



Communities Health Africa Trust (CHAT)

Family Planning Impact Assessment Report

February 2024

“Healthy People for a Healthy Environment”



“IMPROVING QUALITY OF LIFE
(CHAT’s Impact Indicator)”

ACKNOWLEDGEMENT

The Communities Health Africa Trust (CHAT) extends its gratitude to The Nature Conservancy (TNC) who sponsored CHAT's Impact Assessment activities conducted from mid-October to mid-November 2023 sampling areas in Laikipia, Samburu and Isiolo counties. TNC's commitment to the region and environmental well-being significantly contributed to the success of this exercise. We also thank the Government of Kenya, particularly the Ministry of Health and other line ministries across the 19 counties (where CHAT operates presently), for their collaborative efforts and support, fostering the well-being of underserved communities.

CHAT acknowledges the invaluable contributions of all our current and past donors for their support, which continues positively impacting so many underserved communities and their environment. Special recognition goes to Maliasili for steering the quality and independence of this assessment. The team's passion, tireless efforts, and commitment significantly contributed to the assessment's success.

While it's impossible to mention every contributor individually, CHAT acknowledges the collective efforts of all individuals, partners, and stakeholders. The impact assessment wouldn't have been possible without this shared commitment. As we reflect on the incredible journey, we thank everyone for their role in helping CHAT to positively impact the lives of the communities CHAT serves – CHAT looks forward to continued collaboration for lasting change.

With gratitude from

The CHAT team

EXECUTIVE SUMMARY

The impact assessment aimed to comprehensively evaluate the effectiveness and impact of CHAT's initiatives in family planning (FP), integrating CHAT's unique, innovative People Health and Environment (PHE) approach within their coverage regions. The assessment incorporated participatory research, personal interviews, and focus group discussions via structured online interview guides to gather insights from individuals and the communities served.

The population count for the targeted areas totaled 144,406, and a sample size of 768 was calculated as optimal for field interviews. Within four weeks, 725 respondents participated, achieving a response rate of 94.4%. A structured online interview guide was developed using Kobo Collect to ensure consistency, covering relevant indicators such as family planning access, behavioral change, environmental sustainability, and community empowerment. Data collection procedures prioritized cultural differences and ethical considerations, obtaining informed consent, and ensuring privacy and confidentiality.

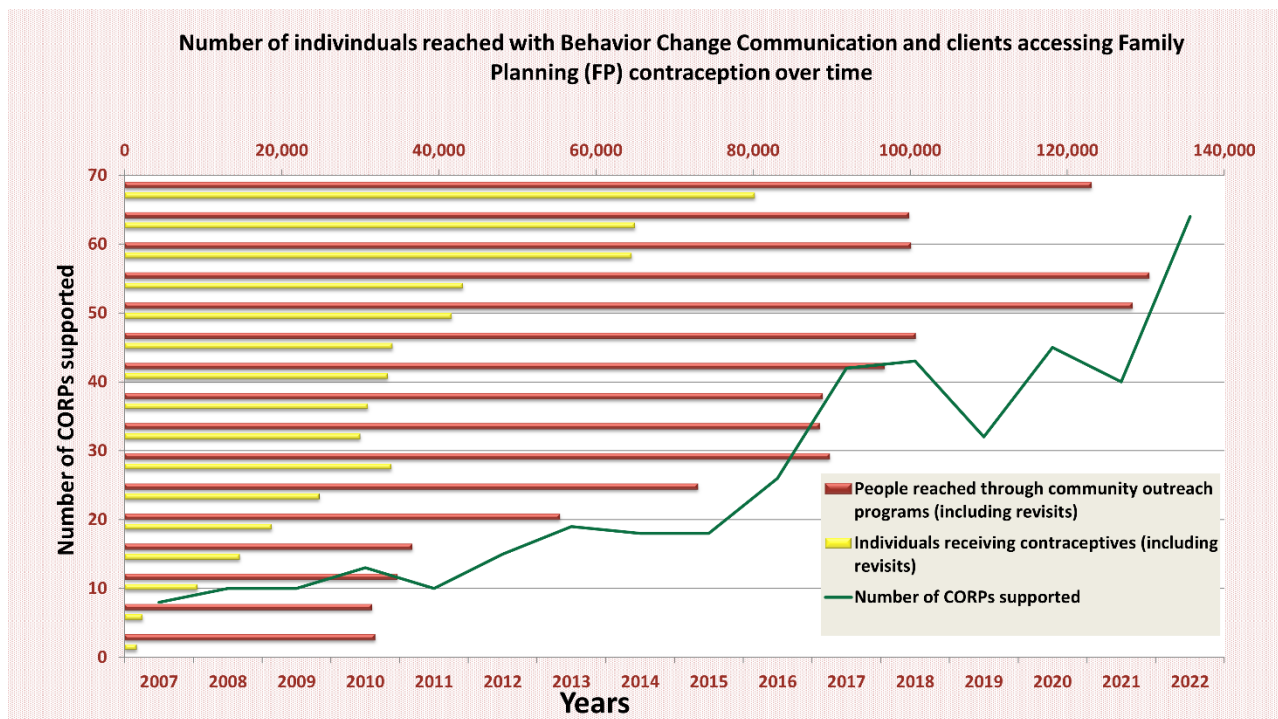
Whilst exploring family planning practices and environmental conservation efforts within their homesteads, visits were made to health facilities' family planning and maternal and child health departments. Interviews with nurses and collaborating healthcare workers offered valuable insights into the impact of CHAT's initiatives within the communities.

This report looks at CHAT's work and interventions through the lens of **Relevance, Coherence, Efficiency, and Effectiveness** to understand the work's overall **Impact**. It also offers recommendations to enhance long-term **Sustainability**.

Some notable highlights:

- 71% of respondents highlighted a profound shift in community dynamics, emphasizing the increased awareness and knowledge of family planning methods ever since the inception of CHAT's initiatives within their communities.
- 33% of participants expressed newfound strength to balance family life with economic endeavors, breaking traditional barriers that once constrained women post-marriage.
- 20 community leaders across the counties noted a positive transformation in community knowledge and attitudes towards family planning's impact on environmental conservation.

The graph below outlines CHAT's growth from 2007 to 2023, highlighting the number of individuals they have reached and the number of CORPs who carry out the outreach work.



2007



2023

Maps showing CHAT's intervention coverage over time

CHAT has demonstrated a remarkable journey, including reaching remote communities, expanding their work, and leaving an impact on the landscape and communities they work with. As they look to the future, how can they maximize what has worked well to ensure a sustainable and impactful future?

ACRONYMS

CHAT - Communities Health Africa Trust
CORP - Community Own Resource People
VDC - Village Development Committees
CHP - Community Health Promoters (prior to 2022 known as CHVs)
CHCs - Community Health Committees
WRUAs - Water Resource Users Associations
GoK - Government of Kenya
MoH - Ministry of Health
PHE - People, Health & Environment
FP - Family Planning
MCH - Maternal Child Health
PWD – People with Disabilities
HIV – Human Immunodeficiency Virus
AIDS – acquired immunodeficiency syndrome

Tables and Graphs

1. *Table 1: Number of CORPs since 2007 – pg. 6*
2. *Graph 1: showing the Distribution of “Category of Respondents.” – pg. 11.*
3. *Graph 2: Distribution of “Areas of Residence.” – pg. 12*
4. *Graph 3: showing “Distribution of Age” of Respondents – pg. 13*
5. *Graph 4: showing the distribution of “Gender” among respondents. – pg. 13*
6. *Graph 5: Graph showing the distribution of survey responses. – pg. 16*
7. *Table 2: CHAT Outreach Monitoring results - 2007 – 2022 -pg. 18*
8. *Graph 6: CHAT team growth and number of CORPs 2017 – 2022 – pg. 22*
9. *Table 3: Average cost per client (Community member reached) – pg. 22.*
10. *Graph 7: CHAT Revenue vs Expenditure 2017 – 2022 – pg. 22*
11. *Graph 8: Bar graph showing the distribution of women currently on contraceptives. pg. 24*

TABLE OF CONTENTS

ACKNOWLEDGEMENT	2
EXECUTIVE SUMMARY	3
ACRONYMS	5
Tables and Graphs	5
TABLE OF CONTENTS	6
INTRODUCTION	7
Main Objectives of the Impact Assessment	8
Impact Assessment Methodology	9
FAMILY PLANNING INTEGRATING ENVIRONMENTAL AWARENESS	9
CHAT's Core Approaches	11
IMPACT ASSESSMENT DATA COLLECTION	12
Research Design	13
Sample Size and Sample Size Selection	13
Data Collection Tools	14
SURVEY RESULTS AND FINDINGS	15
Characteristics of Respondents	15
CHATS IMPACT	17
Relevance	17
Implications	20
Effectiveness	21
Goal 1: Family Planning Access and Use	21
Goal 2: Behavioral Change	22
Goal 3: Community Empowerment and Governance	23
Implications	24
Coherence	25
Efficiency	25
Impact	26
CONCLUSION	29
A FUTURE FOR IMPACT	31
REFERENCES	33
APPENDICES	34

INTRODUCTION

"Family planning is not about numbers; it's about empowering individuals and families to improve their quality of life."

- Gro Harlem Brundtland, former Prime Minister of Norway

Communities Health Africa Trust (CHAT) is dedicated to environmental conservation by providing family planning services to communities inhabiting the most underserved areas in Kenya, where ecosystems are fragile and in need of support. This impact assessment finds its roots in CHAT's inception in 2007, guided by strategic plans, including the present five-year strategic plan "Healthy People for a Health Environment (2019-2023), charting CHAT's course toward implementing a sustainable impact. As we approach the culmination of the latter, the need arises to assess the extent of CHAT's impact on the people and environments they work in.

This impact assessment serves as a comprehensive examination of CHAT's work over the last 20+ years, focusing on CHAT's innovative Peoples Health & Environment (PHE) approach, briefly, an ecological component integrated into CHAT's family planning intervention initiatives within the communities it serves. Through one-to-one interviews and focus group discussions, aimed to determine the tangible impact of CHAT's interventions, shedding light on areas where CHAT has been successful and identifying areas where improvements can be made. This assessment was more than a retrospective glance; it explored whether CHAT's work positively impacted the communities it aimed to uplift. Moving forward, this report will delve into the tangible effects to unravel the narrative of CHAT's impact on individuals and communities it reached - exploring the impact journey from inception to impact.

Family planning in Kenya is a critical component of public health initiatives, playing a pivotal role in shaping the country's socioeconomic landscape. According to data from the Kenya Demographic and Health Survey (KDHS) 2022, the need for effective family planning is underscored by the country's growing population, which has had significant implications for healthcare, education, overall societal well-being, demographic shifts, and environmental considerations. Kenya's current population is 55,100,586 people as of June 2023, reflecting the continuous population growth that poses challenges in resource allocation and service provision.

(For reference to Kenya's increasing population, tap on [this link](#).)

The impact of family planning extends beyond demographic considerations, influencing maternal and child health outcomes, educational opportunities, economic development, and environmental pressure. The environmental effects of population growth are intertwined with the country's ecological well-being. As we embark on an assessment of CHAT's initiatives, we acknowledge the dual significance of family planning to not only improve the quality of human life but also for sustainable environmental practices. Kenya faces challenges balancing its population dynamics with environmental conservation efforts, especially in regions where CHAT operates. By delving into this context, we can discern how CHAT's interventions contribute to family planning goals and the broader canvas of environmental conservation, aligning with the country's commitment to a sustainable and harmonious future.

Main Objectives of the Impact Assessment

CHAT's strategic goals in the 2019-2023 strategic plan encapsulate a People, Health & Environment (PHE) approach to address the key lack of access to Family Planning services to foster sustainable development. The goals extracted from the strategic plan and CHAT's work over the last 20 years helped guide the impact assessment.

Goal 1: Increase access and use of family planning.

Goal 2: Enable positive behavior to change for increased family planning uptake and environmental sustainability.

Goal 3: Increase the empowerment and resilience of communities through self-sustaining governance structures.

Using the goals above, indicators were drawn that helped dictate the direction of the impact assessment.

Objective 1: Exploring Access and Utilization of Family Planning Services using CHAT's PHE approach.

Indicators:

- Percentage increase in the number of individuals accessing family planning services within the sampled area for this assessment, distribution of family planning methods utilized, highlighting changes in preferences and awareness and rate of continuity in family planning use.

Objective 2: Evaluating Positive Behavior Change for Family Planning and Environmental Sustainability using CHAT's PHE approach.

Indicators:

- The number of individuals engaged in awareness and sensitization programs providing integrated family planning using CHAT's innovative PHE.
- Quantifiable changes in individual and community behavior towards family planning practices environmental reparation, and conservation.
- Assess the impact of integrating family planning with environmental sustainability messaging in grassroots door-to-door education/information initiatives.
- Men accompanying their partners for FP services.
- Assess the impact on reaching out to vulnerable and marginalized individual, including people living with disability among others.

Objective 3: Assess Empowerment and Resilience through Self-Sustaining Governance Structures in CHAT's target communities.

Indicators:

- Evaluation of community-led governance structures and their effectiveness in promoting empowerment and resilience.
- The number of sustainable initiatives led by the communities showcases increased self-reliance.
- Perceived community resilience, measured through qualitative feedback on the impact of governance structures.

Impact Assessment Methodology

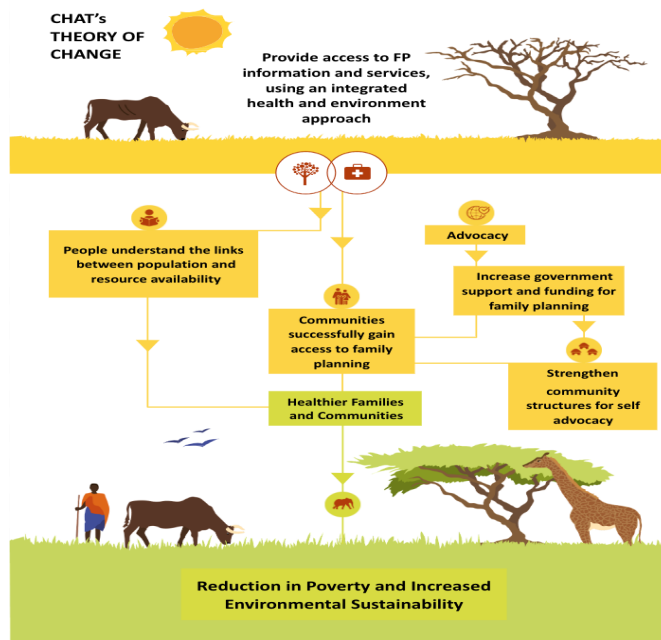
The methodology employed for this impact assessment exercise combined participatory research, personal interviews, and questionnaires to gather comprehensive insights. These methods were chosen as they provide an in-depth understanding of change over time and its impact on the people.

