wives access FP services. Also, I want us to start a small garden for our food once the rains start. This will alleviate at least a little of our hunger. As for water, we have started discussing how to save some water for ourselves once the rains start since that is our biggest water source. We do not have a river here, so harvesting water is our only option.”

“I hope our people learn the importance of managing a small population of animals and families. That is the only way we will not feel the weight of such hard times in the future.” Julius (CHAT’s CORP partner) commented.

For more information about CHAT:
The following 4-minute video clip about CHAT Profile  https://youtu.be/K9nRTKcV0TE

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 of a short ‘overview’ video clips (max 2 minutes).

Instagram: http://instagram.com/communitieshealthafricatrust/
Facebook: https://www.facebook.com/communitieshealthafrica/
YouTube: https://www.youtube.com/channel/UCpD0suvs5gUqvAsM4Be7NAAs707

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

N.B Photos are often shared by the CORPs themselves – so quality can vary!

Photo 1 Sensitization by FPCORP Alice during door-to-door in Mt. Elgon Ecosystem

Photo 2 CHAT motor mobile M&E team descending into the Suguta Valley in November.
Photo 3 Door to door FP sensitization by FPCORP, Banati in Ntulele, Mt. Kilimanjaro (Amboseli) Ecosystem

Photo 4 FPCORP sensitizing a group of women in Mukima Village in the Mt. Kenya Ecosystem using CHATs FP/PHE flip chart.
Photo 5 Sensitization before service provision by FPCORP Lucy Mbuli in Kakunike Village, Tana River Ecosystem. (You can find out more about this client by watching here.)

Photo 6 CHAT FPCORP partner, Nelly, of the Mara Ecosystem sensitizing a lady during door to door services in Pangani slum - Ololanga
Photo 7 A referral being made by FPCORP Emily (in yellow t-shirt) to women by the shores of Lake Victoria (Lake Victoria Basin Ecosystem)