This methodological framework was designed to gather clear data, ensuring a comprehensive exploration of CHAT's impact on the community. The participatory and narrative aspects aimed to elevate the voices of the individuals and community members, making them active contributors to the assessment process.

FAMILY PLANNING INTEGRATING ENVIRONMENTAL AWARENESS

In 2000 –when CHAT (formerly known as Mpala Community Trust) was founded – Kenya's population was approximately 31.5 million people; by the end of 2018, the population was more than 51.5 million people. Population growth in Kenya has significantly impacted rural communities dependent on natural resources for their health and livelihoods. As populations in these areas increase, so do land degradation, deforestation, overgrazing, and conflict. These factors have led to poverty cycles for many communities, creating significant barriers for individuals to improve their lives.

With their unique approach focusing on environmental well-being, family planning, and holistic health, CHAT's 2019 - 2023 strategic plan sought to address these challenges and strengthen community structures. CHAT focused its work and effort within a strategic framework outlined by the goals and objectives below to build sustainability and impact.



ACCESS TO FAMILY PLANNING INFORMATION AND SERVICES.

To increase the access and use of family planning in the area it serves, CHAT strategized to enhance the capacity building of Community Own Resource People (CORP, members chosen from the community by the community to provide healthcare & environmental sensitization and help address myths, misconceptions, and knowledge gaps associated with family planning among individuals and communities. Further, to improve access, CHAT strategized to improve community access to provision of family planning commodities through continuous and quiet advocacy. Further, CHAT strategized to strengthen the referral system between CORPs and local healthcare facilities. In addition to its work methodology, CHAT incorporates ecological consciousness within the family planning information. To provide a range of entry points to family planning, CHAT also provides a suite of other health services such as TB screening, HIV testing and support, referrals for gender-based violence (GBV) victims, people living with disabilities (PWD) and basic curative treatment. The numerous obstacles underprivileged communities face successfully addressed using this integrated health services approach.

ENABLE POSITIVE BEHAVIOUR TO CHANGE FOR INCREASED FAMILY PLANNING UPTAKE AND ENVIRONMENTAL STABILITY.

CHAT aimed to improve the quality of life of the communities and individuals by empowering CORPs to engage with them door-to-door, enhancing their understanding of the importance of family planning access and healthy environments. Additionally, CHAT sought to raise awareness among youth and men to foster positive behavior change in the community towards women's empowerment and gender equality by changing attitudes and perceptions.

INCREASE EMPOWERMENT AND RESILIENCE OF COMMUNITIES THROUGH SELF-SUSTAINING GOVERNANCE STRUCTURES.

CHAT ensures that CORPs identify key community health, environmental and social needs and promote avenues to advocate for continued improvement. Linking Village Development Committees (VDCs), Community Health Promoters (CHPs), Community Health Committees (CHCs), Water Resource Users

Associations (WRUAS) and Conservancy Board members, among others, to partner with relevant institutions and stakeholders to bring capacity-building opportunities. CHAT collaborates with the GOK - primarily the MoH and other line ministries. Community leaders and CORPs identify areas where communities face challenges in accessing health facilities, family planning and financial barriers to care.

CHAT uses the following three outreach strategies to provide its services to communities:

Backpack Outreach Strategy.

This is CHAT's core outreach strategy, with CORPs going door-to-door in their own and neighboring communities to offer family planning information and counselling using CHAT's PHE approach. Whilst integrating within the family planning services, a component of environmental education, the CORPs also help people access family planning and other health services and making referrals to nearby healthcare facilities. In addition, the CORPs converse with individuals regarding more general environmental and social concerns that affect the general welfare of the community.

Table 1: Number of CORPs since 2007

YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
CORPs supported	8	10	10	13	10	15	19	18	18	26	42	43	32	45	40	64

(CHAT also partners with 61 motor bike (boda boda) riders linking them with the CORPs in CHAT's integrated TB project within Laikipia & Isiolo counties only– since 2022.)

Motor Mobile Outreach Strategy.

CORPs work with CHAT, local opinion leaders, and local government representatives to identify areas where communities have limited access to health facilities, significant unmet family planning and health needs, and where the cost of accessing medical facilities is a barrier. Often, initially, a motor mobile clinic is an entry point (to FP services) providing integrated health services, including basic curative immunizations, antenatal care, and child welfare but focusing on providing access to family planning.

Camel Outreach Strategy.

CHAT utilizes an innovative strategy in more hard to reach communities CHAT's innovative camel mobile clinic outreaches provide integrated health services with a focus on family planning and include basic curative treatment, immunizations, antenatal care, and child welfare.

CHAT's Core Approaches

A. Access to family planning information and services.

In addition to providing family planning information and services in underserved areas, CHAT incorporates ecological consciousness into its work methodology. To give people a range of entry points to family planning, CHAT also provides a suite of health services (TB, HIV testing and support, as well as basic curative

treatments) that target women, men, girls, and boys. Numerous obstacles that underprivileged communities face can be successfully addressed by this integrated health services approach.

B. Strengthening Community Structures.

Throughout Kenya, many communities lack adequate access to community-based Government/Public health facilities and, frequently, have not received the necessary assistance to establish grassroots organizations that would enable them to negotiate for the services they require. CORPs in the area work to strengthen these structures, e.g., CHCs, or if none exist, the VDCs initiated by CHAT in the ecosystems. By empowering communities to take responsibility for their development and well-being, this work strengthens the sustainability of the CHAT's methodology.

C. Engaging in 'quiet' advocacy.

A key component of CHAT's work is its dedication to maintaining solid working connections with government representatives; one of its longest-standing partners is the Ministry of Health. The strategy used by CHAT is purposefully relationship-based, fostering cooperation and government negotiation to accomplish shared objectives and enhance health and well-being outcomes for communities in need. People struggle to obtain family planning services and information due to inadequate supply chain management and government funding. CHAT works with the CORPs to conduct certain advocacy activities directly to tackle these issues. For example, CHAT presently serves on planning committees in the 19 counties (where CHAT operates in presently, as at September 2023) to promote greater financing for family planning within the larger health portfolio and to push for the incorporation of CHATs approach into the County government's overall work plan.

CHAT has significantly expanded its partnership with the Ministry of Health, now operating in 19 counties across Kenya, marking a substantial increase from its initial presence in three counties—Laikipia, Samburu, and Isiolo. This expansion is a testament to CHAT's impactful strides in extending its reach and influence in community wellbeing. The collaborative efforts with the Ministry of Health reflect the organization's growing footprint and commitment to fostering broader health improvements nationally. This strategic partnership enables CHAT to contribute significantly to wellbeing initiatives beyond its initial operational regions, showcasing its sustained impact and dedication to advancing community well-being outcomes across diverse communities.

D. Environmental well-being.

To manage natural resources sustainably, which is necessary for rural development and poverty reduction, CHAT believes that giving people the capacity to make decisions about their health and family size is crucial. CHAT's PHE approach thus serves as a framework for CHAT work.

IMPACT ASSESSMENT DATA COLLECTION

The impact assessment data collection phase was designed to systematically understand CHAT initiatives' ' impact. This methodology was formulated to discern and evaluate the diverse impacts that CHAT's initiatives exert on individuals and the communities it serves. Employing a participatory research approach, engaging with community members and key stakeholders, utilizing personal interviews, key informant interviews, and focus group discussions. This chapter outlines the methodologies employed, the participants' selection criteria, and the data collection tools.

Research Design

Participatory Research.

Participatory research was integral to the data collection process, embodying a collaborative approach that positioned the community members as active research participants. This inclusive methodology ensured that the perspectives and experiences of the target communities were central to the assessment.

Personal Interviews.

Structured personal interviews were conducted with diverse stakeholders, including CHPs, CORPs, healthcare professionals (nurses and doctors), and community leaders such as village elders and chiefs. Using an online interview guide provided a standardized framework (refer to Appendix 2) for consistency and allowed for the exploration of specific themes guided by stipulated indicators.

Key Informant Interviews.

Key informant interviews were essential for obtaining in-depth insights from individuals with specialized knowledge and perspectives relevant to CHAT's impact. This category included representatives from various community sectors, ensuring a comprehensive understanding of the community dynamics. Key informants included key beneficiaries, CORPs, CHAT staff, Group Ranch/Conservancy staff and health facility & hospital staff of referral hospitals.

Focus Group Discussions.

A select number of focus group discussions were facilitated, creating a platform for community members to share collective perspectives. These discussions aimed to uncover shared experiences, community dynamics, and common themes related to CHAT's impact.

Impact Assessment sample locations

The comprehensive assessment spanned a month, from mid-October to mid-November, divided into two distinct trips, each tracing disparate routes. The trips reached parts of Laikipia, Samburu, Baringo and Isiolo counties. For further information on the maps and locations for the impact assessment, refer to the cover page and Appendix 1.

Sample Size and Sample Size Selection

Considering that the population covered includes pastoralists and given the size of the areas covered, the need arose to employ sample populations that would represent the larger population.

A systematic approach was used to determine the sample size for the assessment based on the total populations of the areas covered during the first and second trips. For details on the routes for each trip, refer to Appendix 1. The total population count for targeted areas for Impact Assessment was 144,406. Given the pastoralist nature of the population, the subsequent sample size calculation determined 384 as the optimal number for field interviews per trip. Thus, on average, 38 interviews per day over the 10-day impact assessment period allowed for a representation of the broader population.

Population Variance and Confidence Interval.

Critical to the precision of our sample size determination was the consideration of population variance, calculated through standard deviation (SD) estimation in cases of continuous outcomes. The parameters embraced for this calculation included a Confidence Interval (CI) of 95%, a Margin of Error of 5%, a Population

Proportion (P) of 50%, and a Population Size (N) representing the total population of the areas covered per route.

Terms Explained

Confidence Interval (CI): The range within which the true population parameter lies.

Margin of Error: The amount by which we allow our sample estimate to vary from the true population parameter.

Population Proportion (P): The estimated proportion of the population exhibiting the outcome variable.

Population Size (N): The total number of individuals. This calculation ensured a sample size that not only met statistical standards but also harmonized with the practicalities of fieldwork.

Data Collection Tools

Online Interview Guide.

A structured online interview guide was developed to ensure consistency across personal interviews. The questions were shared using Kobo Collect. The guide covered key themes such as family planning access and use, behavioral change, environmental sustainability, community empowerment, and internal operational development.

Data Collection Procedures and Data Management

Data collection procedures were executed sensitively to cultural nuances and ethical considerations. Informed consent was obtained from all participants, and privacy and confidentiality were prioritized throughout the process. Interviews were recorded with consent to ensure accurate documentation of responses. Data was collected using Kobo Collect, facilitating offline data collection in remote areas with limited connectivity. The collected data were securely stored on-site and later transferred online, allowing for efficient management and initial analysis. Upon transfer, the data were organized in Excel, providing a structured platform for further initial analysis.

Random Sampling and Household Interviews.

The assessment involved entering a community and randomly sampling households chosen by the interviewer, not the CORP, to reduce bias. The interviewers then spent approximately 20 minutes discussing with participants, with each participant allowed not to participate if they did not feel comfortable (See Appendix 3 for Interview Consent Protocol). In applicable cases, they also examined the environmental conservation practices within participants' homesteads, such as the presence of toilets, clean energy sources, and trees.

Health facility Visits.

Family planning (FP) and Maternal and Child Health (MCH) departments were visited to interview nurses and other healthcare workers collaborating with CHAT.

The insights gathered from community members and key stakeholders reflect this impact assessment's rigorous data collection phase. The data collected lays the foundation for the subsequent analysis, offering a comprehensive understanding of CHAT's impact on the community.

SURVEY RESULTS AND FINDINGS

Through thorough field interviews, sufficient data was collected to analyze the impact of CHAT’s initiatives on the communities it serves. This chapter contextualizes the findings according to several indicators, giving an overview of the current coverage and response rate and analyzing the demographic characteristics of the respondents.

Out of the anticipated 768 field interview respondents targeted, only 725 respondents participated in the impact assessment, resulting in a response rate of 94.4%. Given the nature of the areas covered and the sensitivity of the topic of family planning among the communities served, the sample adequately represents the intended demographic.

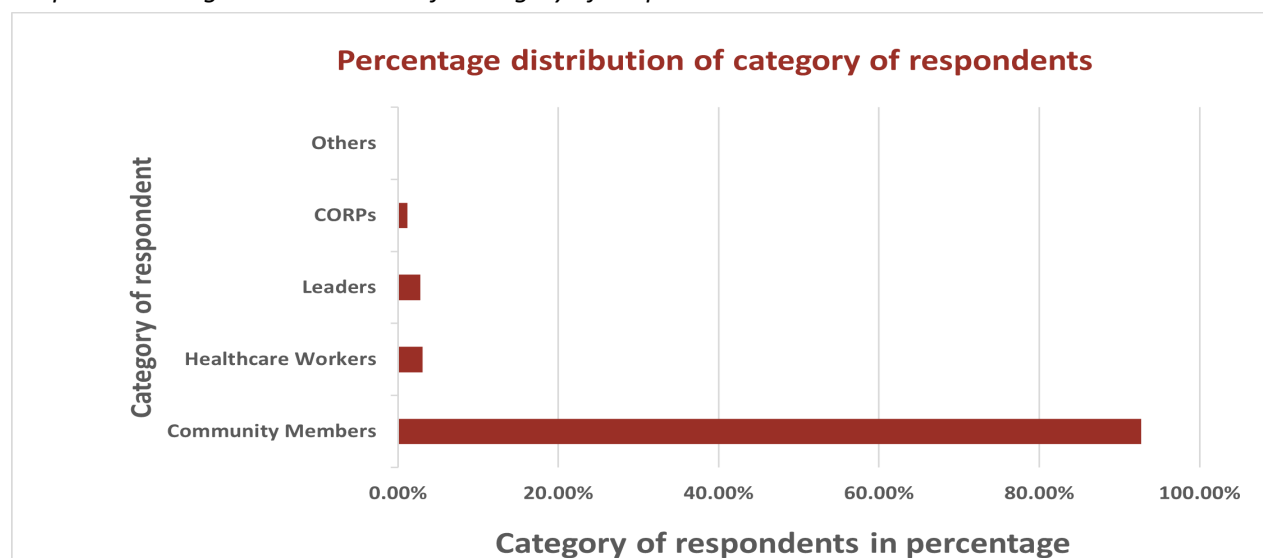
Characteristics of Respondents

This section describes the individuals who participated in the impact assessment exercise. Therefore, the demographic characteristics of the respondents are presented as follows.

Category of Respondents

Of the 725 individuals interviewed, 93% were community members, 3% were health facility workers and caregivers, 3% were community leaders such as village chiefs and elders, and 1% were CORPS. Others refer to interviewed individuals who did not fall under the stated categories – these include teachers, conservancy staff, and government officials, to mention but a few.

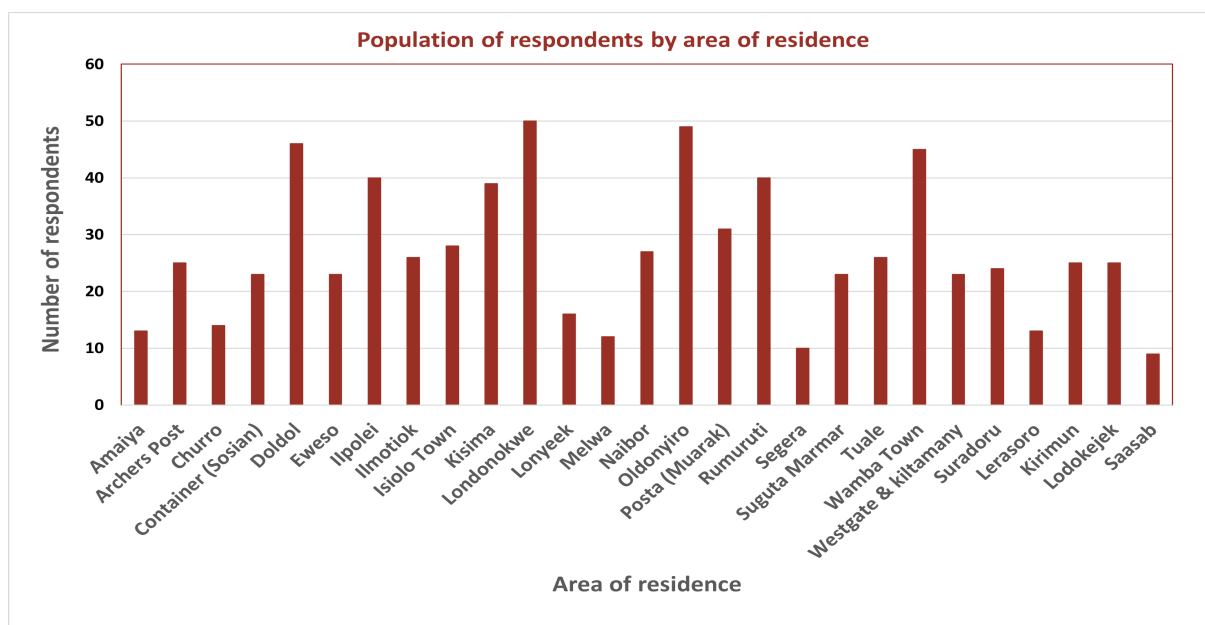
Graph 1: showing the Distribution of “Category of Respondents.”



Area distribution

In this impact assessment target area, a diverse range of residences was visited, covering and rural and some urban and semi-urban homesteads. This allows for the generalizability of the results from the impact assessment across the various ecosystems visited.

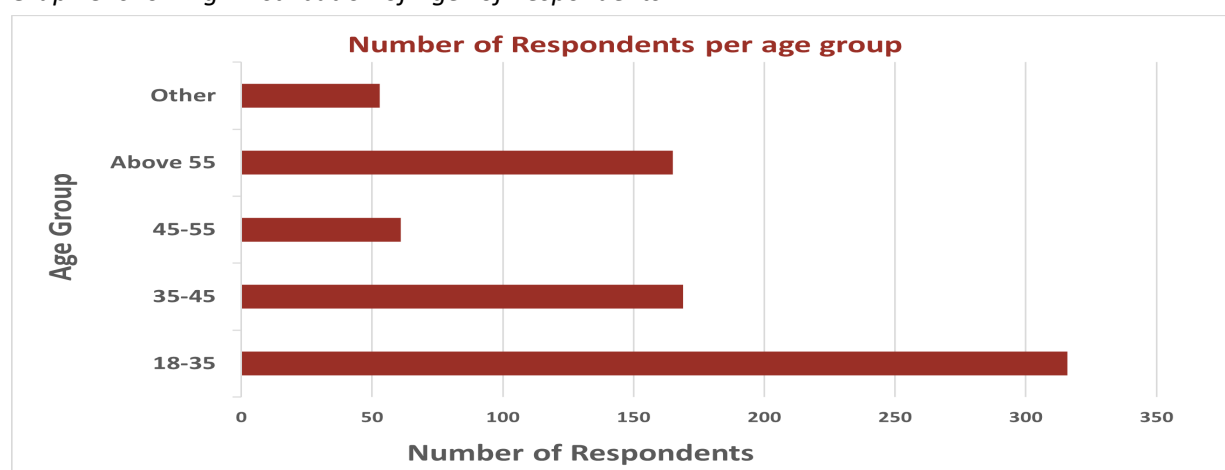
Graph 2: Distribution of “Areas of Residence.”



Age distribution

Regarding age distribution, most of the respondents in this impact assessment study fell between 18 and 35, but the sample contained individuals of all ages. The impact assessment report's age distribution reveals positive and challenging aspects of CHAT's impact. Most respondents between 18 and 35 47.02% (316) indicate a successful outreach to younger demographics crucial for addressing family planning awareness and engaging the next generation. However, the limited representation of individuals above 55 15.63% (105) suggests a potential challenge in reaching older community members who might hold valuable traditional knowledge and perspectives. To enhance the comprehensiveness of CHAT's impact, efforts can be directed toward ensuring effective engagement across diverse age groups, fostering a more holistic understanding of community dynamics and needs.

Graph 3: showing "Distribution of Age" of Respondents

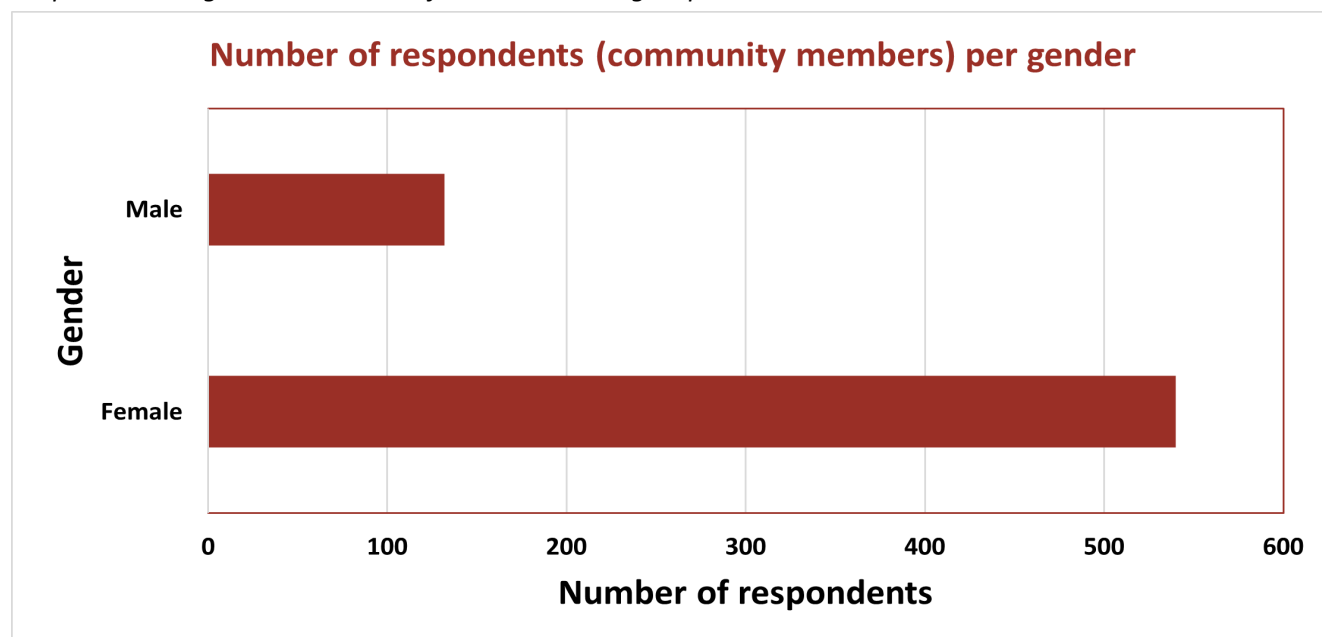


Gender

The gender distribution, as illustrated below, shows that out of the 672 community members interviewed, 80.36% (540) were female, and the remaining 19.64% (132) were male respondents. The predominance aligns with CHAT's emphasis on engaging and empowering women within communities. This reflects a positive impact, highlighting CHAT's success in reaching and involving women, who often play central roles in family

planning decisions. However, the lower representation of males suggests a potential challenge in engaging men in family planning discussions.

Graph 4: showing the distribution of “Gender” among respondents.



CHATS IMPACT

“IMPROVING QUALITY OF LIFE”

CHAT is working to bring environmental conservation into family planning education for underserved communities in fragile ecosystems in Kenya. This shows their dedication to the cause. To analyze CHAT’s impact, the framework of **Relevance**, **Coherence**, **Efficiency**, and **Effectiveness** was used to understand the work’s overall **Impact**.

Relevance

The first lens through which CHAT’s impact is scrutinized is the degree to which its strategies address the actual needs and priorities of its target communities and stakeholders. By exploring quantitative insights, qualitative narratives, and comparative analysis, we delve into the heartbeat of these communities, creating a multifaceted view of their aspirations, challenges and expectations surrounding family planning services. Through targeted inquiries, respondents were prompted to reflect on the transformative journey since the inception of CHAT’s interventions.

The voices of the community echoed the significance they attribute to accessible family planning options. One discussion was held in the heart of Wamba Town, in Samburu East County, at a wedding ceremony that gathered about thirty-five women, ages 23 to 64. Among the poignant stories that echoed through the discussion were the experiences of two resilient women aged 60 and 58. In their youth, they faced the formidable challenge of navigating marital relationships marked by husbands intoxicated with local brews and substances like “miraa” – a borderline addictive drug otherwise known as ‘Khat’. The resultant heightened sex drive of their spouses led to a cycle of involuntary pregnancies, with the women giving birth to over eight children in a decade. Compounded by the remoteness of their location, these women found themselves in a

precarious situation—unable to access family planning information or services due to the absence of nearby hospitals, which were a daunting ten-hour journey away via public transport, i.e. a “matatu”.

In a poignant moment of empowerment, these women approached their husbands, seeking permission to explore family planning methods. Their husbands approved and embraced the newfound knowledge after being educated by CHAT’s CAMEL mobile clinic. CHAT became a beacon of change, offering crucial insights and support to these families. The intervention not only halted the unintended cycle of pregnancies but also provided a pathway for these women to engage intimately with their spouses without the burden of often unwanted continuous childbirth. CHAT’s PHE model is unique in that it brings men into the conversation, something that others have not done.

This compelling story from Wamba Town encapsulates the core of CHAT’s relevance. CHAT empowers individuals to make informed choices about their reproductive health by facilitating access to family planning information and services, often in remote and difficult-to-reach areas. The transformation in these women's lives echoes the resonance between CHAT's mission and the real-life needs of the communities it serves. The ripple effect of such interventions addresses the immediate concerns of family planning and contributes to the broader goal of empowering communities for sustained well-being.

Notably, 71% of respondents highlighted a profound shift in community dynamics, emphasizing the increased awareness and knowledge of family planning methods ever since the inception of CHAT’s initiatives within their communities. This surge in awareness underscores the success of CHAT's educational campaigns, reaching the core of community understanding and fostering informed decision-making. During an interview with Nurse Damaris at Isiolo Teaching Hospital, a facility nurse attached in the MCH/FP clinic, a notable transformation in these community dynamics was highlighted. Previously, individuals seeking family planning information merely requested to be educated on the subject. However, there has been a remarkable shift with the advent of CHAT initiatives – with actual behavioral changes. Patients now approach the hospital clearly, understanding their family planning preferences. Nurse Damaris observed that those referred by CHAT are well-informed about various methods, showcasing a depth of knowledge uncommon before CHAT's involvement. For instance, patients express specific preferences, such as opting for long-term pregnancy protection methods to space their children intentionally. This example illustrates the profound impact of CHAT's initiatives, transforming awareness and fostering informed decision-making within the community.

Following closely, 59% of the participants acknowledged the tangible improvement in accessibility to family planning services and commodities within their communities. This testament to enhanced service availability points to the effectiveness of CHAT's strategic approach in bridging healthcare gaps and ensuring reproductive health services are within reach. While 59% of participants acknowledged tangible improvements in accessibility to family planning services through CHAT's interventions, the remaining 41% struggled to dissociate CHAT services from those offered by the Government or the Ministry of Health. An anonymous high school teacher in Sosian area of Laikipia North Sub County highlighted concerns within the community, noting that some young women view increased family planning accessibility as a means for abortion. This perspective suggests a nuanced challenge, as individuals seek family planning services during motor mobile clinics with the hope of addressing unintended pregnancies. The distinction lies in CHAT's testing practices, unlike other providers who administer family planning without pregnancy tests, potentially leading to expired methods and misconceptions about method failures among young students. Addressing these misconceptions is crucial for accurate assessments of improvements in family planning accessibility.

Furthermore, the impact on maternal and child health outcomes emerged prominently, with 57% of respondents noting observable enhancements. Anecdotal evidence from the discussion in Wamba Town vividly captured this sentiment, as a 35-year-old participant shared her first-hand experience of reduced malnutrition among children, a stark contrast to her upbringing.

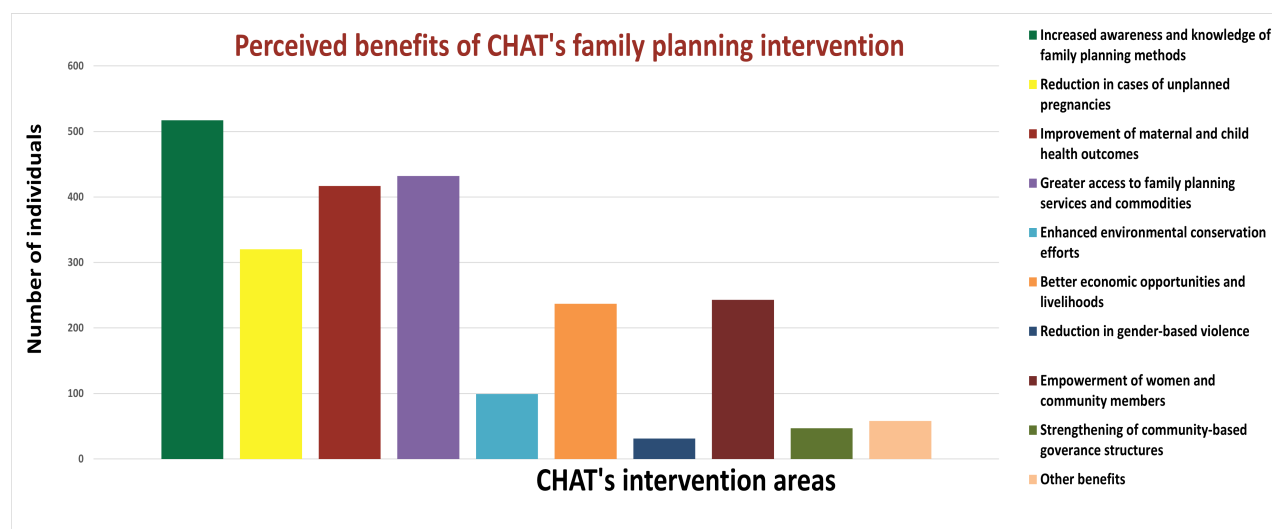
Beyond health-related benefits, the ripple effect of family planning interventions was evident in varied domains. 44% of respondents reported reduced unplanned pregnancies, signifying a shift towards planned and intentional family growth. Women's empowerment also emerged as a significant impact, with 33% of participants expressing newfound strength to balance family life with economic endeavors, breaking traditional barriers that once constrained women post-marriage. The testimony of a 36-year-old woman with seven children underscores CHAT's impact on empowerment. Living in Rumuruti, she faced marital issues due to her desire for permanent family planning. When CHAT visited the area with a motor mobile clinic, she initially hesitated but decided to reclaim control over her life. She embraced family planning despite her husband's refusal, leading to a divorce. Returning to her village in Naibor, she now thrives, working, providing for her children, and ensuring her daughters receive an education.

"Now, I am the champion for family planning in this area. There is no woman who knows me and does not know about family planning. I am grateful to CHAT, and they should continue their work and never stop."

- Empowered woman, Naibor.

Importantly, a recurring theme in these narratives was the role of family planning in empowering individuals to space their children strategically. This acknowledgement speaks to the foundational principle of informed reproductive choices, underscoring the transformative impact that resonates across various facets of community life.

Graph 5: Graph showing the distribution of responses to - *Since the inception of CHAT's initiatives, what primary benefits or impacts have you observed because of the family planning interventions within your community?*



Within the nuanced fabric of our impact assessment findings, a distinct subset of narratives emerged, revealing the transformative power of family planning for single women who are sole decision-makers in reproductive health matters.

Younger women articulated that through family planning, they found the freedom to rekindle their educational aspirations. Breaking the conventional barriers that often hinder academic pursuits, these women seized the opportunity to return to school, unlocking a path to knowledge and personal development. A primary school teacher at Kirimun shared a compelling testimony, shedding light on the transformative impact of CHAT's initiatives, particularly in empowering women to pursue education. In the past, the prevalent narrative involved young girls dropping out of school and getting married due to unplanned pregnancies, creating a cycle of limited educational opportunities. However, the teacher observed a significant shift since CHAT entered the community. He noted that the instances of girls discontinuing their education due to pregnancies are now rare. Remarkably, women in the community, armed with family planning knowledge and support from CHAT, are choosing to return to school after childbirth.

In a conversation with a 64-year-old farmer in Laikipia, he recognises CHAT through its distinctive yellow car. He describes how.

"Whenever the motor mobile clinic arrives, all the women working on his farm, including his wife, pause their activities and run towards the "yellow car" to receive free family planning services from CHAT."

Reflecting on the past, he recalled that: *"Pregnancies, particularly for young girls, often led to dropping out of school with no chance of returning. However, since the introduction of CHAT's services, women, especially the younger ones, can access modern family planning methods. This encouraged them to continue their education, providing more opportunities for girls who accidentally become pregnant to continue with their education."* His wife now actively encourages women on the farm to embrace family planning, promoting education and enabling them to contribute to the workforce."

Women illuminated the impact of family planning on child spacing and overall family planning strategies. With autonomy over their reproductive decisions, these women navigated the delicate balance between family growth and individual aspirations, demonstrating the integral role family planning plays in fostering intentional and well-spaced family structures.

The voices of women of reproductive age echo resilience, determination, and empowerment. CHAT's family planning interventions, tailored to meet the unique needs of these individuals, stand as a beacon of support, enabling them to chart their paths with confidence, purpose, and control over their reproductive destinies. In the realm of relevance, a single mother from Naibor shared her transformative journey with family planning. She actively participates in weekly women's meetings and passionately advocates for family planning, drawing from her experience. In these gatherings, she stresses the importance of spacing between children, citing that she discussed with her husband her intention and decision not to follow her parents' path of having over 10 children without spacing. Despite being unmarried for reasons she preferred to keep private, she remains committed to family planning, emphasizing women's need to prioritize their well-being amid life's complexities. Encouraging other women to take control of their futures, she advocates for the empowerment that family planning brings, even if done discreetly. Her story exemplifies the impact of family planning in fostering individual agency and shaping a more informed community.

Implications

The profound exploration of relevance in CHAT's family planning initiatives carries significant implications that reverberate beyond numerical metrics. Firstly, the heightened awareness and knowledge of family planning

methods (71%) suggest a community primed for informed decision-making, potentially leading to sustained sexual and reproductive health practices.

Secondly, the tangible improvements in accessibility to family planning knowledge, services, and commodities (59%) underscore the success of CHAT's strategic placement of services, mitigating barriers and ensuring equitable sexual and reproductive healthcare access.

The impact on maternal and child health outcomes (57%) signals a holistic approach to community well-being, reaching beyond reproductive health to foster healthier living conditions. The women illuminate the empowering potential of family planning, enabling educational pursuits, career advancements, and strategic life planning. These implications collectively paint a vivid picture of CHAT's initiatives aligning with strategic goals and actively shaping the fabric of community life.

The qualitative narratives underscore that CHAT's family planning interventions extend beyond the numerical metrics, manifesting in nuanced community experiences. The heightened awareness fosters informed decision-making, improved accessibility ensures equitable service distribution, and impacts on maternal and child health signify a comprehensive approach to well-being. Particularly poignant is the empowerment of single women, reflecting the transformative potential of family planning in catalyzing education, career opportunities, and strategic life planning. These implications reaffirm that CHAT's relevance is not confined to strategic alignment but is intricately woven into the transformative stories of the communities served.

Effectiveness

In this section, we look at the effectiveness of CHAT's interventions, exploring the outcomes that reflect the organization's success in achieving its strategic goals. Focusing on lives impacted, behavioral changes, and lasting effects woven into the fabric of the communities served. Finally, this section serves as a reflection on achievements and a compass to guide future endeavor.

Goal 1: Family Planning Access and Use

The pursuit of enhanced Family Planning Access and Use unfolds a compelling narrative of goal attainment substantiated by the voices of the community. In our comprehensive survey of 672 community members, an astounding 53.38% identified CHAT as their initial source of information on family planning. This statistic underscores CHAT's pivotal role as a primary conduit of reproductive health awareness within the target communities.

YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<i>Individuals receiving contraceptives (including revisits)</i>	1,554	2,299	9,265	14,658	18,723	24,815	33,958	29,998	30,978	33,516	34,108	41,651	43,074	64,551	64,993	80,236
<i>People reached through community outreach programs (including revisits)</i>	31,893	31,494	34,731	36,615	55,428	72,979	89,767	88,494	88,846	96,741	100,696	128,278	130,425	100,068	99,862	123,078

Table 2: CHAT Outreach Monitoring results - 2007 - 2022

Delving further into the realm of contraception, our interaction with 540 women willing to share their perspectives revealed that majority of them are actively utilising contraception after their engagement with

CHAT. This signifies a substantial achievement in reaching and engaging with the female demographic and attests to the impact of CHAT's interventions in fostering reproductive health choices.

Of those currently using contraception (182), 72.53% (132) have opted for long-term methods, reflecting a sustained commitment to family planning. Additionally, 27.47% (50) have embraced short-term methods, highlighting the diverse choices made available through CHAT's initiatives.

Notably, 51.52% (68 out of total 132 men) of the male respondents acknowledged CHAT as their source of awareness regarding family planning—an indication of the organization's successful outreach to all genders. Furthermore, an intriguing gender dynamic surfaced during our interactions. While both male and female respondents demonstrated awareness of condoms as a contraceptive method, a notable gender gap emerged. More males than females demonstrated awareness of male and female condoms, underscoring the significance of targeted educational efforts. This gender-specific awareness sheds light on CHAT's varied impact in fostering informed decision-making within the community.

Healthcare workers highlighted how CHAT was an important partner to their facilities, especially in distributing family planning commodities (occasionally when the MoH supplies are exceeded by FP demand) and education in the community. Healthcare workers in the Doldol area reported considerable uptake in both short and long-term family planning methods. It was, however, noted that some women preferred short-term injections over long-term implants due to fears of their husbands discovering the latter. This insight sheds light on the complex dynamics surrounding family planning choices within the community.

These insights validate the attainment of goals outlined in Family Planning Access and Use and illuminate the diverse and gender-specific impact CHAT has achieved in reshaping community perceptions and behaviors surrounding reproductive health.

"If you had come here a decade ago, before CHAT entered this area, traditional abortions were so common, and we were losing so many young girls in the process," expressed a Nurse Nyongesa at Kisima Dispensary. "Today, things are extremely different. Many young girls are coming here for family planning, with their parents' consent, thanks to what CHAT is doing in the interior. Now, we are losing fewer girls to unplanned pregnancies and complications from abortion because they are able to access family planning."

-Nurse Nyongesa, Kisima Model Health Center.

Goal 2: Behavioral Change

Turning our focus to behavioral change for family planning and environmental sustainability, the impact assessment unearthed a rich tapestry of community perspectives. Inquiring into the influence of CHAT's interventions on individuals' understanding of the environmental importance to community wellbeing, a significant 55% of the 725 respondents noted a heightened awareness. However, it's crucial to acknowledge that 13.93% mentioned no noticeable change in their understanding, revealing a nuanced spectrum of responses.

Delving deeper into the perceived benefits of comprehending the connection between family planning, individual well-being, and environmental preservation, insights from 725 respondents unfolded multifaceted dimensions. Surprisingly, 15% noted no discernible benefits, indicating a segment of the community yet to fully recognize these elements' interconnectedness.

A substantial 32.69% expressed a positive transformation in community and individual well-being. A poignant example emerged during a discussion in a small village called Westgate, found in Samburu East County, where respondents highlighted the newfound awareness attracting tourists, NGOs, and wildlife-centered

organizations. A 40-year-old participant underscored the tangible benefits received from NGOs, such as education, food, and clothing, leading to a heightened inclination towards environmental conservation and recognition of CHAT's role in family planning.

Further nuances emerged, with 19% emphasizing greater social opportunities and access to education as direct outcomes of understanding this interconnectedness. Notably, 8% of respondents stressed empowering women and gender equality as a direct benefit, aligning with the broader goal of environmental conservation. The interplay between family planning and environmental impact resonated with 11% of respondents who recognized reduced environmental strain on resource conservation. The remaining percentage highlighted diverse benefits, including better management of natural resources, improved food security and nutrition, and enhanced community collaboration and cohesion. One individual insightfully noted a reduction in conflicts related to resource scarcity, showcasing the far-reaching implications of understanding this connection.

Engaging village chiefs and leaders provided a crucial perspective on the evolution of community attitudes. Remarkably, 20 (As per the raw data) community leaders across the counties of Samburu and Isiolo noted a positive transformation in community knowledge and attitudes towards family planning's impact on environmental conservation. However, a smaller yet significant 25%- 5 community leaders—highlighted persistent skepticism among community members despite increased knowledge, emphasizing the need for continued awareness-building efforts.

A striking example lies in adopting sustainable practices within the target communities, such as rangeland management and planned grazing, which has taken root through community-led initiatives and educational campaigns. Beyond family planning, the impact encompasses a broader behavioral transformation that echoes the interconnectedness of family well-being and environmental health. This section quantifies the impact on family planning outcomes and articulates the ripple effects of CHAT's interventions, contributing to a more resilient and sustainable community fabric.

"I had my first child when I was 14, and in my culture, I am forced to be married off at that time by the man who impregnated me," she tearfully expressed. "This man currently wants a second child with me, but I am at the risk of losing my school scholarship and ruining my education. I was at a crossroads, depressed and crying with no way out. But when the CHAT CORP came into this area and spoke on family planning, something I had never heard of, I immediately got into family planning [long term]. This has enabled me to protect my future, protect myself, and reduce the risk of an unplanned pregnancy."

-19-year-old girl, Kisima Girls Secondary School.

Goal 3: Community Empowerment and Governance

Within the realm of Community Empowerment and Governance, our inquiry into the role of existing structures unveiled pivotal insights. Engaging community leaders on the influence of structures like women's support groups, men's support groups, and committees like Nyumba Kumi as entry points for CHAT, 18 of the 20 of the surveyed leaders emphatically affirmed their significant role. These structures serve as dynamic facilitators, providing a platform for the CORPs to seamlessly integrate discussions on family planning and environmental sustainability within their meetings.

However, nuances emerged, as the two leaders couldn't definitively recognize the impact of existing structures in facilitating CHAT's strategies, suggesting varied experiences across communities.

Exploring strategies for ensuring compliance and adherence to family planning and environmental conservation in the hypothetical absence of CHAT revealed diverse community dynamics. In areas heavily

dependent on CHAT, such as Rumuruti, Thome, Simba Farms, Container, and other parts of Laikipia, reliance on CHAT for education meant a potential gap in self-sustainability if CHAT were to discontinue its services. Contrastingly, communities in Samburu showcased high levels of sustainability with 54% of respondents expressing confidence that even without CHAT's direct involvement, educational programs and schools would persist in disseminating knowledge on family planning, showcasing a robust awareness infrastructure. Peer education and community awareness campaigns emerged as resilient strategies, with 54% of individuals emphasizing their continuity in case CHAT's presence diminishes. The crucial role of community health workers and local healthcare providers found resonance, as 51% envisioned their ongoing commitment to educating the community on family planning. Moreover, a noteworthy 41% highlighted the significance of self-awareness and individual decision-making as intrinsic drivers of compliance and adherence to family planning, underlining the emergence of intrinsic motivations within the community. Diversification of support mechanisms was evident, with 40% expressing confidence in government-led family planning programs and 20% citing personal referrals. A smaller percentage acknowledged the potential role of NGOs, non-profit organizations, traditional methods of contraception, support from international organizations, and religious and cultural leaders in promoting family planning.

Implications

The data underscores a notable achievement in raising awareness and accessibility to family planning services. The majority acknowledgement of CHAT as the primary source of information reflects the organization's pivotal role. However, the findings also highlight the need for continued efforts to reach segments of the community that remain less engaged.

The variance in contraceptive utilization and method preferences further signals the importance of tailoring interventions to diverse preferences, fostering inclusivity, and addressing existing disparities. A substantial percentage of individuals reporting an increased understanding of the interconnectedness between family planning, individual well-being, and environmental preservation speaks to the success of CHAT's educational initiatives.

However, skepticism and a segment yet to recognize tangible benefits emphasize the importance of ongoing educational campaigns. The positive correlation between awareness and self-sustainability in certain regions illuminates a pathway for targeted interventions. CHAT's role in leveraging existing community structures is a crucial strategy, yet the variance in recognition suggests a need for refining engagement strategies based on local dynamics.

Recognizing existing structures, such as women's and men's support groups, as key entry points for CHAT amplifies the organization's ability to embed its strategies within the community fabric. The stark difference in self-sustainability levels across regions indicates the need for tailored approaches.

Communities heavily reliant on CHAT underscore the risk associated with the potential discontinuation of services, emphasizing the need for strategies promoting local autonomy and knowledge transfer. The array of identified strategies for compliance and adherence in CHAT's absence provides a roadmap for reinforcing community-driven initiatives and diversifying support mechanisms.

"These days, with the way young people move, we cannot really plan the number of children we have, and that means we cannot even plan the resources we have, no matter how plenty," he pointed out. "Referring to the youth these days as very, for lack of a better word, very sexual. Since they sleep around a lot, they really can't plan how many children they have. CHAT was right to come into this area and direct some of the initiatives to the youth because, in that way, we [the youth] are able to still have sexual relations without necessarily bearing the burden of unplanned pregnancies."

Coherence

Internal Consistency: Examining CHAT's internal strategy as elaborated above, coherence reveals a well-integrated approach across its multifaceted interventions. The organization has showcased internal consistency in its family planning initiatives, ensuring a streamlined and comprehensive approach. Additionally, the collaboration with community health volunteers and elected co-ops indicates a cohesive internal structure that effectively leverages human resources.

Alignment with External Interventions and Policies: CHAT's strategy extends beyond internal consistency to align with external interventions and policies. CHAT has established a seamless connection with existing health structures by fostering collaborations with healthcare facilities, contributing to broader health changes reported in several counties. The organization's emphasis on community-led initiatives aligns with broader environmental conservation policies, creating synergies with regional sustainability goals. This alignment positions CHAT as a valuable contributor to internal and external health and environmental initiatives.

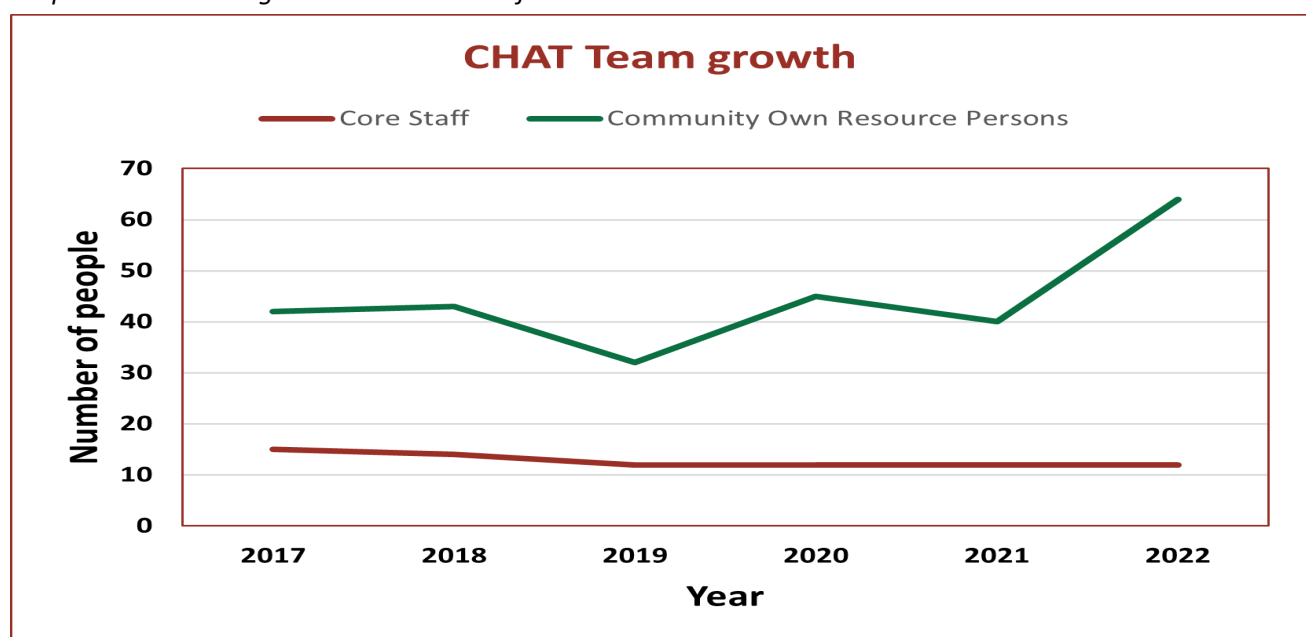
Efficiency

CORPs Utilization: CHAT has a small core team who oversee the organization's functioning. The utilization of CORPs is pivotal in disseminating family planning education and a cost-efficient measure that is appreciated by donors. The table below shows the cost of reaching community members.

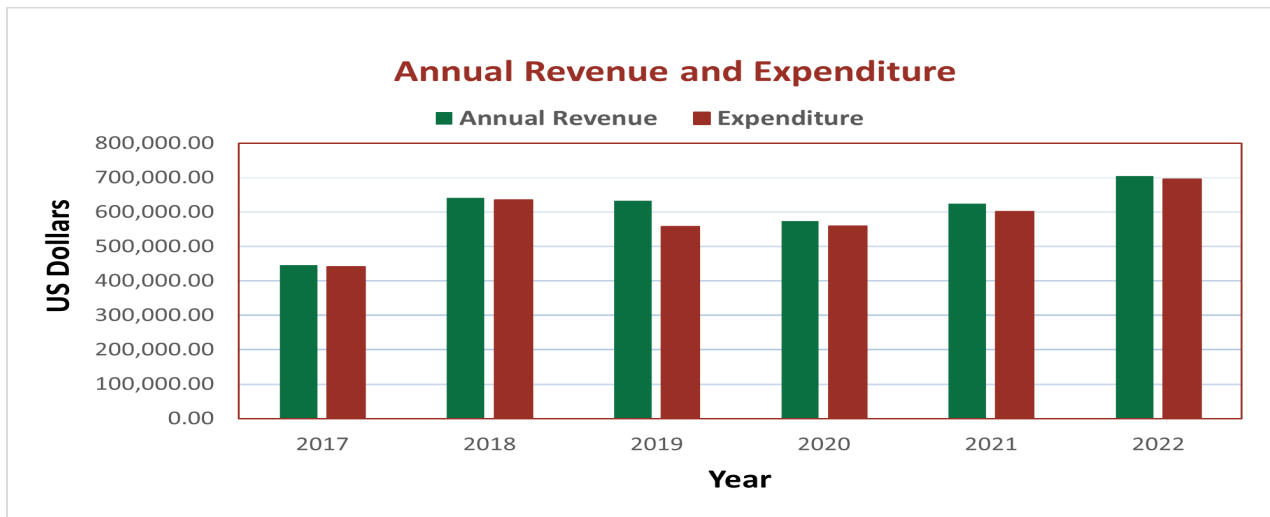
Table 3: Average cost per client (Community member reached)

YEAR	2017	2018	2019	2020	2021	2022
Average Cost per client	\$4.38	\$4.96	\$5.00	\$5.59	\$6.03	\$6.08

Graph 6: CHAT team growth and number of CORPs 2017 - 2022



Graph 7: CHAT Revenue vs Expenditure 2017 - 2022



While this approach has proven effective in many areas, challenges emerge regarding efficiency. Some CORPs cover vast distances alone, and while this is a cost-effective measure, it does hinder the CORPS' effectiveness and ability to deliver services. Moreover, the political dimension was observed during the impact assessment, where some individuals were hesitant to collaborate with us due to the CORP coming from a different community and not theirs, pointing to efficiency challenges in resource allocation and community acceptance.

Community Dynamics and Collaboration: Efficiency is influenced by individual and/or community dynamics.

Impact

By reviewing **Relevance, Coherence, Efficiency, and Effectiveness**, we can clearly understand the Impact CHAT's work has had on the communities it works with.

Family Planning Impact: The data collected reveals a notable impact on family planning strategies provided by CHAT. An impressive 80% of respondents affirmed their utilization of family planning services from CHAT, alongside other interventions. Delving deeper, within this 80%, 22.6 % (164 of 725) specifically utilized family planning services, 8% sought alternative medical interventions, and 4% were referred to hospitals through CHAT. Significantly, 86.23% (213 of 247) of those who availed themselves of CHAT's services expressed high satisfaction. These statistics underscore the widespread adoption of family planning services and the positive reception within the community, highlighting CHAT's key role in the awareness and uptake of family planning.

A young couple in their early 30s faced the challenge of managing a growing family in the Doldol area. Struggling with limited resources and the fear of unplanned pregnancies, they turned to CHAT for guidance. Through counselling and access to family planning resources, the couple gained control over their family size and found stability in their lives. Their story is a testament to the transformative power of education and support provided by CHAT in Doldol.

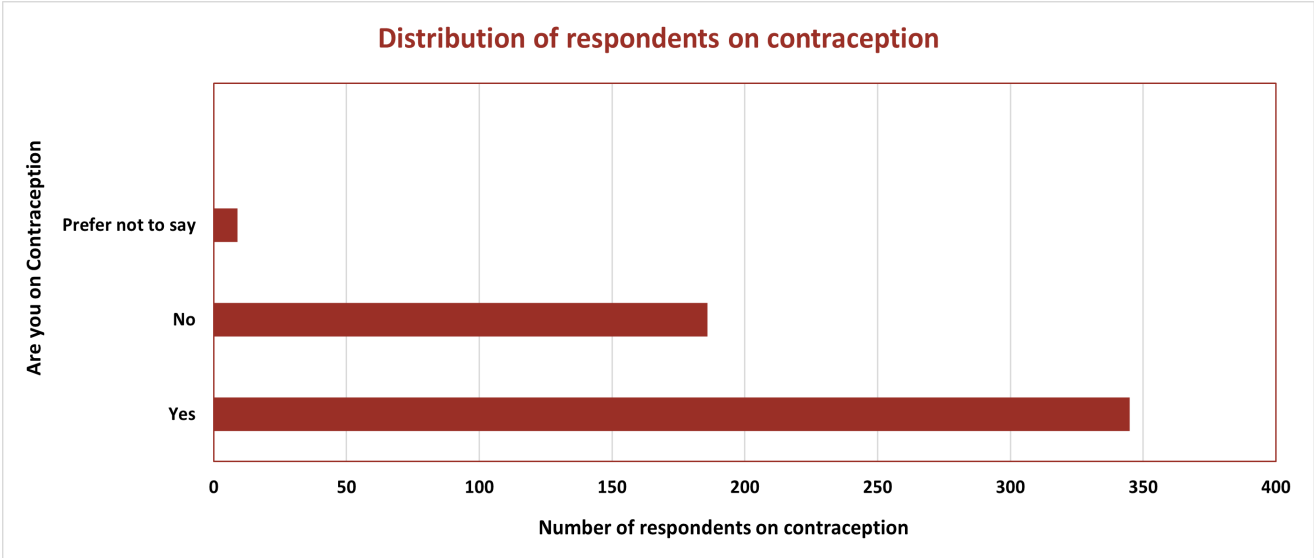
Environmental Sustainability Impacts: Environmental sustainability measures varied across regions, showcasing the adaptability of CHAT's interventions. For instance, in Suguta Marmar, Samburu County, CORP Stella Akai orchestrated a community-wide initiative where women convene every Saturday to clean the town, emphasizing the importance of environmental preservation. Under CORP Susan's guidance in Samburu, the community embraced sustainable practices like charcoal fridges. Simba Farms, Laikipia County, led by

CORP Lokipi Pauline, successfully implemented a program teaching villagers how to construct toilets, ensuring better hygiene and environmental conservation. Westgate, Samburu East County, under CORP Sabina Lolkinyati, witnessed successful tree planting initiatives, a collaborative effort with NGOs, promoting environmental sustainability. These localized initiatives demonstrate CHAT's multifaceted approach to environmental preservation.

Family Planning Sustainability: Each CORP showcased unique approaches to sustain family planning initiatives. CORP Zipora Leleruk, operating in Archer's Post, Samburu East County, targeted patriarchal norms by forming strong connections with men. This involved engaging men on the roads, specifically targeting girls under 18 and conversing with their husbands to advocate for family planning. In Isiolo, CORP Enrika Akiru focused on young girls under 20, fostering personal connections to enhance family planning sustainability. These tailored approaches underscore the importance of adapting strategies to address community-specific needs.

Quantitative Metrics: Quantitative metrics provide a nuanced understanding of the impact. The graph (graph 8) below illustrates that 47.59% of the 725 respondents, primarily women, are currently on contraceptives, showcasing the prevalence of family planning practices. Health workers corroborated improvements, with 22 out of 23 noting enhanced maternal health outcomes since CHAT's intervention. Additionally, 98% of respondents observed changes in family size, attributing the decrease to CHAT's influence and awareness of FP knowledge.

Graph 8: Bar graph showing the distribution of women currently in family planning.



Community Perspectives in Thome Laikipia West Sub-county: The lapse in CHAT's visits to Thome raised concerns among inhabitants who previously benefited from free services, mentioning that it had been a while since they had spotted CHAT's motor mobile clinic. While CHAT's yellow car may not have been seen frequently, communities were reached with the CORPS using the backpack strategy, which, while impactful, is not as public. Notably, the absence of a hospital before CHAT's intervention underscores the organization's significant role in filling crucial healthcare gaps in semi-urban areas. However, residents expressed a desire for more tangible empowerment, suggesting the provision of trees for planting to align with the environmental education provided.

"While environmental education is beneficial, there's a need for more practical engagement, like providing trees, especially considering the prevailing poverty and famine."

- Paul from Thome,

According to Paul, being taught about the environment lacks impact without the empowerment to translate knowledge into action. Additionally, he pointed out the absence of the CHAT car in Thome for a considerable period (presumably over the COVID-19 pandemic), highlighting a gap in the organization's recent presence in that area.

Challenges and Commendations from Melwa Laikipia West Sub County: In Melwa,, several challenges and commendations emerged from the interviews with healthcare professionals and community members. Nurse Mary from Melwa Healthcare Facility shed light on misconceptions affecting family planning uptake, including concerns about decreased libido and infertility in their wives among married men. The rise in gender-based violence due to economic stress was also noted. The commendable aspect was CHAT's support to the hospital by supplying free family planning commodities when they face scarcity (due to inadequate supply from the Government and whenever the FP demand created by CORPs surpass the available supplies), ensuring continuity of services.

Youth Perspectives and Unplanned Pregnancies: Insights from young individuals in Melwa, Laikipia County, highlighted gaps in community planning awareness and communication. Open discussions with 3 teenage girls revealed parental hesitancy to talk about family planning, contributing to an increase in unplanned pregnancies among young girls. The qualitative insights suggest a need for targeted educational campaigns and community engagement to address this gap.

Diverse Impacts Across Regions: The qualitative data showcased varying impacts across regions. Sosian, Laikipia West Sub County, benefited from CHAT's tree research and environmental conservation seminars. Noteworthy practices included pre-tests and follow-ups for family planning, consent-seeking from husbands, and additional healthcare services like tuberculosis screening in Sosian and Island communities in Laikipia West Sub- County.

Gender Dynamics and Family Planning Acceptance: The delicate balance between family planning acceptance and secrecy among women due to spousal resistance emerged in some communities in Samburu. The preference for short-term methods, such as Depo-Provera Injection, to avoid visibility, as would be the case for long-term reversible implants, indicates a nuanced approach required to navigate gender dynamics. Understanding these dynamics is crucial for tailoring interventions effectively. In the exploration, insights from a nurse at Suguta-Marmar Hospital in Samburu Central Sub County revealed a noteworthy trend. Despite women's willingness to adopt family planning, the prevalence of spousal resistance, particularly in areas with high gender-based violence, like Suguta-Marmar, has led them to seek short-term methods. The nurse explained that due to concerns about their husbands' opposition, women opt for less visible methods that can't be felt by their spouses. This testimony underscores the nuanced challenges in promoting family planning acceptance within the context of gender dynamics and highlights the need for tailored interventions in such regions.

However, in a rare reversal of roles, a 50-year-old husband in Doldol Laikipia North Sub County experienced a profound transformation. Initially resistant to family planning, he changed his heart after participating in CHAT's awareness campaigns. Witnessing the positive impact on neighboring families, he supported and actively championed family planning within his own household. This shift strengthened his relationship with his wife and set an example for other men in the community.

Perspectives of Older Generations: Insights from an older man, 56, in Naibor highlighted generational differences in family planning acceptance. While older men acknowledged the responsibilities associated with

family planning, high levels of resistance were noted among younger men. He associated this with the lack of responsibility among the young men and said later, when they mature, they regret not allowing their wives to get family planning. Bridging this generational gap through targeted awareness campaigns is vital for fostering broader community acceptance.

Family Planning Decision-Making in Isiolo: The decision-making process for family planning is distinctive compared to other regions. Consultation with husbands is common, with couples jointly deciding on family planning. This collaborative approach contrasts with Samburu County, where decisions are often individualized among the women. In these traditional patriarchal societies, it would have been uncommon for a woman to make these types of decisions, but through CHAT interventions and the work of the CORPs, the norm is changing.

Contrasting Environmental Practices: Samburu County stands out for its commendable environmental practices, including rotational grazing and tree planting, supported by the interventions of the County and other NGOs present. This region showcases higher environmental awareness and conservation practices compared to Isiolo, Laikipia and other counties. The residents exhibit a strong commitment to environmental sustainability, reflecting a potential model for knowledge dissemination. Knowledge of environmental conservation among the Borana and Somalis in Isiolo County is notably low. Opportunities for improvement exist, particularly in raising awareness about the interconnectedness of family planning and environmental sustainability, aligning with CHAT's holistic approach.

Lingering Challenges in Samburu: While Samburu County demonstrates progress in family planning and environmental awareness, challenges persist. Female genital mutilation remains prevalent, highlighting the need for comprehensive interventions beyond family planning. Resistance from men poses hurdles, with reported cases of threats to remove their wives' implants, underscoring the importance of engaging men in educational initiatives.

Calls for CHAT Intervention in Samburu: Discussions with a Community Health Promoter (CHP), male, and an elected Member of the County Assembly (MCA), female, in Samburu revealed community concerns about CHAT's sporadic presence since 2019. The CHP stated that while family planning has become self-sustaining, there is still a need for CHAT to continuously return to the community of Lonyek, which borders Laikipia North and Samburu Central, to educate new migrants, as well as resistant husbands. The MCA emphasized the urgent need for CHAT's involvement in addressing female genital mutilation and overcoming male resistance. Instances of men threatening spousal harm demand targeted strategies to dispel misconceptions.

CONCLUSION

This report highlights significant achievements, such as an impressive 80% utilization rate of family planning services, improved environmental sustainability practices in regions like Samburu, and commendable strides in addressing unique challenges, such as disability inclusion in Suguta Marmar in Samburu Central Sub County. The stories of empowered women and girls returning to school and enhanced community awareness underscore CHAT's positive impact on the lives of the people and the changes in behavior in the communities CHAT serves. CHAT has demonstrated a remarkable journey, leaving an incredible mark on the landscape and communities they work with. Several key themes have emerged:

Community Engagement and Participation.

The successful implementation of community forums and participatory workshops where community members actively contribute to designing and evaluating health programs. By embedding their work through the CORPs - who themselves are chosen by the community - CHAT's work is relevant and sustainable. It stands as a beacon for community engagement and community-driven health interventions.

Strategic Partnerships and collaboration with Local Authorities.

CHAT's collaborative efforts and strong partnerships with local government authorities ensure seamless coordination and cooperation for implementing health programs, particularly in areas facing insecurity. There is an opportunity for CHAT to partner with other environmentally focused organizations to support and further enhance the environmental impact.

Integrated Health Services.

Integration of family planning services with other healthcare services, such as maternal and child health, to provide comprehensive and holistic care. Understanding the needs and context of the communities they work with means CHAT is responsive to the needs and better able to plan and anticipate future needs.

Adaptation to Local Contexts.

Flexibility in program design to adapt to different communities' specific needs and challenges, acknowledging the diversity of contexts within the regions being assessed. Vast differences are evident between the different areas where CHAT works. There is a need to learn from what is happening in Samburu on environmental conservation and see how it can be applied to Laikipia landscapes, for example.

Alignment with SDGs

The strategic alignment with the Sustainable Development Goals across all CHAT's initiatives reflects their holistic approach to addressing global challenges in these local contexts, from good health and wellbeing to climate action.



CHAT's sustainability efforts are commendable yet pose ongoing challenges. The organization's focus on tailored approaches, data-driven decision-making, and community-led initiatives lays a solid foundation for sustained impact. However, the diverse challenges across regions, such as male resistance in parts of Samburu and side-effect misconceptions in Isiolo, necessitate continuous adaptation of strategies.

This report reveals persistent challenges, including gender-based violence, resistance to family planning, and the prevalence of female genital mutilation in Samburu. As observed in Isiolo, the dynamics of family planning decision-making emphasize the need for tailored educational campaigns. While commendations celebrate CHAT's commitment and innovation, recommendations provide clear pathways forward, advocating for enhanced education programs, cross-country knowledge exchange, targeted interventions, and consistent community engagement.

The findings suggest that CHAT's impact landscape, cultural sensitivity, and continued dedication to crafting sustainable impacts within diverse communities are evolving. As we celebrate progress, it is crucial to recognize the road ahead and the imperative for CHAT to continue to adapt, refine, and expand its interventions. The recommendations presented serve as actionable steps toward fostering lasting change. In this ongoing journey, the report acknowledges the resilience of communities, the commitment to CHAT, and the collective effort required to create an enduring positive impact.

A FUTURE FOR IMPACT

A CHAT continues in its mission to support underserved individuals and communities in fragile ecosystems across Kenya to access family planning information and services. There are some opportunities to increase its impact by engaging the following:

Community Empowerment Initiatives

Launch community-driven initiatives in Laikipia County, providing tree seedlings to residents aligned with environmental education efforts. This tangible empowerment aligns with the community's desire for more meaningful engagement. *CHAT response to the assessor's above comment:* Though this may seem ideal theoretically, it's no guarantee for sustainability- rather, how sustainable is it to give 1000 seedlings to communities who will just plant and not take care of growth while you can teach them to take care of the existing vegetation cover?

Customize family planning programs in Samburu and Isiolo based on region-specific challenges and socio-cultural dynamics. Acknowledge and navigate gender dynamics in Samburu, emphasizing short-term methods while promoting comprehensive family planning education.

Implement focused educational campaigns in areas such as Isiolo targeting the low knowledge of family planning commodities side effects. continue to increase the involvement of husbands with wives decision-making processes, emphasizing the importance of understanding and addressing side effect misconceptions to enhance retention rates and mitigation of GBV.

Enhance collaboration with healthcare facilities, particularly in Melwa and Suguta Marmar should funding be availed. Address challenges highlighted by healthcare professionals, ensuring consistent support and a continuous supply of family planning commodities to overcome resistance and misconceptions.

Address community concerns in Samburu by ensuring a consistent presence. Implement targeted strategies to dispel misconceptions, particularly regarding female genital mutilation and male resistance, reinforcing the positive impact CHAT can bring to the region. CHATs *Response to the assessor's* funding is limited regarding the consistent presence; CHATs focus on providing access to FP. (There are numerous other NGO programs focusing on FGM).

Youth-Focused Education

Develop and implement targeted (educational campaigns in Melwa and Isiolo, addressing family planning awareness gaps among teenagers and youth. Tailor the campaigns to bridge communication barriers between parents and teenagers, emphasizing the importance of open discussions.

Develop and implement youth-centric educational campaigns addressing family planning. Tailor the campaigns to bridge communication gaps between parents and teenagers, fostering open discussions and addressing the identified gaps in family planning awareness among young individuals, especially in Laikipia County.

Environmental Education

Prioritize environmental awareness campaigns in Laikipia County to bridge the knowledge gap. Emphasize the interconnectedness of family planning and sustainable practices, leveraging the success of environmental initiatives observed in Sosian and Island. Partnering with other environmental-focused organizations to better understand the environmental needs of the communities CHAT works with. *CHATs response to assessor's* CHAT only implements FP using their PHE approach. i.e. CHAT does not separate environment from FP.

CHAT's Organization Development

Create opportunities for learning through collaboration between counties, leveraging Samburu's exemplary environmental practices as a model. Promote knowledge exchange initiatives to enhance sustainability awareness in regions like Isiolo, creating a harmonized approach to family planning and environmental conservation.

Integrate a robust data analysis system within CHAT to monitor impact metrics continuously. Establish a standardized framework for ongoing data collection and analysis, informing decision-making, guiding future strategies, and ensuring the organization remains adaptive and effective.

REFERENCES

- Central Bureau of Statistics. (2009). Kenya Demographic and Health Survey 2008-09. Retrieved from <https://dhsprogram.com/pubs/pdf/FR229/FR229.pdf>
- Family Health International. (2012). Kenya: Family Planning Landscape Analysis. Retrieved from <https://www.fhi360.org/sites/default/files/media/documents/kenya-family-planning-landscape-analysis.pdf>
- Kabue, M., & Owino, R. (2015). Challenges and Opportunities for Family Planning in Kenya: Integrating Family Planning into the Health Sector. *Journal of Health, Population and Nutrition*, 33(1), 92-99. doi:10.1186/s41043-016-0072-3
- Kenya National Bureau of Statistics. (2019). Kenya Population and Housing Census 2019. Retrieved from <https://www.knbs.or.ke/?p=5721>
- Kenya National Bureau of Statistics, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, & National Council for Population and Development/Kenya. (2015). Kenya Demographic and Health Survey 2014. Retrieved from <https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf>
- Kenya Ministry of Health. (2016). Kenya Family Planning Costed Implementation Plan 2017-2020. Retrieved from https://www.healthpolicyproject.com/pubs/997_KenyaFP_cip.pdf.
- Kenya Ministry of Health. (2021). National Family Planning Guidelines for Service Providers. Retrieved from <https://www.health.go.ke/wp-content/uploads/2021/04/National-Family-Planning-Guidelines.pdf>.
- Kimani, M., & Maina, B. W. (2018). Determinants of Family Planning Use Among Rural Women in Kenya: A Cross-Sectional Study. *BMC Public Health*, 18(1), 68. doi:10.1186/s12889-017-4606-1
- Kimani-Murage, E. W., Fotso, J. C., Egondi, T., Abuya, B., Elung'ata, P., & Ziraba, A. K. (2015). Trends in childhood mortality in Kenya: The urban advantage has seemingly been wiped out. *Health & Place*, 35, 141-148. doi: 10.1016/j.healthplace.2015.07.012
- Ministry of Health/Kenya. (2017). Kenya Health Policy 2014-2030. Retrieved from https://www.health.go.ke/wp-content/uploads/2016/07/Health_Policy_final.pdf
- Otieno, P. O., & Ofware, P. O. (2019). Barriers to Utilization of Family Planning Services Among Adolescents in Kenya. *Journal of Public Health*, 27(2), 165-172. doi:10.1007/s10389-018-0942-1
- United Nations Population Fund (UNFPA). (2019). The State of World Population 2019: Unfinished Business - The Pursuit of Rights and Choices for All. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf

TRIP ONE				
Cluster 1: Mid-upper Ewaso Ecosystem	Date and Day	Route 1:	COMMUNITY	Approximate population (Census 2019)
	Mon: 25/09/2023	Day 1: Nanyuki- Segera (travelled to Segera- early A.M. visited 4 communities & 2 facilities around Segera); proceeded to Rumuruti (late P.M.)	SEGERA	9,147
	Tue: 26/09/2023	Day 2: Rumuruti area	RUMURUTI	18,555
	Wed: 27/09/2023	Day 3: Thome/Mathira- Visited Thome facility and 2 communities	THOME	11,355
	Thur: 28/09/2023	Day 4: Melwa- Visited Melwa facility and 2 communities	MELWA	12,434
	Fri: 29/09/2023	Day 5: Rumuruti to Container (Travelled to Container early A.M.) visited Island facility & 2 communities	CONTAINER	3,209
	Sat: 30/09/2023	Day 6: Container area (visited 2 more communities & Maundu Meri facility) travelled to Posta (late P.M.)	SOSIAN/MAUNDU MERI	11,200
	Sun: 01/10/2023	Day 7: Posta area (visited 3 Pokot communities)	MUARAK (POSTA)	5,103
	Mon: 02/10/2023	Day 8: Visited Muarak Dispensary (early A.M.) & travelled from Posta to Suguta Marmar (late a.m.) Visited Suguta marmar facility (P.M.) & proceeded to 1 community around Laikipia/Samburu boarder)	SUGUTA MARMAR	17,244
	Tue.: 03/10/2023	Day 9: Suguta Marmar (visited 2 communities around Laikipia/Samburu boarder communities cont.')		
	Wed.:04/10 /2023	Day 10: Travelled back to Nanyuki via Mpala		
		Day 11- contingency		
		Day 12 - contingency		
	06th to 15th Oct. 2023	Day 13 up to day 21: Vehicle servicing, feedback sharing, Cleaning & refreshing		
Cluster 3: Mid-lower Ewaso Ecosystem	Route 2:			
	Mon: 25/09/2023	Day 1: Nanyuki- Naibor (early a.m. visited 4 communities & facility around Naibor)	NAIBOR	7,367
	Tue: 26/09/2023	Day 2: Travel to Ilpolei (Visited two communities and one facility) via Makandura (Visited two communities)	ILLPOLEI: 3310 MAKANDURA-2458	5,768

Wed: 27/09/2023	Day 3: Finished with communities at Ilpolei (Early A.M) and travelled to Doldol through Kiwanja-Ndege (two communities)	DOLDOL	16,915
Thu: 28/09/2023	Day 4: Visited communities around Doldol area- (Visited 1 facility & 3 communities)		
Fri: 29/09/2023	Day 5: Doldol area (visited 1more community-Bokish area) travelled to Oldonyiro (P.M.)		
Sat: 30/09/2023	Day 6: Oldonyiro area (visited 1 facility & 2 communities)	OLDONYIRO	8,326
Sun: 01/10/2023	Day 7: Oldonyiro to Tuale (visited 1 facility & 2 communities)	TUALE	1,648
Mon: 02/10/2023	Day 8: Tuale to Ewaso (Visited 1 facility & 2 communities)	EWASO	12,328
Tue: 03/10/2023	Day 9: Ewaso/Ilmotiok area (Visited 2 communities) & travelled to Ilmotiok area	ILMOTIOK	3,807
Wed: 04/10/2023	Day 10: Travelled back to Nanyuki		
	Day 11 - contingency		
	Day 12 - contingency		
06th to 15th Oct. 2023	Day 13 up to day 21: Vehicle servicing, feedback sharing, Cleaning & refreshing		
TOTAL			144,406
SAMPLE SIZE ESTIMATED			384

APPENDICES

APPENDIX 1 - POPULATION DEMOGRAPHIC AND ASSESSMENT SCHEDULE

Table 1:

The table below tabulates the population count for these areas, culminating in a total of 144,406. The subsequent sample size calculation determined 384 as the optimal number for field interviews. Thus, on average, 38 interviews per day over the 10-day impact assessment period allowed for a nuanced representation of the broader population.

Table 2:

Similarly, the table below tabulates the population count for these areas, culminating in a total of 161,919. The subsequent sample size calculation determined 384 as the optimal number for field interviews. Thus, on average, 38 interviews per day over the 10-day impact assessment period allowed for a nuanced representation of the broader population.

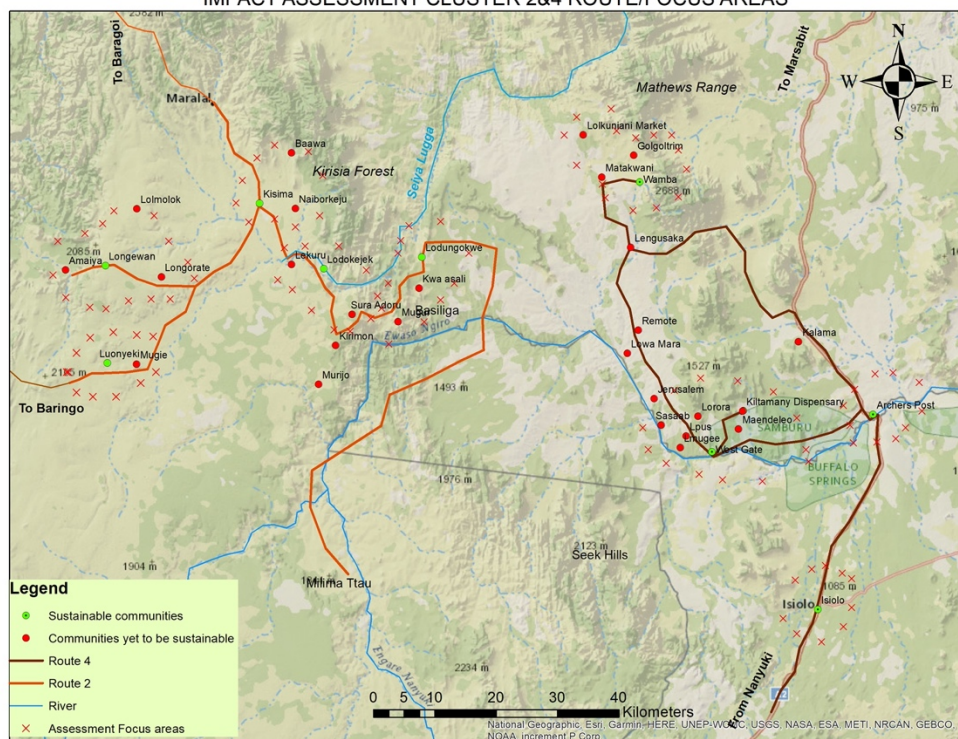
TRIP TWO				
	Date and Day	Route 2:	COMMUNITY	Approximate population (Census 2019)
Cluster 2: Northern Rangelands Ecosystem	Tue.:17/10/2023	Day 1: Nanyuki- Churo & proceeded to Lonyeek (Visited 2 communities (P.M.) & proceeded to Amaiya	Lonyeek: 7,718 Churro: 21,557 Amaiya: 10,282	29,275
	Wed:18/10/2023	Day 2: Amaiya area Cont.' (visited 3 communities in Amaiya and Longewan & 1 facility) & proceeded to Kisima Via Longorate route (late P.M.)		
	Thur:19/10/2023	Day 3: Kisima area (visited 2 communities & 1 facility)	KISIMA	8,049
	Fri.:20/10/2023	Day 4: Kisima area cont.' (visited 2 remaining communities & 1 facilities) & proceeded to Lodokejek (P.M.)		
	Sat.: 21/10/2023	Day 5: Lodokejek area (visited 3 communities & facility) and proceeded to Kirimun (late A.M.) Visited Kirimun facility (early P.M.)	LODOKEJEK	8,211
	Sun.: 22/10/2023	Day 6: Kirimun (Visited 2 communities& Kirimun Dispensary) /area around NYS	KIRIMUN/ SURA ADORU	7,407
	Mon.: 23/10/2023	Day 7; Kirimun/Sura Doru (visited 2 communities then proceeded to Lodonokwe via Sura Adoru		
	Tue.: 24/10/2023	Day 8: Lodonokwe area (visited 2 communities & Lodonokwe facility)	LODONOKWE	6,649
	Wed 25/10/2023	Day 9- Lodonokwe area/Ngaroni (visited Ngaroni facility & 2 communities)		
	Thru 26/10/2023	Day 10 -Traveled back to Nanyuki via Wamba/Isiolo road.		
		Day 11: Cleaning, feedback sharing & refreshing.		
Cluster 4: Northern Rangelands Ecosystem		Route 4:		
	Tue.:17/10/2023	Day 1: Traveled from Nanyuki to Isiolo (early A.M. visited 2 facilities & 2 Muslim communities- Borana & Somali)	ISIOLO TOWN AND ENVIRONS	78,650
	Wed.:18/10/2023	Day 2: Isiolo (visited 2 communities on the outskirts & 2 facilities)		
	Thur.:19/10/2023	Day 3: Travelled to Archers Post (early A.M.) and visited 2 communities (P.M.)	ARCHERS POST	10,357
	Frid.:20/10/2023	Day 4: Archer's area (visited 2 facilities & 2 communities A.M.) and proceeded to Westgate (late P.M.)		
	Sat: 21/10/2023	Day 5: Westgate area Cont.' (visited Westgate facility & 3 communities) & proceeded to Kiltamany (late P.M.)	WESTGATE & KILTAMANY	3,289
	Sun.: 22/10/2023	Day 6: Kiltamany area: (visited Kiltamany facility & 3 communities) & proceeded to Wamba (late P.M.)		

	Mon.: 23/10/2023	Day 7: Lolkunian Market The team proceeds to Lolkunian Market (2 communities including Golgotrim)	WAMBA TOWN AND ITS ENVIRONS	10,032
	Tue.: 24/10/2023	Day 8: Wamba area (visited Wamba facility & 3 communities around Wamba)		
	Wed 25/10/2023	Day 9; Matakواني and Lengusaka area (Two communities and Legusaka Dispensary)		
	Thru 26/10/2023	Day 10; Traveled back to Nanyuki via Wamba /Isiolo road.		
	Fri 27/10/2023	Day 11; Cleaning, feedback sharing & refreshing. Commencement of final report writing		
TOTAL				161,919
SAMPLE SIZE ESTIMATED				384

IMPACT ASSESSMENT CLUSTER 1&3 ROUTE/FOCUS AREAS



IMPACT ASSESSMENT CLUSTER 2&4 ROUTE/FOCUS AREAS



APPENDIX 2: INTERVIEW GUIDE QUESTIONS

IMPACT ASSESSMENT QUESTIONNAIRE

CATEGORY

Who is being interviewed?

COMMUNITY MEMBER

LEADER

HEALTH CARE FACILITY WORKER

CORPS

OTHER

TYPE OF COMMUNITY LEADER

Which community leader is being interviewed?

Religious leader

Chief/Sub-chief

Village elder

County officer

Other

AREA

Where are you conducting this interview from?

Segeera

Rumuruti

Melwa

Lorien

Container (Sosian)

Posta (Muarak)

Suguta Marmar

Lonyeek

Churro

Amaiya

Kisima

Lodondonokwe

Naibor

Ipolei

Mankandura

Doldol

Oldonyiro

Tuale

Ewaso

Ilmotiok

Isiolo Town

Archers Post

Westgate & Kiltamany

Wamba Town OTHER

IF OTHER, PLEASE SPECIFY

HEALTH FACILITY

What is the name of this health care facility?

Segeera dispensary

Powys Dispensary

Rumuruti Sub-county Hospital

Island Dispensary

Muwarak Dispensary

Suguta Marmar Health Centre

Lonyeek Dispensary

Longewan Dispensary

Kisima Model Hospital

Kirimun GoK Dispensary

Lodonokwe Dispensary

Naibor Dispensary

Ilpolei Dispensary

Doldol SCH

Oldonyiro Dispensary

Tuale Dispensary

Ewaso Dispensary

Ilmotiok Dispensary

Isiolo CRH

Archers Post Dispensary

Westgate Dispensary

Wamba Health Centre

Other

IF OTHER PLEASE SPECIFY

Where is the nearest Health facility from here?

Distance of nearest facility from the respondent.

FAR

NEAR

I DO NOT KNOW

For How long has this health facility been open?

How long has the nearest health facility been open? Or the current health facility?

LONG

TIME

AGO

RECENT

LY

I DO NOT KNOW

How far was the nearest health facility before this?

FAR

NEAR

I DO NOT KNOW

NOT APPLICABLE

Are family planning commodities available at the health facility closest to you?

YES, they are available.

NO, they are unavailable I do not know.

AGE

How old are you?

18

18-35

36-45

46-55

Above 55

GENDER

Gender of the respondent

MALE

FEMALE

PREFER NOT TO SAY

Where did learn about family planning from?

CHAT Initiatives such as CHAT CORPs

Health Care Facility

Educational Institution e.g. school

Friend and/or Family Member Referral

Media e.g. TV, Radio, Social Media

Leaders such as Community chiefs, Religious Leaders

OTHER

What methods have you heard of?

Which FP methods does this respondent know?

Select more than one.

Female Sterilization

Male Sterilization

IUD

Injectables

Implants

Pill

Male condom

Female condom

SDM

LAM

Rhythm

Withdrawal OTHER

Are you on contraception?

Is the female respondent on contraception?

YES

NO

PREFER NOT TO SAY

WHICH METHOD ARE YOU CURRENTLY ON?

INJECTABLES, SHORT TERM

IMPLANTS, 3 YEARS IMPLANTS, 5 YEARS

OTHER NONE

IF OTHER, PLEASE SPECIFY

Are you aware that female contraceptive implants especially those of 3&5years have to be extracted/removed?

YES

I DID NOT KNOW

Do you remember to remove them?

YES

NO

Have you conceived while on contraception? Or had of someone who has?

Has this respondent become pregnant while on contraceptives?

YES

NO

PREFER NOT TO SAY

I HAVE HEARD OF SOMEONE WHO HAS

Have you had of cases where females on contraceptives conceive?

YES

NO

PREFER NOT TO SAY

MAIN HEALTH INTERVENTION IN THIS AREA

What is CHAT's main health intervention here?

MOTOR MOBILE OUTREACH STRATEGY

CAMEL OUTREACH STRATEGY

BACKPACK OUTREACH STRATEGY

CANOE/BOAT

OUTREACH

STRATEGY OTHER

Over the years, how familiar have the community members become with family planning methods offered by CHAT/MCT/NCT? Do they know of the family planning methods offered by CHAT?

ASK HEALTH ARE FACILITY WORKER IF COMMUNITY
MEMBERS ARE AWARE ABOUT FP METHODS.

VERY FAMILIAR

SOMEWHAT FAMILIAR NOT FAMILIAR

Which methods are the community members most familiar with?

Ask Health Care Worker which FP methods community members know? Select more than one.

Female Sterilization

Male Sterilization

IUD

Injectables

Implants

Pill

Male condom

Female condom

SDM

LAM

Rhythm

Withdrawal

OTHER

PREFER NOT TO SAY

NOT APPLICABLE

Have you or your family members used any family planning strategies provided by CHAT ever since their entry into your community?

Has respondent used any CHAT intervention?

YES

NO

If yes, which services have you utilized?

Which CHAT interventions has this respondent, or their family member used?

MOTOR MOBILE STRATEGY

CAMEL OUTREACH STRATEGY

BACKPACK OUT REACH STRATEGY

CANOE/BOAT

STRATEGY PREFER

NOT TO SAY

WHAT CHAT INTERVENTIONS HAVE YOU UTILISED

Family Planning Medicine

referral to a hospital screening services for diseases other none.

if other please specify

How satisfied were you with the service? VERY SATISFIED SOMWHAT SATISFIED VERY DISSATISFIED

Rate the FP service.

How satisfied were you with the FP service?

Over the years, can you describe the changes in your awareness, knowledge, and attitudes regarding family planning since CHAT interventions?

How have CHAT's EFFORTS changed respondents' perceptions, awareness, knowledge, and attitudes towards FP?

My awareness, knowledge, and attitudes have SIGNIFICANTLY IMPROVED, and I am MORE SUPPORTIVE OF FAMILY PLANNING.

My awareness, knowledge, and attitudes have IMPROVED SOMEWHAT, and I am SOMEWHAT MORE SUPPORTIVE OF FAMILY PLANNING

There have been LITTLE CHANGES in my awareness, knowledge, and attitudes regarding family planning.

My awareness, knowledge, and attitudes have BECOME LESS FAVORABLE, and I am LESS SUPPORTIVE OF FAMILY PLANNING

I'm not sure.

Over the years, can you describe the changes in the community members' awareness, knowledge, and attitudes regarding family planning since CHAT interventions?

How have CHAT's EFFORTS changed community members' perceptions, awareness, knowledge, and attitudes towards FP?

My awareness, knowledge, and attitudes have SIGNIFICANTLY IMPROVED, and I am MORE SUPPORTIVE OF FAMILY PLANNING.

My awareness, knowledge, and attitudes have IMPROVED SOMEWHAT, and I am SOMEWHAT MORE SUPPORTIVE OF FAMILY PLANNING

There have been LITTLE CHANGES in my awareness, knowledge, and attitudes regarding family planning.

My awareness, knowledge, and attitudes have BECOME LESS FAVORABLE, and I am LESS SUPPORTIVE OF FAMILY PLANNING

I'm not sure.

Has CHAT's involvement influenced your community's attitude towards family planning and environmental conservation?

CHAT's Influence on Attitudes towards environmental conservation with an FP approach.

Yes, CHAT has had a significant positive influence.

CHAT has had some influence but not a lot.

No noticeable change in attitudes

No, CHAT has had a somewhat negative influence I AM NOT SURE

How has CHAT's interventions influenced your understanding of the environment's importance to your community's well-being?

CHAT's Impact on environmental conservation understanding. Significantly increased my understanding.

Somewhat increased my understanding.

No noticeable change in my understanding

Decreased my understanding.

I'm not sure.

In your opinion, What are the key benefits of understanding the connection between family planning, individual well-being, and environmental preservation that you have noticed since the inception of CHAT's interventions? BENEFITS of UNDERSTANDING connection between FP, individual well-being, and environmental preservation

Improved community health and well-being

Reduced environmental impact and resource conservation.

Enhanced economic opportunities and livelihoods.

Greater social opportunities and access to education

Empowerment of women and gender equality

Enhanced community cohesion and collaboration

Improved food security and nutrition

Better management of natural resources

Reduction in conflicts related to resource scarcity.

OTHER

NO BENEFITS

If Other, PLEASE SPECIFY

How have the knowledge, attitudes, beliefs, and perceptions of community members regarding family planning, evolved over time in relation to their impact on the environment and overall well-being since the inception of CHAT interventions?

Does the community recognise the importance of environmental conservation and its connection to FP?

Community members have become more knowledgeable and positive about the impact of family planning, on the environmental conservation.

Community members have become more knowledgeable but remain sceptical about the impact of family planning, on the environment and well-being.

Community members have become less knowledgeable and less positive about the impact of family planning, on the environment and well-being.

Community members' knowledge and attitudes have remained relatively unchanged over time.

Have religious and/or cultural affiliations affected the uptake of family planning within this community?

YES, They have strongly.

NO, despite religious and cultural affiliations, the community has still taken up family planning.

It is neutral.

Does CHAT provide timely family planning services to you when you need them?

Assessing availability

YES

NO

From the time of inception of CHAT's interventions to now, what changes have you observed regarding child spacing within this community.

Child spacing has increased significantly.

Child spacing has increased slightly.

Child spacing has remained relatively unchanged.

Child spacing has decreased slightly.

Child spacing has decreased significantly.

I haven't observed any changes in child spacing.

Describe the maternal and/or child issues within this community.

Maternal mortality

Child mortality

Malnutrition among children

Lack of access to prenatal care

High teenage pregnancy rates

Birth complications

Lack of immunization services

OTHER

From the inception of CHAT interventions to date, describe any changes in maternal and/or maternal and child outcomes (such as mortality rates, immunization status, et cetera)

IMPROVED MATERNAL HEALTH OUT COMES

DECLINES IN MATERNAL HEALTH OUTCOMES

NO CHANGE IN THE OUTCOMES

Have there been any cases of unplanned pregnancies in your community?

YES

NO

I DO NOT KNOW

How did the families go about the unplanned pregnancy?

Select all that apply.

Seek medical advice and family planning services.

Continue with the pregnancy.

Consider abortion.

Seek advice from community leaders or elders.

Face social stigma or discrimination

Keep the pregnancy a secret.

Turn to traditional or herbal remedies.

Forced immediate and/or Marriage arrangements.

Financial assistance from family or community

Seek support from NGOs or organizations (such as CHAT)

Cast away the girl.

Punish the girl.

Punish the mother.

Hide the girl.

Move to a new village.

OTHER

PREFER NOT TO SAY

Have you noticed any changes in the family size within your community since the inception of CHAT interventions?

Average Family size has decreased.

Average Family Size has increased.

Average Family Size has remained the same.

What do you believe are the specific factors that contribute to the increase or decrease in family size in your community? (Select all that apply)

Factors Attributing to Changes in Family Size

Lack of access to family planning information and services

Cultural or religious beliefs and practices

Economic conditions and livelihood opportunities

Education and awareness about family planning

Influence of community leaders or elders

Social norms and expectations

Health and well-being of mothers and children

Access to maternal and child healthcare services

Government policies and support for family planning

Environmental concerns and sustainability

Community-based family planning

programs OTHER

If other, please specify.

Since the inception of CHAT initiatives to date, within the community, do both men and women actively participate in family planning initiatives?

Yes, both men and women

Only men

Only
women
Neither

Is gender-based violence prevalent within the community?

YES

NO

Since the inception of CHAT initiatives to date, has gender-based violence affected family planning uptake?

YES

NO

I DONT KNOW

What have been the trends in school drop-out rates ever since CHAT's inception within this area?

School dropping out has reduced.

School dropping out has remained the same.

School dropping out has increased.

Since the inception of CHAT's strategies, Describe the current ratio of boys to girls in schools in your community and have you noticed any changes since CHAT's inception?

More boys to girls

More girls to boys

Equal number of boys and girls

Ever since CHAT's arrival in the area, what has been the trend in cases of teenage pregnancy within the community?

Teen pregnancy has reduced.

Teen pregnancy rates have remained the same.

Teen pregnancy has increased.

Since the inception of CHAT's strategies, how have existing structures such as CHAMAs, Nyumba Kumi, women support groups, water committees, health committees etc served as entry points for CHAT ?

Existing structures have played a huge ruling on facilitating CHAT's strategies Existing structures have not played any role in facilitating CHAT's strategies.

Since the inception of CHAT initiatives to date, what primary benefits or impacts have you observed as a result of the family planning interventions within your community?

Select all that apply.

Increased awareness and knowledge of family planning methods

Greater access to family planning services and commodities

Reduced cases of unplanned pregnancies

Improved maternal and child health outcomes.

Enhanced environmental conservation efforts.

Better economic opportunities and livelihoods

Reduced gender-based violence (GBV)

Empowerment of women and community members

Strengthened community-based governance structures.

Other

If other, please specify.

What are any other key family planning challenges faced within your community?

Select all that apply.

Limited access to family planning services

Insufficient awareness and knowledge about family planning methods

Cultural and religious barriers to family planning

Gender-based violence (GBV) affecting family planning decisions.

Lack of access to contraceptives and commodities

Resistance or opposition from community members or leaders

Teenage pregnancies and early marriages

Unplanned pregnancies and their consequences

Economic factors influencing family planning decisions.

Environmental concerns related to family planning.

OTHER

If other, please specify.

In your opinion, what strategies are in place to ensure compliance or adherence to family planning even in the absence of CHAT?

Government-led family planning programs

Community health workers (CORPs) and local healthcare providers

Religious or cultural leaders promoting FP.

Educational programs in schools

NGOs and other non-profit organizations

Support from international organizations

Peer education and community awareness campaigns

Traditional methods of contraception

Self-awareness and individual decision-making

OTHER

Personal Referrals

No Strategies

*****Note on Interview Questions:*****

In compiling this comprehensive report, it is essential to note that the interview questions presented in the appendix were tailored to the specific roles and perspectives of the individuals engaged. The questions were designed for different people based on their roles, so not every question was asked to everyone. The length and content of responses varied depending on the interviewee's position and expertise. The order of questions was

flexible to suit each interviewee's category, providing diverse insights into CHAT's impact on various aspects of community life.

APPENDIX 3 - INTERVIEW CONSENT PROTOCOL

Hello, I am (Name). I am here to conduct an interview/focus group with you to gather information as part of CHAT's Impact Evaluation that will help us better understand how CHATs work has impacted you, your family, and your community.

This research is being done on behalf of:

1. Communities Health Africa Trust CHAT (a charitable trust who promotes healthy, empowered, and self-sustainable living among poor and excluded communities in Kenya using our integrated mobile health services and environmental awareness services)
2. carried out by Maliasili (an NGO that support community conservation organisations to have a better impact, we do this by strengthening organisations and their leaders through organisational development support and leaders training)
3. and supported by The Nature Conservancy TNC (an NGO working to create a world where people and nature thrive)

During this interview we will ask about:

- your engagement with CHAT and the CORPS (what is working well, what is not working well, your suggestions on how they can improve)
- how the various health and environment interventions have impacted you, your family, and your community.
- how the various environment interventions have impacted you, your family, and your community.

These interview /discussions will take roughly XX mins and is voluntary and you have the right to skip any questions with which you are not comfortable; and that you can end participation at any time. There are no negative consequences if you choose to not participate, to skip questions, or want to stop participating.

Your contribution/insights and information will help us better understand CHAT's work and the impact they have had and ultimately help CHAT improve their work for the future. You will receive any benefits being part of this. Please note that all your answers will be kept anonymous. All your information will be kept confidential, and we will aggregate your responses with many other interviews and analysis to present a larger picture to CHATs Impact So please feel free and open to speak your mind as the more you share with us the better we can help CHAT going forward.

Do you have any questions before we begin? If you do have any questions later on you can reach Gathoni Mwai +254729940998

Do we have your consent to participate?